

Smart Snacks Tracking Tool

School Year: _____

SFA:		School:		
Location: <input type="checkbox"/> Cafeteria <input type="checkbox"/> Vending Machine <input type="checkbox"/> School Store <input type="checkbox"/> Snack Bar <input type="checkbox"/> Other: _____		Contact Name/Email/Phone No.:		
	Item Name (include brand or recipe number as applicable)	Supporting Documentation¹		
		Calculator Printout²	Nutrition Label	Recipe Analysis³
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¹Check the appropriate types of documentation for each product and **keep supporting documentation on file.**

²If using [The Alliance for a Healthier Generation Smart Snacks calculator](#), the printout must be accompanied by a copy of the original nutrition label from the product.

³For any scratch recipe, a recipe analysis must be completed and kept on file.

http://fns.dpi.wi.gov/fns_smartsnacks

