

How-to-Guide

Healthy Snacks & Lunchbox Challenge

Complete the Score sheet during 1st Snack

Ask children and staff to open their lunchboxes
and record if a child/staff brought a

Fruit, Veggie, or Water

A child or staff can receive a
maximum of 3 points total

(max. 1 point in each category)

Name: Kimmy									
# of Staff:	2		# of Kids:	15		Total	17		
Circle Age Group:	K	1st	2 nd	3 rd	4 th	5 th	Teens		
Circle the Day of the Week	Mon	Tues	Wed		Thurs				
	# Kids			# Staff					
Fruits	9			0					
Vegetables	2			1					
Water	12			2					
Total Fruit:	9			FRUITS: Fresh, sliced, dried <u>DO NOT</u> count canned fruit, fruit candy, fruit leather WATER: Bottled water or in water bottle <u>DO NOT</u> count colored beverages or water with added flavors (Kool Aid)					
Total Vegetable:	3								
Total Water:	14								

Name:									
# of Staff:		# of Kids:		Total					
Circle Age Group:	K	1 st	2 nd	3 rd	4 th	5 th	Teens		
Circle the Day of the Week	Mon	Tues	Wed	Thurs					
	# Kids			# Staff					
Fruits							FRUITS: Fresh, sliced, dried <u>DO NOT</u> count canned fruit, fruit candy, fruit leather WATER: Bottled water or in water bottle <u>DO NOT</u> count colored beverages or water with added flavors (Kool Aid)		
Vegetables									
Water									
Total Fruit:									
Total Vegetable:									
Total Water:									

How-to-Guide

Healthy Snacks & Lunchbox Challenge

Complete the Score sheet during 1st Snack

Ask children and staff to open their lunchboxes
and record if a child/staff brought a

Fruit, Veggie, or Water

A child or staff can receive a
maximum of 3 points total
(max. 1 point in each category)

Name: Kimmy									
# of Staff:	2	# of Kids:	15	Total 17					
Circle Age Group:	K	1 st	2 nd	3 rd	4 th	5 th	Teens		
Circle the Day of the Week	Mon	Tues	Wed	Thurs					
	# Kids		# Staff						
Fruits	9		0						
Vegetables	2		1						
Water	12		2						
Total Fruit:	9								
Total Vegetable:	3								
Total Water:	14								
FRUITS: Fresh, sliced, dried DO NOT count canned fruit, fruit candy, fruit leather									
WATER: Bottled water or in water bottle DO NOT count colored beverages or water with added flavors (Kool Aid)									

Name:									
# of Staff:		# of Kids:		Total					
Circle Age Group:	K	1 st	2 nd	3 rd	4 th	5 th	Teens		
Circle the Day of the Week	Mon	Tues	Wed	Thurs					
	# Kids		# Staff						
Fruits									
Vegetables									
Water									
Total Fruit:			FRUITS: Fresh, sliced, dried DO NOT count canned fruit, fruit candy, fruit leather						
Total Vegetable:			WATER: Bottled water or in water bottle DO NOT count colored beverages or water with added flavors (Kool Aid)						
Total Water:									