# CACFP Food Production Record

| **2. Name of Child Care Business, City, State:** |
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| **3. Name of the Person Responsible:** |

| **4. Date** | **5. Menu** | **6. Foods Used** | **7. Purchase Unit** | **8. Serving Size** | **9. # of Servings to Prepare** | **10. Amount of Food to Prepare** |
| --- | --- | --- | --- | --- | --- | --- |
| **Breakfast**  Time:  Must include:  1 Fluid Milk  1 Fruit / Veg  1 Bread / Grain |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **AM Snack**  Time:  Must include:  2 foods from the  4 food groups |  |  |  |  |  |  |
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|  |  |  |  |  |  |
| **Lunch**  Time:  Must include:  1 Fluid Milk  1 Meat / Beans  2 Fruit / Veg  1 Bread / Grain |  |  |  |  |  |  |
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| **PM Snack**  Time:  Must include:  2 foods from the  4 food groups |  |  |  |  |  |  |
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