# 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** |
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| **Breakfast**Time:      Must include:1 Fluid Milk1 Fruit / Veg1 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 Milk1 Meat / Beans2 Fruit / Veg1 Bread / Grain |  |  |  |  |  |  |
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| **PM Snack**Time:      Must include:2 foods from the4 food groups |  |  |  |  |  |  |
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