

**Iowa Child and Adult Care Food Program BREAKFAST AND SNACK  
After School Hours Center - Food Production Record Worksheet**

Center Name: \_\_\_\_\_



Menus	Date:	Date:	Date:	Date:	Date:
Breakfast					
PM Snack					

**\*Actual Number Served**

Date:										
	B	PM								
6-12										
Adults										

		Data From Food Buying Guide (FBG) For Child Nutrition Programs (PA-1331)					* Quantity Prepared/Served	Comments
Day	Meal	* FOOD AS PURCHASED (1)	PURCHASE UNIT (2)	SERVINGS PER PURCHASE UNIT (3)	FBG SERVING SIZE (4)	ESTIMATED NUMBER TO BE SERVED (5)	* AMOUNT TO PREPARE COL 5 ÷ COL 3 = (6)	AMT SERVED IF DIFFERENT THAN COL 6 (7)
Monday	Bft							
	Bft							
	Bft							
	PM							
	PM							
Tuesday	Bft							
	Bft							
	Bft							
	PM							
	PM							
Wednesday	Bft							
	Bft							
	Bft							
	PM							
	PM							
Thursday	Bft							
	Bft							
	Bft							
	PM							
	PM							
Friday	Bft							
	Bft							
	Bft							
	PM							
	PM							

Comments: