

Iowa Child and Adult Care Food Program SNACK ONLY
Outside School Hours Center - Food Production Record Worksheet

Center Name: _____

*Actual Number Served



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

Date:					
	PM	PM	PM	PM	PM
6-12					
Adults					

	Data From Food Buying Guide (FBG) For Child Nutrition Programs (PA-1331)					* Quantity Prepared/Served	Comments
Date	* 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							
Tuesday							
Wednesday							
Thursday							
Friday							

Comments: