Adult Care Center:	
--------------------	--

CACFP Form #200A

Adult Care Breakfast Meal Record

Date:			
Date.			

Date	Breakfast Menu	Number of Adults Served	Item, Portion, Quantity	Milk (8 fl. oz.)	Vegetable/Fruit (½ cup)	Grains (2 oz. eq.)	Meat/Meat Alternate (Optional)
			Item				
			Portion Size				
			Quantity Prepared				
			Item				
			Portion Size				
		Quantity Prepared					
			Item				
			Portion Size				
		Quantity Prepared					
			Item				
		Portion Size					
		Quantity Prepared					
			Item				
		Portion Size					
			Quantity Prepared				