Virginia Department of Education
Healthy School Meals Production Record

(1) **Date:** _____ (2) **Site:** _____ (3) **Grades:** _____ (4) **Meal:** ☐ Breakfast ☐ Lunch

(5) ***Menu:***

(20) ***Number of Meals Served:***

_____ **Reimbursable**

_____ **Non-Reimbursable**

_____ **Total**

(6) **Menu Planning Age/Grade Groups**

☐ ***K-5*** ☐ ***6-8*** ☐ ***9-12***

(7) **Offer vs. Serve** ☐ **Yes** ☐ **No**

Menu Planning											Production and Service				
(8) **Menu Item**	(9) **Manufacturer & Product Code / Recipe Number**	(10) **Portion Size As Served**	(11) **Portioning Tool**	(12) **Meal Pattern Contribution**				(13) **Number Planned**		(14) **Allowable Servings per Purchase Unit** (Servings/ Case, Bag, Can, lb.)	(15) **Total Quantity of Food Prepared** (Case, Bag, Can, lb.)	(16) **Number of Portions Prepared**	(17) **Number of Portions Leftover**	(18) **Number of Portions Used**	(19) **Comments**
				M/MA oz. eq.	**Grain** oz. eq.	**Veg.** cup/ Subgroup (DG, RO, BP,S, O, A)	**Fruit** cup	Reimb Servings Planned	Non-Reimb Servings Planned						
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Milk		**1 cup**		**Milk Component**						**1 / each**					

(12) **Vegetable Subgroups**: **DG** – Dark Green, **RO** – Red/Orange, **BP** – Beans/Peas, **S** – Starchy, **O** – Other, **A** – Additional Vegetables

_____

I verify that the above information is correct. (21) (Manager's Signature)