

Child & Family Services



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CHILD/FAMILY SERVICES FOOD TEMPERATURE RECORD

Date:_____

Center/FCCH:_____

Room #:_____

	Receiving Time & Temperature Time Temp Initial			Serving Time & Temperature		
Food Items	Time	Temp	Initial	Time	Temp	Initial

Number Served

	Breakfast	A.M. Lunch	P.M. Lunch
Children			
Adults			
Total			