

# MENU RECORD FOR CHILDREN 6-12 or 13-18 YEARS OLD

Date: \_\_\_\_\_

New Mexico Child and Adult Care Food Program

Name of Person Completing Menu: \_\_\_\_\_

(1) MEAL PATTERN (REQUIRED COMPONENTS)	(2) MENU	(3) SERVING SIZE 6-12/13-18 yrs	(4) FOOD ITEMS USED	(5) AMOUNTS PREPARED & Units (oz, lb, can size & number, quart, gallon, etc.)	(6) PLANNED Number to Serve	(7) ACTUAL Number Served
<b>BREAKFAST**</b> 1. Milk, fluid (1%,Skim)*** 2. Vegetable, and/or fruit 3. Grains/Breads(Whole)* and/or Meat/Meat Alternate**	1.	1. 1 C	1. MILK (Circle): 1%, Skim		Children: Adults: <b>TOTAL: _____</b>	Children: _____
	2.	2. 1/2 C	2.			Adults: _____
	3.	3. 1 SV	3.			TOTAL: _____
<b>A.M. SUPPLEMENT*</b> 1. Milk, fluid (1%,Skim)*** 2. Meat/meat alternate** 3. Vegetable 4. Fruit 5. Grains/Breads (Whole)*	1 <sup>st</sup> component	1. 1 C	1 <sup>st</sup>		Children: Adults: <b>TOTAL: _____</b>	Children: _____
		2. 1 OZ				Adults: _____
	2 <sup>nd</sup> component	3. 3/4 C	2 <sup>nd</sup>			Adults: _____
		4. 3/4 C				TOTAL: _____
		5. 1 SV				
<b>LUNCH</b> 1. Milk, fluid (1%,Skim)*** 2. Meat/meat alternate** 3. 1 Vegetable (V) 4. 1 Fruit (F) 5. Grains/Breads (Whole)*	1.	1. 1 C	1. MILK (Circle): 1%, Skim		Children: Adults: <b>TOTAL: _____</b>	Children: _____
	2.	2. 2 OZ	2.			Adults: _____
	3.V	3. 1/2 C	3.V			Adults: _____
	4.F	4. 1/4 C	4.F			TOTAL: _____
	5.	5. 1 SV	5.			
<b>P.M. SUPPLEMENT*</b> 1. Milk, fluid (1%,Skim)*** 2. Meat/meat alternate** 3. Vegetable 4. Fruit 5. Grains/Breads (Whole)*	1 <sup>st</sup> component	1. 1 C	1 <sup>st</sup>		Children: Adults: <b>TOTAL: _____</b>	Children: _____
		2. 1 OZ				Adults: _____
	2 <sup>nd</sup> component	3. 3/4 C	2 <sup>nd</sup>			Adults: _____
		4. 3/4 C				TOTAL: _____
		5. 1 SV				
<b>SUPPER</b> 1. Milk, fluid (1%,Skim)*** 2. Meat/meat alternate** 3. 1 Vegetable (V) 4. 1 Fruit (F) 5. Grains/Breads (Whole)*	1.	1. 1 C	1. MILK (Circle): 1%, Skim		Children: Adults: <b>TOTAL: _____</b>	Children: _____
	2.	2. 2 OZ	2.			Adults: _____
	3.V	3. 1/2 C	3.V			Adults: _____
	4.F	4. 1/4 C	4.F			TOTAL: _____
	5.	5. 1 SV	5.			

\*\*Meat/meat alt may be served in place of grains at breakfast up to 3 times a week. Serving size for M/MA is the amount listed or the equivalent. \*A.M./P.M. Supplements: Select 2 of the 5 components; juice may not be served when milk is the only other component. \*Whole grain or whole grain-rich breads/grains must be served once a day. \*\*\*1% or Skim (Non-Fat) unflavored milk for to 2-5 year olds; Whole unflavored milk for 12-24 month olds