

MENU RECORD FOR ADULTS

Date: _____

New Mexico Child and Adult Care Food Program

Name of Person Completing Menu: _____

(1) MEAL PATTERN (REQUIRED COMPONENTS)	(2) MENU	(3) SERVING SIZE ADULTS	(4) FOOD ITEMS USED	(5) AMOUNTS PREPARED & Units <small>(oz, lb, can size & number, quart, gallon, etc.)</small>	(6) PLANNED Number to Serve	(7) ACTUAL Number Served
BREAKFAST 1. Milk, fluid (1%,Skim)*** 2. Vegetable or fruit or both 3. Grains (Whole/WG rich)* and/or Meat/Meat Alternates**	1. Milk, fluid (<i>specify type in column 4</i>)	1. 1 C	1. 1% Skim Other:		Adults: Staff: TOTAL:	Adults: Staff: TOTAL:
	2.	2. 1/2 C	2.			
	3.	3. 2 SV/oz eq	3.			
A.M. SUPPLEMENT* 1. Milk, fluid (1%, skim)*** 2. Meat/meat alternate** 3. Vegetable 4. Fruit 5. Grain (Whole/WG rich)*	1 st component	1. 1 C	1 st		Adults: Staff: TOTAL:	Adults: Staff: TOTAL:
		2. 1 OZ				
	2 nd component	3. 1/2 C	2 nd			
		4. 1/2 C				
		5. 1 SV/oz eq				
LUNCH 1. Milk, fluid (1%,Skim)*** 2. Meat/meat alternate** 3. 1 Vegetable (V) 4. 1 Fruit (F) 5. Grains (Whole/WG rich)*	1. Milk, fluid (<i>specify type in column 4</i>)	1. 1 C	1. 1% Skim Other:		Adults: Staff: TOTAL:	Adults: Staff: TOTAL:
	2.	2. 2 OZ	2.			
	3. V	3. 1/2 C	3. V			
	4. F	4. 1/2 C	4. F			
	5.	5. 2 SV/oz eq	5.			
P.M. SUPPLEMENT* 1. Milk, fluid (1%, skim)*** 2. Meat/meat alternate** 3. Vegetable 4. Fruit 5. Grain (Whole/WG rich)*	1 st component	1. 1 C	1 st		Adults: Staff: TOTAL:	Adults: Staff: TOTAL:
		2. 1 OZ				
	2 nd component	3. 1/2 C	2 nd			
		4. 1/2 C				
		5. 1 SV/oz eq				
SUPPER 1. Milk, fluid (optional)*** 2. Meat/meat alternate** 3. 1 Vegetable (V) 4. 1 Fruit (F) 5. Grain (Whole/WG rich)*	1. Milk, fluid - optional (<i>specify, column 4</i>)	1. 1 C	1. 1% Skim Other:		Adults: Staff: TOTAL:	Adults: Staff: TOTAL:
	2.	2. 2 OZ	2.			
	3. V	3. 1/2 C	3. V			
	4. F	4. 1/2 C	4. F			
	5.	5. 2 SV/oz eq	5.			

***1% or Skim (Non-Fat) unflavored milk, skim (Non-Fat) flavored milk, or yogurt (1/day). **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 ounce 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 per day.

Revised August, 2018