

# MENU RECORD FOR CHILDREN 1-2 YEARS OLD

New Mexico Child and Adult Care Food Program

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

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

(1) MEAL PATTERN (REQUIRED COMPONENTS)	(2) MENU	(3) SERVING SIZE 1-2 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 (whole, 1%)** 2. Vegetable, and/or fruit 3. Grains (Whole/WG Rich)* and/or Meat/Meat Alternate**	1. Milk, fluid ( <i>specify type in column 4</i> )	1. 1/2 C	1. Whole (12-24m) 1% (2y+) Other:		Children: Adults: <b>TOTAL: _____</b>	Children: _____
	2.	2. 1/4 C	2.			Adults: _____
	3.	3. 1/2sv/oz eq	3.			TOTAL: _____
<b>A.M. SUPPLEMENT*</b> 1. Milk, fluid (whole, 1%)** 2. Meat/meat alternate** 3. Vegetable 4. Fruit 5. Grains (Whole/WG Rich)*	1 <sup>st</sup> component	1. 1/2 C	1 <sup>st</sup>		Children: Adults: <b>TOTAL: _____</b>	Children: _____
		2. 1/2 OZ				Adults: _____
	2 <sup>nd</sup> component	3. 1/2 C	2 <sup>nd</sup>			Adults: _____
		4. 1/2 C				TOTAL: _____
		5. 1/2sv/oz eq				TOTAL: _____
<b>LUNCH</b> 1. Milk, fluid (whole, 1%)** 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. 1/2 C	1. Whole (12-24m) 1% (2y+) Other:		Children: Adults: <b>TOTAL: _____</b>	Children: _____
	2.	2. 1 OZ	2.			Adults: _____
	3.V	3. 1/8 C	3.V			TOTAL: _____
	4.F	4. 1/8 C	4.F			TOTAL: _____
	5.	5. 1/2sv/oz eq	5.			TOTAL: _____
<b>P.M. SUPPLEMENT*</b> 1. Milk, fluid (whole, 1%)** 2. Meat/meat alternate** 3. Vegetable 4. Fruit 5. Grains (Whole/WG Rich)*	1 <sup>st</sup> component	1. 1/2 C	1 <sup>st</sup>		Children: Adults: <b>TOTAL: _____</b>	Children: _____
		2. 1/2 OZ				Adults: _____
	2 <sup>nd</sup> component	3. 1/2 C	2 <sup>nd</sup>			Adults: _____
		4. 1/2 C				TOTAL: _____
		5. 1/2sv/oz eq				TOTAL: _____
<b>SUPPER</b> 1. Milk, fluid (whole, 1%)** 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. 1/2 C	1. Whole (12-24m) 1% (2y+) Other:		Children: Adults: <b>TOTAL: _____</b>	Children: _____
	2.	2. 1 OZ	2.			Adults: _____
	3.V	3. 1/8 C	3.V			TOTAL: _____
	4.F	4. 1/8 C	4.F			TOTAL: _____
	5.	5. 1/2sv/oz eq	5.			TOTAL: _____

\*\*\*1% or Skim (Non-Fat) unflavored milk for to 2-5 year olds; Whole unflavored milk for 12-24 month olds. \*\*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 a day.