

Menu and Production Record

1 through 2 years old

Name of Center: _____

Month _____ Day _____ Year _____

CACFP Meal Pattern for 1 through 2 years old	Menu	Estimated Number to be served	Amount: Food Purchased / Prepared	Adjustments
<u>BREAKFAST</u> (3 components) <input type="checkbox"/> Fluid Milk, ½ cup <input type="checkbox"/> Fruit or Vegetable, 1/4 cup <input type="checkbox"/> Bread or Bread Alternate, ½ slice or 1/3 cup dry cereal or 1/4 cup cooked cereal		_____ _____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ _____ 6 through 12 yrs. Adults x2		
<u>A.M. SNACK</u> (choose 2 different food components) <input type="checkbox"/> Fluid Milk, ½ cup <input type="checkbox"/> Meat or Meat Alternate, ½ ounce <input type="checkbox"/> Fruit or Vegetable, ½ cup <input type="checkbox"/> Bread or Bread Alternate, ½ slice		_____ _____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ _____ 6 through 12 yrs. Adults x2		
<u>LUNCH</u> (5 components) <input type="checkbox"/> Fluid Milk, ½ cup <input type="checkbox"/> Meat or Meat Alternate, 1 ounce <input type="checkbox"/> Fruit or Vegetable, 1/8 cup <input type="checkbox"/> Fruit or Vegetable, 1/8 cup <input type="checkbox"/> Bread or Bread Alternate, ½ slice or 1/4 cup		_____ _____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ _____ 6 through 12 yrs. Adults x2		
<u>P.M. SNACK</u> (choose 2 different food components) <input type="checkbox"/> Fluid Milk, ½ cup <input type="checkbox"/> Meat or Meat Alternate, ½ ounce <input type="checkbox"/> Fruit or Vegetable, ½ cup <input type="checkbox"/> Bread or Bread Alternate, ½ slice		_____ _____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ _____ 6 through 12 yrs. Adults x2		
<u>SUPPER</u> (5 components) <input type="checkbox"/> Fluid Milk, ½ cup <input type="checkbox"/> Meat or Meat Alternate, 1 ounce <input type="checkbox"/> Fruit or Vegetable, 1/8 cup <input type="checkbox"/> Fruit or Vegetable, 1/8 cup <input type="checkbox"/> Bread or Bread Alternate, ½ slice or 1/4 cup		_____ _____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ _____ 6 through 12 yrs. Adults x2		

OVER

Menu Changes/Updates

Date	Number fed	Food substitutes	Amounts used
1.			
2.			
3.			
4.			
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11.			
12.			

Menu and Production Record

3 through 5 years old

Name of Center: _____

Month _____ Day _____ Year _____

CACFP Meal Pattern for 3 through 5 years old	Menu	Estimated Number to be served	Amount: Food Purchased / Prepared	Adjustments
<p><u>BREAKFAST</u> (3 components)</p> <p><input type="checkbox"/> Fluid Milk, 3/4 cup</p> <p><input type="checkbox"/> Fruit or Vegetable, 1/2 cup</p> <p><input type="checkbox"/> Bread or Bread Alternate, 1/2 slice or 1/3 cup dry cereal or 1/4 cup cooked cereal</p>		<p>_____</p> <p>1 through 2 yrs. 3 through 5 yrs.</p> <p style="text-align: center;">[]</p> <p style="text-align: center;">Blended</p> <p>_____</p> <p>6 through 12 yrs. Adults x2</p>		
<p><u>A.M. SNACK</u></p> <p>(choose 2 different food components)</p> <p><input type="checkbox"/> Fluid Milk, 1/2 cup</p> <p><input type="checkbox"/> Meat or Meat Alternate, 1/2 ounce</p> <p><input type="checkbox"/> Fruit or Vegetable, 1/2 cup</p> <p><input type="checkbox"/> Bread or Bread Alternate, 1/2 slice</p>		<p>_____</p> <p>1 through 2 yrs. 3 through 5 yrs.</p> <p style="text-align: center;">[]</p> <p style="text-align: center;">Blended</p> <p>_____</p> <p>6 through 12 yrs. Adults x2</p>		
<p><u>LUNCH</u> (5 components)</p> <p><input type="checkbox"/> Fluid Milk, 3/4 cup</p> <p><input type="checkbox"/> Meat or Meat Alternate, 1 1/2 ounces</p> <p><input type="checkbox"/> Fruit or Vegetable, 1/4 cup</p> <p><input type="checkbox"/> Fruit or Vegetable, 1/4 cup</p> <p><input type="checkbox"/> Bread or Bread Alternate, 1/2 slice or 1/4 cup</p>		<p>_____</p> <p>1 through 2 yrs. 3 through 5 yrs.</p> <p style="text-align: center;">[]</p> <p style="text-align: center;">Blended</p> <p>_____</p> <p>6 through 12 yrs. Adults x2</p>		
<p><u>P.M. SNACK</u></p> <p>(choose 2 different food components)</p> <p><input type="checkbox"/> Fluid Milk, 1/2 cup</p> <p><input type="checkbox"/> Meat or Meat Alternate, 1/2 ounce</p> <p><input type="checkbox"/> Fruit or Vegetable, 1/2 cup</p> <p><input type="checkbox"/> Bread or Bread Alternate, 1/2 slice</p>		<p>_____</p> <p>1 through 2 yrs. 3 through 5 yrs.</p> <p style="text-align: center;">[]</p> <p style="text-align: center;">Blended</p> <p>_____</p> <p>6 through 12 yrs. Adults x2</p>		
<p><u>SUPPER</u> (5 components)</p> <p><input type="checkbox"/> Fluid Milk, 3/4 cup</p> <p><input type="checkbox"/> Meat or Meat Alternate, 1 1/2 ounces</p> <p><input type="checkbox"/> Fruit or Vegetable, 1/4 cup</p> <p><input type="checkbox"/> Fruit or Vegetable, 1/4 cup</p> <p><input type="checkbox"/> Bread or Bread Alternate, 1/2 slice or 1/4 cup</p>		<p>_____</p> <p>1 through 2 yrs. 3 through 5 yrs.</p> <p style="text-align: center;">[]</p> <p style="text-align: center;">Blended</p> <p>_____</p> <p>6 through 12 yrs. Adults x2</p>		

OVER

Menu Changes/Updates

Date	Number fed	Food substitutes	Amounts used
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10			
11.			
12.			

Menu and Production Record 6 through 12 years old

Name of Center: _____

Month _____ Day _____ Year _____

CACFP Meal Pattern for 6 through 12 years old	Menu	Estimated Number to be served	Amount: Food Purchased / Prepared	Adjustments
<u>BREAKFAST</u> (3 components) <input type="checkbox"/> Fluid Milk, 1 cup <input type="checkbox"/> Fruit or Vegetable, 1/2 cup <input type="checkbox"/> Bread or Bread Alternate, 1 slice or 3/4 cup dry cereal or 1/2 cup cooked cereal		_____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ 6 through 12 yrs. Adults x2		
<u>A.M. SNACK</u> (choose 2 different food components) <input type="checkbox"/> Fluid Milk, 1 cup <input type="checkbox"/> Meat or Meat Alternate, 1 ounce <input type="checkbox"/> Fruit or Vegetable, 3/4 cup <input type="checkbox"/> Bread or Bread Alternate, 1 slice		_____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ 6 through 12 yrs. Adults x2		
<u>LUNCH</u> (5 components) <input type="checkbox"/> Fluid Milk, 1 cup <input type="checkbox"/> Meat or Meat Alternate, 2 ounces <input type="checkbox"/> Fruit or Vegetable, 3/8 cup <input type="checkbox"/> Fruit or Vegetable, 3/8 cup <input type="checkbox"/> Bread or Bread Alternate, 1 slice or 1/2 cup		_____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ 6 through 12 yrs. Adults x2		
<u>P.M. SNACK</u> (choose 2 different food components) <input type="checkbox"/> Fluid Milk, 1 cup <input type="checkbox"/> Meat or Meat Alternate, 1 ounce <input type="checkbox"/> Fruit or Vegetable, 3/4 cup <input type="checkbox"/> Bread or Bread Alternate, 1 slice		_____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ 6 through 12 yrs. Adults x2		
<u>SUPPER</u> (5 components) <input type="checkbox"/> Fluid Milk, 1 cup <input type="checkbox"/> Meat or Meat Alternate, 2 ounces <input type="checkbox"/> Fruit or Vegetable, 3/8 cup <input type="checkbox"/> Fruit or Vegetable, 3/8 cup <input type="checkbox"/> Bread or Bread Alternate, 1 slice or 1/2 cup		_____ 1 through 2 yrs. 3 through 5 yrs. <div style="text-align: center; border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> Blended _____ 6 through 12 yrs. Adults x2		

OVER

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