

Site/Room _____

Michigan Department of Education Child
and Adult Care Food Program
Adult Menu Record



Month _____ Year _____

	DATE: Mon	DATE: Tues	DATE: Wed	DATE:	DATE:
Breakfast 1. Fluid Milk 2. Fruit, Vegetable or Juice 3. Grain/Bread #1 4. Grain/Bread #2 Other/Combination Foods					
AM Snack (serve 2 of 5) 1. Fluid Milk 2. Meat or Meat Alternate 3. Fruit, Vegetable, or Juice 4. Grain/Bread Other/Combination Foods					
Lunch 1. Fluid Milk 2. Meat or Meat Alternate 3. Fruit or Vegetable #1 4. Fruit or Vegetable #2 5. Grain/Bread #1 6. Grain/Bread #2 Other/Combination Foods					
PM Snack (serve 2 of 5) 1. Fluid Milk 2. Meat or Meat Alternate 3. Fruit, Vegetable, or Juice 4. Grain/Bread Other/Combination Foods					
Supper 1. Fluid Milk (Optional) 2. Meat or Meat Alternate 3. Fruit or Vegetable #1 4. Fruit or Vegetable #2 5. Grain/Bread #1 6. Grain/Bread #2 Other/Combination Foods					

*Yogurt may be served in lieu of milk requirement one time per day if not being served as a meat alternate for the same meal.