

ADULT SNACK ONLY DAILY PRODUCTION RECORD – MEAL DOCUMENTATION

Day & Date _____

Facility Name _____

Meal Pattern*	Meal Planning Menu - Serving Size Estimated number	Components Served	Amount of Component Used	Actual Number Served by Age
All Snacks (Supplements): (select 2 of these 5 components)(10) 1.Fluid Milk(1) 2.Meat/Meat Alternates(4)(5) 3. Vegetables(2) 4. Fruit(2) 5. Breads/Grains(6)(7)(8)(9)**		1. _____ 2. _____	1. _____ 2. _____	Adult Participants _____ Staff _____
All Snacks (Supplements): (select 2 of these 5 components)(10) 1.Fluid Milk(1) 2.Meat/Meat Alternates(4)(5) 3. Vegetables(2) 4. Fruit(2) 5. Breads/Grains(6)(7)(8)(9)**		1. _____ 2. _____	1. _____ 2. _____	Adult Participants _____ Staff _____
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SEE THE CHILD AND ADULT CARE MEAL AND ATTACHED INFORMATION REGARDING MEAL OPTIONS.