

CENTER/COMBINATION NUTRITION REPORT

NAME: _____ DATE: _____

RECORD THE KIND AND AMOUNTS OF FOOD USED

CENTER: _____

MEAL PATTERN	MENU	FOOD ITEMS USED	SERVING SIZE		QUANTITY ON HAND	QUANTITY USED	NUMBER OF MEALS
Breakfast Milk, fluid Juice or fruit or Vegetable Bread/Bread Alternate Including cereal			3 - 5	13 - Adult			____ Less than 1 ____ 1 - 2 ____ 3 - 5 ____ Staff ____ Volunteers TOTAL ____
AM Snack (Select 2 of 4 components) Milk, fluid Fruit or vegetable Bread/Bread Alternate Meat/Meat Alternate							____ Less than 1 ____ 1 - 2 ____ 3 - 5 ____ Staff ____ Volunteers TOTAL ____
Lunch Milk, fluid Meat/Meat Alternate Fruit/Vegetable Fruit/Vegetable Bread/Bread Alternate							____ Less than 1 ____ 1 - 2 ____ 3 - 5 ____ Staff ____ Volunteers TOTAL ____
PM Snack (Select 2 of 4 components) Milk, fluid Fruit or vegetable Bread/Bread Alternate Including cereal							____ Less than 1 ____ 1 - 2 ____ 3 - 5 ____ Staff ____ Volunteers TOTAL ____

<u>NUTRITION ACTIVITY:</u>	Age	Amount-Breakfast	Amount-Lunch	Amount-Snack
	Meat/Alternate	1 - 2 3 - 5 6 - 12 13 - Adult		1 ounce 1 1/2 ounces 2 ounces 2 ounces
Fruits or Fruit Juice Add Vegetable or Vegetable Juice	1 - 2 3 - 5 6 - Adult	1/4 cup 1/2 cup 1/2 cup	1/8 cup 1/4 cup 1/2 cup	1/2 cup 1/2 cup 3/4 cup
Bread/Alternate	1 - 5 6 - Adult	1/2 slice 1 slice	1/2 slice 1 slice	1/2 slice 1 slice
Cereal - cold	1-2 3 - 5 6 - Adult	1/4 cup 1/3 cup 3/4 cup		
Cereal - hot	1 - 2 3 - 5 6 - Adult	1/4 cup 1/4 cup 1/2 cup		
Milk, fluid	1 - 2 3 - 5 6 - Adult	1/2 cup 3/4 cup 1 cup	1/2 cup 3/4 cup 1 cup	1/2 cup 1/2 cup 1 cup

FOOD TEMP: _____

GLOVES USED: _____

CLOROX STRIPS: _____

Use back of this page to do calculations & attach receipts.