**ATTACHMENT I:**

**SOUTH CAROLINA MENU CHECKLIST**

Meal Pattern

If nutrient software is not used, each meal will follow the meal pattern described in this section.

Instructions: A food item in one or more food group can only be classified once as meeting the requirement for a meal. For example: cottage cheese can be counted as a Milk/Milk alternative *or* a Lean Protein source, not both.

Nutrient-rich desserts that include fruit, whole grains, and low-fat milk can count toward meeting the appropriate food group required servings.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Meal Pattern** | | | | | |
| **FOOD GROUP OR SUBGROUP** | **Amount when 1 Older Adult Nutrition Program Meal is served per day** | **Criteria Met** | | | |
| Week 1 | Week 2 | Week 3 | Week 4 |
| **Vegetables** | 2 servings per meal |  |  |  |  |
| Dark-Green Vegetable | 1 serving/week |  |  |  |  |
| Red & Orange Vegetable | 1 serving/week |  |  |  |  |
| Beans, Peas, Lentils | 1 serving/week |  |  |  |  |
| Starchy Vegetable | 1 serving/week |  |  |  |  |
| Other Vegetables | 1 serving/week |  |  |  |  |
| **Fruits** | 1 serving per meal |  |  |  |  |
| **Grains** | 1-2 servings per meal |  |  |  |  |
| Whole Grains | 2 servings/week |  |  |  |  |
| **Dairy and Alternates** | 1 serving/meal |  |  |  |  |
| **Protein Foods** | 2-3 oz (equiv.) per meal |  |  |  |  |
| Processed meat | Max. 1 serving/week |  |  |  |  |
| **Vitamin A- good sources** | 3 servings/week |  |  |  |  |
| **Vitamin C- good sources** | 3 servings/week |  |  |  |  |
| **\*Fresh Fruits/Vegetables** | 3 servings/week |  |  |  |  |
| **Dessert** | Optional |  |  |  |  |
| **Beverage** | Optional |  |  |  |  |

**\*Criteria not applicable to complete frozen meal systems**

**Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that these menus meet the nutrition requirements as specified in the SCDOA Meal Specifications for compliance with the *DGA-1/3 DRIs*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MENU PLAN \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CYCLE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WEEK #:\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Day** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Month, Day** |  |  |  |  |  |
| **Protein or Alternate** |  |  |  |  |  |
| **Vegetable** |  |  |  |  |  |
| **Fruit** |  |  |  |  |  |
| **Grain** |  |  |  |  |  |
| **Milk or alternate** |  |  |  |  |  |
| **Dessert (optional)** |  |  |  |  |  |
| **Beverage (optional)** |  |  |  |  |  |

**Prepared by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Effective date:** \_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

I certify that these menus meet the nutrition requirements as specified in the SCDOA Meal Specifications for compliance with the *DGA-1/3 DRIs*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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