



DAY CARE HOME MENU

Provider's Name: \_\_\_\_\_

Please send original to Sponsor. Retain a copy for your records.

Month \_\_\_\_\_ Year \_\_\_\_\_

|  | CACFP REQUIREMENTS                    | Date:<br>Monday | Date:<br>Tuesday | Date:<br>Wednesday | Date:<br>Thursday | Date:<br>Friday | Date:<br>Saturday | Date:<br>Sunday |
|--|---------------------------------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|-----------------|
| <b>BREAKFAST</b>                       | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Other                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>AM SNACK</b><br>Serve 2 of 4 groups | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | Water                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>LUNCH</b>                           | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | 2 Servings of Fruit and/or Vegetables |                 |                  |                    |                   |                 |                   |                 |
|  | Bread or Bread Alternate              |                 |                  |                    |                   |                 |                   |                 |
|  | Other                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>PM SNACK</b><br>Serve 2 of 4 groups | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | Water                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>SUPPER</b>                          | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Meat and Meat Alternate               |                 |                  |                    |                   |                 |                   |                 |
|  | 2 Servings of Fruit and/or Vegetables |                 |                  |                    |                   |                 |                   |                 |
|  | Bread or Bread Alternate              |                 |                  |                    |                   |                 |                   |                 |
|  | Other                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>LN SNACK</b><br>Serve 2 of 4 groups | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | Water                                 |                 |                  |                    |                   |                 |                   |                 |

\*No more than 2 servings of sweet grains or sweet cereals may be served per week.



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|  | CACFP REQUIREMENTS                    | Date:<br>Monday | Date:<br>Tuesday | Date:<br>Wednesday | Date:<br>Thursday | Date:<br>Friday | Date:<br>Saturday | Date:<br>Sunday |
|--|---------------------------------------|-----------------|------------------|--------------------|-------------------|-----------------|-------------------|-----------------|
| <b>BREAKFAST</b>                       | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Other                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>AM SNACK</b><br>Serve 2 of 4 groups | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | Water                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>LUNCH</b>                           | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | 2 Servings of Fruit and/or Vegetables |                 |                  |                    |                   |                 |                   |                 |
|  | Bread or Bread Alternate              |                 |                  |                    |                   |                 |                   |                 |
|  | Other                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>PM SNACK</b><br>Serve 2 of 4 groups | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | Water                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>SUPPER</b>                          | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Meat and Meat Alternate               |                 |                  |                    |                   |                 |                   |                 |
|  | 2 Servings of Fruit and/or Vegetables |                 |                  |                    |                   |                 |                   |                 |
|  | Bread or Bread Alternate              |                 |                  |                    |                   |                 |                   |                 |
|  | Other                                 |                 |                  |                    |                   |                 |                   |                 |
| <b>LN SNACK</b><br>Serve 2 of 4 groups | Fluid Milk (specify type of milk)     |                 |                  |                    |                   |                 |                   |                 |
|  | Fruit or Vegetable                    |                 |                  |                    |                   |                 |                   |                 |
|  | Bread* or Bread Alternate*            |                 |                  |                    |                   |                 |                   |                 |
|  | Meat or Meat Alternate                |                 |                  |                    |                   |                 |                   |                 |
|  | Water                                 |                 |                  |                    |                   |                 |                   |                 |

\*No more than 2 servings of sweet grains or sweet cereals may be served per week.