

## CHILD CARE FOOD PROGRAM MENU FORM DAY CARE HOME

MONTH	YEAR	PROVIDER'S NAME	PROVIDER'S NUMBER		
CALENDAR DATE					
BREAKFAST	grain or meat/meat alternate				
	vegetable or fruit				
	Milk				
	+ additional food (optional)				
	Choose two of these five.				
AMSNACK	meat/meat alternate	/	/	/	/
	grain				
	vegetable				
	fruit				
	fluid milk				
LUNCH	meat/meat alternate				
	grain				
	vegetable				
	vegetable or fruit				
	fluid milk				
+ additional food (optional)					
Choose two of these five.					
PM SNACK	meat/meat alternate	/	/	/	/
	grain				
	vegetable				
	fruit				
	fluid milk				
SUSPER	meat/meat alternate				
	grain				
	vegetable				
	vegetable or fruit				
	fluid milk				
+ additional food (optional)					

\* Juice cannot be served when milk is served as the only other component.

\*Indicate whole grain-rich components.

KEEP COPY ON FILE IN THE HOME

