## CHILD CARE FOOD PROGRAM MENU FORM DAY CARE HOME

MON			PROVIDER'S NAME			PROVIDER'S NUMBER		
	CALEI	NDAR DATE						
R	🕻 grain o	ble or fruit tional food (optional)						
	vegeta	ble or fruit						
	Milk							
S	+ addi	tional food (optional)						
	Choose	e two of these five.						
А М.@	meat/1	meat alternate						
	💪 grain							
N	vegeta	ble						
ĸ	fluid m	nilk						
		meat alternate						
	🛓 grain							
N 🥖	<sup>¢</sup> vegeta	ble						
C H	vegetal	ble or fruit						
	fluid m	nilk						
	+ addi	tional food (optional)						
Р	<b>Choos</b>	e two of these five.						
M	meat/1	meat alternate		1 /				
	grain							
S N	vegeta	ble						
C	fruit							
ĸ	fluid m	nilk						
s <i>.</i>	meat/1	meat alternate						
Ŭ <b>E</b>	grain							
P	meat/1 grain vegetal	ble						
E 🍎 R	vegetal	ble or fruit						
	fluid m							
	+ addi	tional 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

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