

DAY CARE HOME CHILD MENU

Provider Name _____ **Provider #** _____ Please send original to Sponsor. Retain a copy for your records. **Month** _____ **Year** _____

CACFP REQUIREMENTS		MONDAY/DATE	TUESDAY/DATE	WEDNESDAY/DATE	THURSDAY/DATE	FRIDAY/DATE	SATURDAY/DATE	SUNDAY/DATE
BREAKFAST	Milk (specify type of milk)							
	Vegetable or Fruit or Both							
	Grains/Bread ^(1,2)							
	Other							
AM SNACK Serve 2 of 5 components	Milk (specify type of milk)							
	Vegetable							
	Fruit							
	Grains/Bread ⁽²⁾							
	Meat/Meat Alternate							
LUNCH	Milk (specify type of milk)							
	Vegetable							
	Fruit or Vegetable							
	Grains/Bread ⁽²⁾							
	Meat/Meat Alternate							
	Other							
PM SNACK Serve 2 of 5 components	Milk (specify type of milk)							
	Vegetable							
	Fruit							
	Grains/Bread ⁽²⁾							
	Meat/Meat Alternate							
SUPPER	Milk (specify type of milk)							
	Vegetable							
	Fruit or Vegetable							
	Grains/Bread ⁽²⁾							
	Meat/Meat Alternate							
	Other							
LN SNACK Serve 2 of 5 components	Milk (specify type of milk)							
	Vegetable							
	Fruit							
	Grains/Bread ⁽²⁾							
	Meat/Meat Alternate							

⁽¹⁾Meat/Meat Alternate may be used to substitute the entire Grains/Bread component a maximum of three times per week.

⁽²⁾At least one serving of whole-grain rich Grains/Bread must be served and recorded on the menu every day.

This institution is an equal opportunity provider.