

CHILD MENU

Retain copies for your records

Provider's Name: _____ Month _____ Year _____

CACFP REQUIREMENTS		Date: Monday	Date: Tuesday	Date: Wednesday	Date: Thursday	Date: Friday	Date: Saturday	Date: Sunday
Fluid Milk	BREAKFAST	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored
Vegetable or fruit								
Grain (must be whole grain 1 x daily) OR Meat / Meat Alternate (up to 3x weekly)								
FOOD COMPONENT 1 (Serve 2 of the 5 different components, only one can be a beverage)	AM Snack							
FOOD COMPONENT 2								
Water		<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water
Fluid Milk	LUNCH	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored
Vegetable								
Vegetable or fruit								
Grain (must be whole grain 1 x daily)								
Meat/Meat Alternate								
FOOD COMPONENT 1 (Serve 2 of the 5 different components, only one can be a beverage)	PM Snack							
FOOD COMPONENT 2								
Water		<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water
Fluid Milk	SUPPER	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored	<input type="checkbox"/> whole <input type="checkbox"/> 1% <input type="checkbox"/> fat free <input type="checkbox"/> fat free flavored
Vegetable								
Vegetable or fruit								
Grain (must be whole grain 1 x daily)								
Meat/Meat Alternate								
FOOD COMPONENT 1 (serve 2 of the 5 different components, only one can be a beverage)	LN Snack							
FOOD COMPONENT 2								
Water		<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water	<input type="checkbox"/> water