



CHILD MENU

Retain copies for your records Provider's Name: _____ Month _____ Year _____

CACFP REQUIREMENTS	Date:						
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
BREAKFAST							
Fluid Milk (must specify type of milk)							
Fruit or Vegetable							
Bread* or Bread Alternate* (Name of cereal must be listed)							
AM SNACK							
FOOD COMPONENT 1 (Serve 2 of the 4 groups)							
FOOD COMPONENT 2							
Water ** (see bottom of sheet)							
Fluid Milk (must specify type of milk)							
Meat or Meat Alternate							
2 Servings of Fruit and/or Vegetables (no juice)							
Bread or Bread Alternate							
LUNCH							
FOOD COMPONENT 1 (Serve 2 of the 4 groups)							
FOOD COMPONENT 2							
Water ** (see bottom of sheet)							
Fluid Milk (must specify type of milk)							
Meat and Meat Alternate							
2 Servings of Fruit and/or Vegetables (no juice)							
Bread or Bread Alternate							
PM SNACK							
FOOD COMPONENT 1 (serve 2 of the 4 groups)							
FOOD COMPONENT 2							
Water ** (see bottom of sheet)							
Fluid Milk (must specify type of milk)							
Meat and Meat Alternate							
2 Servings of Fruit and/or Vegetables (no juice)							
Bread or Bread Alternate							
SUPPER							
FOOD COMPONENT 1 (serve 2 of the 4 groups)							
FOOD COMPONENT 2							
Water ** (see bottom of sheet)							
EN SNACK							
FOOD COMPONENT 1 (serve 2 of the 4 groups)							
FOOD COMPONENT 2							
Water ** (see bottom of sheet)							

* No more than 2 servings of sweet grains or sweet cereals may be served per week. You must list type of cookies, crackers, juice, and cereal etc. you serve.
 ** When snack does not include juice or milk, then water must be served. Water is not a food component.