

CHILD MENU

“THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER”

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 (must specify type of milk)	BREAKFAST							
Fruit or Vegetable								
Bread* or Bread Alternate* (Name of cereal must be listed)								
FOOD COMPONENT 1 (Serve 2 of the 4 groups)	AM SNACK							
FOOD COMPONENT 2								
Water ** (see bottom of sheet)								
Fluid Milk (must specify type of milk)	LUNCH							
Meat or Meat Alternate								
2 Servings of Fruit and/or Vegetables (no juice)								
Bread or Bread Alternate								
FOOD COMPONENT 1 (Serve 2 of the 4 groups)	PM SNACK							
FOOD COMPONENT 2								
Water ** (see bottom of sheet)								
Fluid Milk (must specify type of milk)	SUPPER							
Meat and Meat Alternate								
2 Servings of Fruit and/or Vegetables (no juice)								
Bread or Bread Alternate								
FOOD COMPONENT 1 (serve 2 of the 4 groups)	LN SNACK							
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.