SACCN CACFP Children's Menu BLS Provider _____Month_____Year

Meal and Required Foods	**Day:** **Date:**					**Day:** **Date:**					**Day:** **Date:**					**Day:** **Date:**				
BREAKFAST	**Time:**					**Time:**					**Time:**					**Time:**				
Milk (whole < 2 yrs. & 1% or skim > 2 yrs.)																				
Fruit or Vegetable																				
Bread / Grain																				
Meat / Meat Alternate **may** replace **grain** up to 3x's per week																				
LUNCH	**Time:**					**Time:**					**Time:**					**Time:**				
Milk (whole < 2 yrs. & 1% or skim > 2 yrs.)																				
Meat / Meat Alternate																				
Vegetable																				
Fruit or Vegetable																				
Bread / Grain																				
SNACK (choose any 2)	**Time:**					**Time:**					**Time:**					**Time:**				
Vegetable / Meat- Meat Alternate / Bread / Fruit / Milk																				
Water (always available)																				
FULL NAME / Date of Birth	**I**	**O**	**B**	**L**	**S**	**I**	**O**	**B**	**L**	**S**	**I**	**O**	**B**	**L**	**S**	**I**	**O**	**B**	**L**	**S**
DAILY TOTALS																				