

SACCN CACFP Children's Menu Provider _____ Month _____ Year _____

MEAL AND REQUIRED FOODS		Day:	Day:	Day:	Day:
		Date:	Date:	Date:	Date:
BREAKFAST		Time:	Time:	Time:	Time:
Milk (whole < 2 yrs. & 1% or skim > 2 yrs.)					
Fruit or Vegetable					
Bread / Grain					
Meat / Meat Alt (may replace grain up to 3 x's / wk)					
AM Snack (choose any 2)		Time:	Time:	Time:	Time:
Vegetable / Meat - Meat Alternate / Bread					
Fruit / Milk					
Lunch		Time:	Time:	Time:	Time:
Milk (whole < 2 yrs. & 1% or skim > 2 yrs.)					
Meat / Meat Alternate					
Vegetable					
Fruit or Vegetable					
Bread / Grain					
PM Snack (choose any 2)		Time:	Time:	Time:	Time:
Vegetable / Meat - Meat Alternate / Bread					
Fruit / Milk					
Supper		Time:	Time:	Time:	Time:
Milk (whole < 2 yrs. & 1% or skim > 2 yrs.)					
Meat / Meat Alternate					
Vegetable					
Fruit or Vegetable					
Bread / Grain					
Evening Snack (choose any 2)		Time:	Time:	Time:	Time:
Vegetable / Meat - Meat Alternate / Bread					
Fruit / Milk					
Water (always available)					