

SACCN CACFP CHILDREN'S MENU

PROVIDER _____ MONTH _____ YEAR _____

Meal and Required Foods	Day: Date:	Day: Date:	Day: Date:	Day: Date:
BREAKFAST	Time:	Time:	Time:	Time:
Milk (whole < 2yrs. & 1% or skim > 2yrs.)				
Fruit or Vegetable				
Bread / Grain				
Meat / Meat Alternate (may replace grain up to 3x's per week)				
AMSNACK (choose any 2)	Time:	Time:	Time:	Time:
Milk / Vegetable / Bread-Grain / Meat – Meat Alternate / Fruit				
LUNCH	Time:	Time:	Time:	Time:
Milk (whole < 2yrs. & 1% or skim > 2yrs.)				
Meat / Meat Alternate				
Vegetable				
Fruit or Vegetable				
Bread / Grain				
PM SNACK (choose any 2)	Time:	Time:	Time:	Time:
Milk / Vegetable / Bread-Grain / Meat – Meat Alternate / Fruit				
SUPPER	Time:	Time:	Time:	Time:
Milk (whole < 2yrs. & 1% or skim > 2yrs.)				
Meat / Meat Alternate				
Vegetable				
Fruit or Vegetable				
Bread / Grain				
EVENING SNACK (choose any 2)	Time:	Time:	Time:	Time:
Milk / Vegetable / Bread-Grain / Meat – Meat Alternate / Fruit				
Water (always available)				
Full Name / Date of Birth	Time In/Time Out	Time In/Time Out	Time In/Time Out	Time In/Time Out
	B A L P D E	B A L P D E	B A L P D E	B A L P D E
TOTALS				