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 > 2yrs)																				
Fruit or Vegetable																				
Bread / Grain																				
Meat / Meat Alternate **may** replace **grain** up to 3x's per week																				
Lunch	**Time:**					**Time:**					**Time:**					**Time:**				
Milk (whole < 2yrs. &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 Alt. / 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																				