

CHILD MENU

Provider Name: _____ Cycle Months: _____ Year: _____

Phone #: _____ (Circle) Week: 1 2 3 4



Milk=	12-24 mo: Fluid Unflavored Whole Milk		2-5 yr: Fluid Unflavored Skim or 1%		>6 yr: Fluid Unflavored Skim or 1% or Fluid Flavored Skim		
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
BREAKFAST: Meat/alternate can replace bread/alternate up to 3 times per week at breakfast							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
100% Juice/Fruit/Veg							
Bread/Alternate*							
Meat/Alternate							
AM SNACK: (Choose 2) Only 1 of 2 components can be a beverage							
Milk							
Meat/Alternate							
Fruit/100% Juice							
Veg/100% Juice							
Bread/Alternate*							
LUNCH: When two vegetables are served, two different kinds of vegetables must be served							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Meat/Alternate							
Vegetable							
Fruit or Vegetable							
Bread/Alternate*							
PM SNACK: (Choose 2) Only 1 of 2 components can be a beverage							
Milk							
Meat/Alternate							
Fruit/100% Juice							
Veg/100% Juice							
Bread/Alternate*							
SUPPER: When two vegetables are served, two different kinds of vegetables must be served							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Meat/Alternate							
Vegetable							
Fruit or Vegetable							
Bread/Alternate*							

*Bread/Alternate-At least one serving per day must be whole grain-rich designated with (WG) next to the component

100% JUICE LIST: _____
 Once per day _____

CEREAL LIST: _____
 < 6 grams _____
 Sugar/dry ounce _____

CRACKER LIST: _____

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Menu Changes

Document any meal changes prior to serving that meal. If Monitoring Visit is made, documentation of any menu changes will be required.

Date: Meal: Changes:	Date: Meal: Changes:	Date: Meal: Changes:	Date: Meal: Changes:	Date: Meal: Changes:
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