

USDA CHILD CARE FOOD PROGRAM

PROVIDER'S NAME : \_\_\_\_\_

WEEK ENDING : \_\_\_\_\_

MENU PLANNING SHEET

PROVIDER'S SIGNATURE: \_\_\_\_\_

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Date (Optional)								
<b>BREAKFAST</b>								
until 9 :00 a.m.	Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Fruit, veg or juice							
	Bread or alternate							
	Meat or Alternate (optional)							
<b>A.M. SNACK (CHOOSE TWO)</b>								
	Milk or Yogurt							
	Fruit, veg or juice							
	Bread or alternate							
	Meat or Alternate							
<b>LUNCH</b>								
between 11:00 a.m. and 1:30 p.m.	Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Meat or Alternate							
	Fruit or veg							
	Bread or alternate							
<b>P.M. SNACK (CHOOSE TWO)</b>								
	Milk or Yogurt							
	Fruit, veg or juice							
	Bread or alternate							
	Meat or Alternate							
<b>DINNER</b>								
between 4:00 p.m. and 7:00 p.m.	Milk	MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Meat or Alternate							
	Fruit or veg							
	Bread or alternate							
<b>EVENING SNACK (CHOOSE TWO)</b>								
	Milk or Yogurt							
	Fruit, veg or juice							
	Bread or alternate							
	Meat or Alternate							