

Menu

Child Care Provider Name: _____

Day / Date		Monday /	Tuesday /	Wednesday /	Thursday /	Friday /
Breakfast Must include: 1 Fluid Milk 1 Fruit / Vegetable 1 Bread / Grain	Fruit / Vegetable					
	Bread / Grain					
	Fluid Milk					
Lunch / Supper Must include: 1 Fluid Milk 1 Meat / Beans 2 Fruit / Vegetable 1 Bread / Grain	Main Dish					
	Meat / Beans					
	Fruit / Vegetable					
	Fruit / Vegetable					
	Bread / Grain					
	Fluid Milk					
Snack Must include: (choose 2 foods from the 4 food groups) Fluid Milk Meat / Beans Fruit /Vegetable Bread / Grain	Meat / Beans					
	Fruit / Vegetable					
	Bread / Grain					
	Fluid Milk					