

Child Menu

CACFP Agreement Number



Instructions:

To start, enter your Institution Name and Agreement Number. Then enter the week's Month and Year. Then enter a Monday start date. You can start your menu item entries on any day of the week.

Institution Name: _____

Month and Year: _____

		Monday	Tuesday	Wednesday	Thursday	Friday
Food Group	Date:					
Fluid Milk ¹ Vegetable /Fruit ² <u>Grains</u> ³ Meat/MeatAlternates (Optional substitute for grains ≤3x/week)	Breakfast					
Fluid Milk ¹ Vegetable ² Vegetable /Fruit ² <u>Grains</u> ³ Meat/Meat Alternates	Lunch					
Choose Two Food Groups for Snack	Snack a.m. p.m.	Fluid Milk ¹				
		Vegetable ²				
		Fruit ²				
		<u>Grains</u> ³				
		Meat/Meat Alternates				

¹**Fluid Milk:** **1 year old:** Unflavored whole milk; **2-5 years old:** Unflavored fat-free (skim) or unflavored low-fat (1%) milk; **6 years and older:** Unflavored fat-free (skim) or unflavored low-fat (1%) milk, flavored fat-free (skim) or low-fat (1%) milk. **Breastmilk** may substitute for cow's milk at any age. **Non-dairy beverages** may be served with appropriate documentation.

²**Juice,** if served, is pasteurized full-strength (100%) juice.

³**WG, WW, and WGR** indicate whole grain-rich foods.

Child Menu

		Monday	Tuesday	Wednesday	Thursday	Friday
Food Group						
Choose Two Food Groups for Snacks	Fluid Milk ¹	Snack a.m. p.m.				
	Vegetable ²					
	Fruit ²					
	Grains³					
	Meat/ Meat Alternates					
Choose Two Food Groups for Snacks	Fluid Milk ¹	Supper				
	Vegetable ²					
	Vegetable /Fruit ²					
	Grains³					
	Meat/ Meat Alternates					
Choose Two Food Groups for Snack	Fluid Milk ¹	Late Snack				
	Vegetable ²					
	Fruit ²					
	Grains³					
	Meat/ Meat Alternates					

Month, Year



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This institution is an equal opportunity provider.