USDA CHILD CARE FOOD PROGRAM

MENU PLANNING SHEET

PROVIDER'S NAME : _____

WEEK ENDING : _____

PROVIDER'S SIGNATURE: _____

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