

# Menu

Child Care Provider Name: \_\_\_\_\_

Day / Date		Monday /	Tuesday /	Wednesday /	Thursday /	Friday /
<b>Breakfast</b> Must include: 1 Fluid Milk 1 Fruit / Vegetable 1 Bread / Grain	Fruit / Vegetable					
	Bread / Grain					
	Fluid Milk					
<b>Lunch / Supper</b> 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					
<b>Snack</b> 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					