DPHHS-QAD/CCL-045B
(Revised 12/17)

Department of Public Health and Human Services

Quality Assurance Division – Licensure Bureau
Child Care Licensing

Child Care Menu Form

Child Care Provider name: _____ PV Number (if known): _____

Day/Date:		Monday/	Tuesday/	Wednesday/	Thursday/	Friday/
Breakfast						
Must include: 1 fluid milk 1 fruit/vegetable 1 bread/grain						
Lunch						
Must include: 1 fluid milk 1 meat/beans 2 fruit/vegetable 1 bread/grain						
Snack						
Must include: (choose 2 good from the 4 groups) Fluid milk Meat/beans Fruit/vegetable Bread/grain						

NEED HELP – see the Sample Menu