KIDCARE NUTRITION SPONSOR

REGULAR MENU FORM

Provider's Name:_____ **Month/Year:**_____

Abbreviation Key	
WG = Whole Grain-Rich	HM = Homemade
CN = CN Labeled Product	EX = Extra

Menu Reminders: Mark ◯ for whole grain-rich items. All meal components served meet the CACFP requirements for the ages of children being served. Milked served to 12-23 month olds is unflavored whole, 2-5 year olds is unflavored 1% or non-fat, and 6 years and older is unflavored 1% or non-fat, or flavored non-fat.

DATE:					
BREAKFAST					
Fluid Milk (Age appropriate milk served.)					
Vegetable, Fruit, or both					
Grain (May sub meat/meat alternate 3x week max)	◯	◯	◯	◯	◯
OR Optional Meat/Meat Alternate					
#1 AM SNACK (Serve 2 of the 5 components)					
Fluid Milk (Age appropriate milk served.)					
Meat/Meat Alternate					
Vegetable					
Fruit					
Grain	◯	◯	◯	◯	◯
LUNCH					
Fluid Milk (Age appropriate milk served.)					
Meat/Meat Alternate					
Vegetable					
Vegetable or Fruit					
Grain	◯	◯	◯	◯	◯
#2 PM SNACK (Serve 2 of the 5 components)					
Fluid Milk (Age appropriate milk served.)					
Meat/Meat Alternate					
Vegetable					
Fruit					
Grain	◯	◯	◯	◯	◯
DINNER					
Fluid Milk (Age appropriate milk served.)					
Meat or Meat Alternate					
Vegetable					
Vegetable or Fruit					
Grain	◯	◯	◯	◯	◯
#3 EV SNACK (Serve 2 of the 5 components)					
Fluid Milk (Age appropriate milk served.)					
Meat/Meat Alternate					
Vegetable					
Fruit					
Grain	◯	◯	◯	◯	◯