CHILD MENU

Provider Name: _____ Cycle Months: _____ Year: _____

Phone #: _____ (Circle) Week: 1   2   3   4

SANFORD Children's

Milk=	**12-24 mo:** Fluid Unflavored Whole Milk		**2-5 yr:** Fluid Unflavored Skim or 1%		**>6 yr:** Fluid Unflavored Skim **or** 1% **or** Fluid Flavored Skim		
	MONDAY	**TUESDAY**	**WEDNESDAY**	**THURSDAY**	**FRIDAY**	**SATURDAY**	**SUNDAY**
BREAKFAST: Meat/alternate can replace bread/alternate up to 3 times per week at breakfast							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
100% Juice/Fruit/Veg							
Bread/Alternate*							
Meat/Alternate							
AM SNACK: (Choose 2) Only 1 of 2 components can be a beverage							
Milk / Meat/Alternate / Fruit/100% Juice / Veg/100% Juice / Bread/Alternate*							
LUNCH: When two vegetables are served, two different kinds of vegetables must be served							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Meat/Alternate							
Vegetable							
Fruit or Vegetable							
Bread/Alternate*							
PM SNACK: (Choose 2) Only 1 of 2 components can be a beverage							
Milk / Meat/Alternate / Fruit/100% Juice / Veg/100% Juice / Bread/Alternate*							
SUPPER: When two vegetables are served, two different kinds of vegetables must be served							
Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
Meat/Alternate							
Vegetable							
Fruit or Vegetable							
Bread/Alternate*							

*Bread/Alternate-At least one serving per day must be whole grain-rich designated with (WG) next to the component

100% JUICE LIST: _____
Once per day _____
_____

CEREAL LIST: _____
< 6 grams _____
Sugar/dry ounce _____

CRACKER LIST: _____
_____
_____

012002-00185 7/17

This institution is an equal opportunity provider.

Menu Changes

Document any meal changes prior to serving that meal. If Monitoring Visit is made, documentation of any menu changes will be required.

Date: Meal: Changes:	Date: Meal: Changes:	Date: Meal: Changes:	Date: Meal: Changes:	Date: Meal: Changes:
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