



# MENU

Providers Name (please print)

| USDA Requirements |                                 | Monday      | Tuesday     | Wednesday   | Thursday    | Friday      | Saturday    | Sunday      |
|-------------------|---------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Date:             |                                 | Date:       | Date:       | Date:       | Date:       | Date:       | Date:       | Date:       |
| <b>Breakfast</b>  | Milk                            | MILK        | MILK        | MILK        | MILK        | MILK        | MILK        | MILK        |
|                   | Fruit or Vegetable              |             |             |             |             |             |             |             |
|                   | Bread or Meat/Meat alt. (3x/wk) | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R |
| <b>Snack</b>      | Choose 2 different food groups  | A.M.        |             |             |             |             |             |             |
|                   |                                 |             |             |             |             |             |             |             |
| <b>Lunch</b>      | Milk                            | MILK        | MILK        | MILK        | MILK        | MILK        | MILK        | MILK        |
|                   | Fruit or Vegetable              |             |             |             |             |             |             |             |
|                   | Vegetable                       |             |             |             |             |             |             |             |
|                   | Bread or Bread alt.             | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R |
|                   | Meat or Meat alt.               |             |             |             |             |             |             |             |
| <b>Snack</b>      | Choose 2 different food groups  | P.M.        |             |             |             |             |             |             |
|                   |                                 |             |             |             |             |             |             |             |
| <b>Dinner</b>     | Milk                            | MILK        | MILK        | MILK        | MILK        | MILK        | MILK        | MILK        |
|                   | Fruit or Vegetable              |             |             |             |             |             |             |             |
|                   | Vegetable                       |             |             |             |             |             |             |             |
|                   | Bread or Bread alt.             | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R | W<br>G<br>R |
|                   | Meat or Meat alt.               |             |             |             |             |             |             |             |
| <b>Snack</b>      | Choose 2 different food groups  | B.T.        |             |             |             |             |             |             |
|                   |                                 |             |             |             |             |             |             |             |

Record meals on the day they are served  
Send original to CCL obtain copy for your records

This institution is an equal opportunity provider.