

FOOD ITEM	AMOUNT @ AGE			/ / MONDAY	/ / TUESDAY	/ / WEDNESDAY	/ / THURSDAY	/ / FRIDAY
	1-2	3-5	6-12					
BREAKFAST circle				as bev.,	as bev.,	as bev.,	as bev.,	as bev.,
Milk, fluid	1/2	3/4	1	on cereal	on cereal	on cereal	on cereal	on cereal
Juice/Fruit/ Vegetable	1/4	1/2	1/2					
Grain/Bread								
	(1see below)							
Other foods	(optional)							
A.M. SNACK								
	(2see below)							
LUNCH								
Milk, fluid	1/2	3/4	1					
Meat &/or Alternate	1	1-1/2	2					
	(ounce)							
Vegetable &/or Fruit	1/4	1/2	3/4					
	(cup TOTAL)							
	(select 2 or more)							
Grain/Bread								
	(1see below)							
Other foods	(optional)							
P.M. SNACK								
	(2see below)							
SUPPER								
Milk, fluid	1/2	3/4	1					
Meat &/or Alternate	1	1-1/2	2					
	(ounces)							
Vegetable &/or Fruit	1/4	1/2	3/4					
	(cup TOTAL)							
	(select 2 or more)							
Grain/Bread								
	(1see below)							
Other foods	(optional)							
NITE SNACK								
	(2see below)							

¹ Bread - (slice) 1/2 1/2 1
 Cereal - (cup)
 Cold, dry 1/4 1/3 3/4
 Hot, cooked 1/4 1/4 1/2

² Snack - Select 2 of the 4 components:
 1 Milk; 2 Meat/alternate; 3 Grain/Bread;
 4 Juice/Fruit/Vegetable.

I CERTIFY THAT THE MEALS AS LISTED ON THIS MENU PLANNING FORM WERE SERVED IN MY CHILD CARE HOME DURING THE WEEK OF

_____, _____
 PROVIDER _____