

CHILD AND ADULT CARE FOOD PROGRAM MENU FORM

DAY CARE HOME

KEEP ON FILE
IN THE HOME

	DATE	PROVIDER'S NAME				
	March 2014	Kimberly Ussery				KEEP ON FILE IN THE HOME
	CALENDAR DATE	3	4	5	6	7
BREAKFAST	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	fruit, vegetable or full strength juice	peaches	applesauce	100% orange juice	tomatoes	bananas
	cereal and/or bread equivalent	oatmeal	waffles	cheerios	grits	pancakes
	+ additional food (optional)					
AM SNACK	Choose two of these four:	/	/	/	/	/
	fluid milk					
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
LUNCH	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	meat and/or equivalent	chicken nuggets	macaroni & cheese	fish sticks	ham	beef stew
	vegetable or fruit	green beans	corn	beets	carrots	peas
	vegetable or fruit	mixed fruit	pears	mandarin oranges	pineapple	applesauce
	bread or equivalent	roll	macaroni	hushpuppies	whole wheat bread	rice
	+ additional food (optional)					
PM SNACK	Choose two of these four.*	100% apple juice	fluid milk	100% grape juice	fluid milk	100% white grape juice
	fluid milk	/	/	/	/	/
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
sugar cookie	bananas					
SUPPER	fluid milk					
	meat and/or alternate					
	vegetable or fruit					
	vegetable or fruit					
	bread or equivalent					
	+ additional food (optional)					

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DATE		PROVIDER'S NAME				
March 2014		Kimberly Ussery				
CALENDAR DATE		10	11	12	13	14
BREAKFAST	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	fruit, vegetable or full strength juice	pears	apricots	applesauce	peaches	mixed fruit
	cereal and/or bread equivalent	french toast	biscuit	waffles	oatmeal	muffins
	+ additional food (optional)		eggs			
AM SNACK	Choose two of these four:	/	/	/	/	/
	fluid milk					
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
LUNCH	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	meat and/or equivalent	tuna casserole	corn dogs	ham	chicken burrito	beef hamburger
	vegetable or fruit	corn	peas	white beans	green beans	carrots
	vegetable or fruit	peaches	bananas	pears	mandarin oranges	pineapple
	bread or equivalent	pasta	corn bread	whole wheat bread	tortillas	bun
	+ additional food (optional)					
PM SNACK	Choose two of these four.*	/	/	/	/	/
	fluid milk					
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
SUPPER	fluid milk	cheese toast	strawberries	graham crackers	bananas	cherrios
	meat and/or alternate					
	vegetable or fruit					
	vegetable or fruit					
	bread or equivalent					
	+ additional food (optional)					

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DATE		PROVIDER'S NAME				
March 2014		Kimberly Ussery				
CALENDAR DATE		17	18	19	20	21
BREAKFAST	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	fruit, vegetable or full strength juice	tomatoes	bananas	mixed fruit	applesauce	peaches
	cereal and/or bread equivalent	grits	pancakes	poptart	waffles	oatmeal
	+ additional food (optional)					
AM SNACK	Choose two of these four:	/	/	/	/	/
	fluid milk					
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
LUNCH	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	meat and/or equivalent	peanut butter sandwich	chicken nuggets	macaroni & cheese	hamburger pizza	fish sticks
	vegetable or fruit	vegetable beef soup	carrots	peas	corn	broccoli
	vegetable or fruit	peaches	pineapple	mandarin oranges	bananas	pears
	bread or equivalent	whole wheat bread	roll	macaroni	pizza crust	hushpuppies
	+ additional food (optional)					
PM SNACK	Choose two of these four.*	/	/	/	/	/
	fluid milk					
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
SUPPER	fluid milk	vanilla wafers	applesauce	goldfish crackers	craisins	saltine crackers
	meat and/or alternate					
	vegetable or fruit					
	vegetable or fruit					
	bread or equivalent					
	+ additional food (optional)					

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DATE		PROVIDER'S NAME		KEEP ON FILE		
March 2014		Kimberly Ussery		IN THE HOME		
CALENDAR DATE		24	25	26	27	28
BREAKFAST	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	fruit, vegetable or full strength juice	bananas	100% orange juice	peaches	applesauce	pears
	cereal and/or bread equivalent	pancakes	cheerios	oatmeal	waffles	bagel
	+ additional food (optional)					
AM SNACK	Choose two of these four:	/	/	/	/	/
	fluid milk					
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
LUNCH	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk	fluid milk
	meat and/or equivalent	chicken strips	cheese toast	fish filet	meatsauce lasagna	vienna sausages
	vegetable or fruit	beets	carrots	peas	corn	green beans
	vegetable or fruit	pears	applesauce	pineapple	mixed fruit	peaches
	bread or equivalent	biscuits	whole wheat bread	cornbread	pasta	crescent rolls
	+ additional food (optional)					
PM SNACK	Choose two of these four.*	100% grape juice	fluid milk	100% apple juice	fluid milk	100% mixed fruit juice
	fluid milk	/	/	/	/	/
	fruit, vegetable or full strength juice					
	bread, cereal or equivalent					
	meat and/or alternate					
cinnamon toast	bananas					
SUPPER	fluid milk					
	meat and/or alternate					
	vegetable or fruit					
	vegetable or fruit					
	bread or equivalent					
	+ additional food (optional)					

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DATE **March 2014**

PROVIDER'S NAME **Kimberly Ussery**

	CALENDAR DATE	31			
BREAKFAST	fluid milk	fluid milk			
	fruit, vegetable or full strength juice	peaches			
	cereal and/or bread equivalent	oatmeal			
	+ additional food (optional)				
AM SNACK	Choose two of these four:	/	/	/	/
	fluid milk				
	fruit, vegetable or full strength juice				
	bread, cereal or equivalent				
	meat and/or alternate				
LUNCH	fluid milk	fluid milk			
	meat and/or equivalent	fish sticks			
	vegetable or fruit	green beans			
	vegetable or fruit	bananas			
	bread or equivalent	hushpuppies			
	+ additional food (optional)				
PM SNACK	Choose two of these four.*	/	/	/	/
	fluid milk				
	fruit, vegetable or full strength juice				
	bread, cereal or equivalent				
	meat and/or alternate				
SUPPER	fluid milk				
	meat and/or alternate				
	vegetable or fruit				
	vegetable or fruit				
	bread or equivalent				
	+ additional food (optional)				