

CHILD CARE MENU PLANNING WORKSHEET

CACFP/Office of Child
Nutrition Participant:
YES NO



MISSISSIPPI
STATE DEPARTMENT OF HEALTH

Week Of: _____

Facility Name/License Number (last 4): _____

Hours of Operation: _____ County: _____

Contact Person/Telephone Number: _____

Licensing Official Name: _____

Record all food and beverages served. Please refer to Appendix C in Regulations Governing Licensure of Child Care Facilities for nutritional standards.

Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast -Time: _____ Fruit (no juice) Cereal or Bread/Alternate Milk					
Snack -Time: _____ (Select 2 out of 4 food groups) Meat or Meat Alternate Vegetable or Fruit, (no juice) Bread or Bread Alternate Milk					
Lunch/Supper -Time: _____ Meat or Meat Alternate Vegetable and Fruit (2 Veg/fruit or 1 veg & 1 fruit) Bread or Bread Alternate Milk					
Snack -Time: _____ (Select 2 out of 4 food groups) Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					
Snack -Time: _____ (Select 2 out of 4 food groups) Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk				LEGEND: * = Vitamin C Source + = Vitamin A Source # = Counts as vitamin source 1X per week (1,2,3) = Items that can be served a maximum of 3X per week	

*Water is made available at all meals and snacks. *Whole grain bread & bread products are used. *No meal or snack may be served more than once in 24 hours.

*Other Foods or Condiments may be served with meals/snacks but DO NOT count as a component.

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