



MISSISSIPPI STATE DEPARTMENT OF HEALTH

Menu Planning Worksheet

Week of _____ Facility Name _____ County _____

Hours of Operation _____ Mailing Address _____ Telephone No. _____

Contact Person _____ Phone # _____

Record all food and beverages served. List all servings sizes. Please print in ink. Refer to Appendix C in Regulations Governing Licensure of Child Care Facilities.

Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast Time Served _____ <ul style="list-style-type: none"> • Fruit • Cereal or Bread Alternate • Milk • Other Foods 					
Snack Time Served _____ <i>(Select two out of four food groups)</i> <ul style="list-style-type: none"> • Meat or Alternate • Bread or Alternate • Vegetables or Fruit, Juice • Other Foods • Milk or Dairy Food 					
Lunch/Supper Time Served _____ <ul style="list-style-type: none"> • Meat or Alternate • Vegetables or Fruit (2 different vegetables or 1 vegetable and 1 fruit) • Bread or Alternate • Milk • Other Foods 					
Snack Time Served _____ <i>(Select two out of four food groups)</i> <ul style="list-style-type: none"> • Meat or Alternate • Bread or Alternate • Vegetables or Fruit, Juice • Other Foods • Milk or Dairy Food 					