CACFP Agreement # _____

CACFP
Child and Adult Care Food Program
New York State Department of Health

DAY CARE HOME MENU

Provider's Name: _____ Please send original to Sponsor. Retain a copy for your records. **Month**_____ **Year**_____

	CACFP REQUIREMENTS	MONDAY/DATE	TUESDAY/DATE	WEDNESDAY/DATE	THURSDAY/DATE	FRIDAY/DATE	SATURDAY/DATE	SUNDAY/DATE
BREAKFAST	Fluid Milk (specify type of milk)							
	Fruit or Vegetable							
	Bread* or Bread Alternate*							
	Other							
AM SNACK Serve 2 of 4 groups	Fluid Milk (specify type of milk)							
	Fruit or Vegetable							
	Bread* or Bread Alternate*							
	Meat or Meat Alternate							
	Water							
LUNCH	Fluid Milk (specify type of milk)							
	Meat or Meat Alternate							
	2 Servings of Fruit and/or Vegetables							
	Bread or Bread Alternate							
	Other							
PM SNACK Serve 2 of 4 groups	Fluid Milk (specify type of milk)							
	Fruit or Vegetable							
	Bread* or Bread Alternate*							
	Meat or Meat Alternate							
	Water							
SUPPER	Fluid Milk (specify type of milk)							
	Meat and Meat Alternate							
	2 Servings of Fruit and/or Vegetables							
	Bread or Bread Alternate							
	Other							
LN SNACK Serve 2 of 4 groups	Fluid Milk (specify type of milk)							
	Fruit or Vegetable							
	Bread* or Bread Alternate*							
	Meat or Meat Alternate							
	Water							

*No more than 2 servings of sweet grains or sweet cereals may be served per week.