

# CHILD MENU

Provider Name: \_\_\_\_\_ Cycle Months: \_\_\_\_\_ Year: \_\_\_\_\_

Phone #: \_\_\_\_\_ (Circle) Week:      1      2      3      4

**Cycle Menus**  
 JFMA-Due in December  
 MJJA- Due in April  
 SOND-Due in August



| Milk=  | 12-24 mo: Fluid Unflavored Whole Milk |         | 2-5 yr: Fluid Unflavored Skim or 1% |          | >6 yr: Fluid Unflavored Skim or 1% or Fluid Flavored Skim |          |        |
|--|---------------------------------------|---------|-------------------------------------|----------|---|----------|--------|
|  | MONDAY                                | TUESDAY | WEDNESDAY                           | THURSDAY | FRIDAY  | SATURDAY | SUNDAY |
| <b>BREAKFAST:</b> Meat/alternate can replace bread/alternate up to 3 times per week at breakfast |                                       |         |                                     |          |   |          |        |
| Milk   | Milk                                  | Milk    | Milk                                | Milk     | Milk  | Milk     | Milk   |
| 100% Juice/Fruit/Veg   |                                       |         |                                     |          |   |          |        |
| Bread/Alternate*   |                                       |         |                                     |          |   |          |        |
| Meat/Alternate   |                                       |         |                                     |          |   |          |        |
| <b>AM SNACK: (Choose 2)</b> Only 1 of 2 components can be a beverage                             |                                       |         |                                     |          |   |          |        |
| Milk   |                                       |         |                                     |          |   |          |        |
| Meat/Alternate   |                                       |         |                                     |          |   |          |        |
| Fruit/100% Juice   |                                       |         |                                     |          |   |          |        |
| Veg/100% Juice   |                                       |         |                                     |          |   |          |        |
| Bread/Alternate*   |                                       |         |                                     |          |   |          |        |
| <b>LUNCH:</b> When two vegetables are served, two different kinds of vegetables must be served   |                                       |         |                                     |          |   |          |        |
| Milk   | Milk                                  | Milk    | Milk                                | Milk     | Milk  | Milk     | Milk   |
| Meat/Alternate   |                                       |         |                                     |          |   |          |        |
| Vegetable  |                                       |         |                                     |          |   |          |        |
| Fruit or Vegetable   |                                       |         |                                     |          |   |          |        |
| Bread/Alternate*   |                                       |         |                                     |          |   |          |        |
| <b>PM SNACK: (Choose 2)</b> Only 1 of 2 components can be a beverage                             |                                       |         |                                     |          |   |          |        |
| Milk   |                                       |         |                                     |          |   |          |        |
| Meat/Alternate   |                                       |         |                                     |          |   |          |        |
| Fruit/100% Juice   |                                       |         |                                     |          |   |          |        |
| Veg/100% Juice   |                                       |         |                                     |          |   |          |        |
| Bread/Alternate*   |                                       |         |                                     |          |   |          |        |
| <b>SUPPER:</b> When two vegetables are served, two different kinds of vegetables must be served  |                                       |         |                                     |          |   |          |        |
| Milk   | Milk                                  | Milk    | Milk                                | Milk     | Milk  | Milk     | Milk   |
| Meat/Alternate   |                                       |         |                                     |          |   |          |        |
| Vegetable  |                                       |         |                                     |          |   |          |        |
| Fruit or Vegetable   |                                       |         |                                     |          |   |          |        |
| Bread/Alternate*   |                                       |         |                                     |          |   |          |        |

\*Bread/Alternate--At least one serving per day must be whole grain-rich designated with (WG) next to the component

**100% JUICE LIST:** \_\_\_\_\_  
 Once per day \_\_\_\_\_  
 \_\_\_\_\_

**CEREAL LIST:** \_\_\_\_\_  
 < 6 grams \_\_\_\_\_  
 Sugar/dry ounce \_\_\_\_\_

**CRACKER LIST:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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# Menu Changes

Document any meal changes prior to serving that meal. If Monitoring Visit is made, documentation of any menu changes will be required.

|                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: |
| Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: |
| Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: |
| Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: | Date:<br>Meal:<br>Changes: |