

PROVIDER: _____

DAY CARE HOME MONTHLY MENU

Children 12 to 23 months: required to be served **whole milk** Children 2 years and older: Milk choice (circle one) **1%** or **Skim**

	DATE: _____	DATE: _____	DATE: _____	DATE: _____	DATE: _____
BREAKFAST	MILK GROUP	<i>milk</i>	<i>milk</i>	<i>milk</i>	<i>milk</i>
	FRUIT & VEG. GROUP				
	BREAD GROUP				
AM SNACK	OTHER FOODS				
	Choose 2 items from 2 different food groups				
	MILK GROUP	<i>milk</i>	<i>milk</i>	<i>milk</i>	<i>milk</i>
LUNCH	MEAT GROUP				
	FRUIT & VEG. GROUP (2 items)				
	BREAD GROUP				
	OTHER FOODS				
PM SNACK	Choose 2 items from 2 different food groups				
	MILK GROUP	<i>milk</i>	<i>milk</i>	<i>milk</i>	<i>milk</i>
	MEAT GROUP				
SUPPER	FRUIT & VEG. GROUP (2 items)				
	BREAD GROUPS				
	OTHER FOODS				
	Choose 2 items from 2 different food groups				
EVE SNACK					

CERTIFICATION STATEMENT: I certify that the information submitted is accurate in all respects, and that I understand this information is given in connection with the receipt of federal funds. Deliberate misrepresentation may result in state or federal prosecution.

PROVIDER'S SIGNATURE: _____

DATE: _____