

Circle the milk served: 1% or Fat Free (FF)

Child Care & Development Council Of Oswego County

List children 1 yr. of age served whole milk: _____

CHILDREN'S MENU FORM

Provider Name: _____

If children 6 mo- 1st birthday are present a separate infant menu must be completed.

Provider Signature: _____

Month: _____ Year: _____

Date	Monday ()	Tuesday ()	Wednesday ()	Thursday ()	Friday ()	Saturday ()	Sunday ()
	BREAKFAST	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF
Fluid Milk							
Vegetable/Fruit							
Grains/Bread							
Meat/ Meat Alternate							
AM SNACK <small>Serve 2 of 5 groups</small>	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF
1. Fluid Milk							
2. Vegetable							
3. Fruit							
4. Grains/Bread							
5. Meat/Meat Alternate							
LUNCH	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF
Fluid Milk							
Vegetable							
Vegetable/Fruit							
Grains/Bread							
Meat/Meat Alternate							
PM SNACK <small>Serve 2 of 5 groups</small>	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF
1. Fluid Milk							
2. Vegetable							
3. Fruit							
4. Grains/Bread							
5. Meat/Meat Alternate							
SUPPER	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF	1% or FF
Fluid Milk							
Vegetable							
Vegetable/Fruit							
Grains/Bread							
Meat/Meat Alternate							

Please send original menu form to Sponsor. Retain a copy for your records.

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