

Provider's Name: \_\_\_\_\_

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

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