Month
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Year

Pro	ovi	der'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	
BREAKFAST	_	Fluid Milk (specify type of milk)						
	Ž	Fruit or Vegetable						
	Š	Bread* or Bread Alternate*						
	5	Other						
	sdr	Fluid Milk (specify type of milk)						
5	gro	Fruit or Vegetable						
	of 4 groups	Bread* or Bread Alternate*						
	2	Meat or Meat Alternate	1					
	Serve	Water						
		Fluid Milk (specify type of milk)						
		Meat or Meat Alternate						
3	5	2 Servings of Fruit and/or Vegetables						
LUNCH	É	2 Servings of Pfull allow Vegetables						
		Bread or Bread Alternate						
		Other						
	nps	Fluid Milk (specify type of milk)						
Š	of 4 groups	Fruit or Vegetable						
PM SNACK	Serve 2 of 4	Bread* or Bread Alternate*						
Z		Meat or Meat Alternate						
		Water						
		Fluid Milk (specify type of milk)						
		Meat and Meat Alternate						
SUPPER	Ä	2 Servings of Fruit and/or Vegetables						
	Š							
		Bread or Bread Alternate						
		Other						
		Fluid Milk (specify type of milk)						
X	2 of 4	Fruit or Vegetable						
		Bread* or Bread Alternate*						
3		Meat or Meat Alternate						
	Serve	Water						

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<sup>\*</sup>No more than 2 servings of sweet grains or sweet cereals may be served per week.