

# Child and Adult Care Food Program Menu Record

MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

	DATE:	DATE:	DATE:	DATE:	DATE:
<b>BREAKFAST</b> 1) Fluid Milk 2) Fruit, Vegetable, or Juice 3) Bread/Grain 4) Other					
<b>SNACK (Choose 2 out of 4)</b> 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain					
<b>LUNCH</b> 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain 5) Other					
<b>SNACK (Choose 2 out of 4)</b> 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain					
<b>SUPPER</b> 1) Fluid Milk 2) Meat/Meat Alternate 3) Fruit, Vegetable, or Juice 4) Bread/Grain 5) Other					

I certify that I have served the above meals in the proper amounts in accordance with the Child and Adult Care Food Program meal pattern requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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