

# MENU PLANNING WORKSHEET



Week Of \_\_\_\_\_ Facility Name \_\_\_\_\_ County \_\_\_\_\_

Hours of Operation \_\_\_\_\_ Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Record all food and beverages served. Please print in black ink. Refer to Appendix C in Regulations Governing Licensure of Child Care Facilities

Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast</b> (3 components required) Time Served _____ Fruit Cereal or Bread Alternate Milk Other foods <b>Breakfast Snack</b> – (2 of above components required)					
<b>Snack-</b> Time Served _____ (Select 2 out of 4 food groups) Meat or Alternate Vegetable or Fruit or Juice Bread or Alternate Milk or Dairy Food Other foods					
<b>Lunch/Supper-</b> Time Served _____ Meat or Alternate Vegetables and Fruits (2 Vegetables/fruits or 1 vegetable & 1 fruit) Bread or Alternate Milk Other foods					
<b>Snack -</b> Time Served _____ (Select 2 out of 4 food groups) Meat or Alternate Vegetable or Fruit or Juice Bread or Alternate Milk or Dairy Food Other foods					

\*Water is made available at all meals & snacks. \*Whole grain bread & bread products are used. \*No meal or snack may be served more than once in 24 hours.