



HDFCFS Department  
 Box 2218  
 South Dakota State University  
 Brookings, SD 57007-0195  
 (605) 688-5730

# Child Menu

## Child and Adult Care Food Program

Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cycle Month(s)/Year: \_\_\_\_\_

Week Number: \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Breakfast:</b>							
Bread/Alternate							
Fruit/Vegetable							
Other							
Fluid Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
<b>AM Snack</b>							
<b>(Must have two):</b>							
Meat/Alternate							
Fruit/Vegetable							
Bread/Alternate							
Milk/Other	Milk / _____	Milk / _____	Milk / _____	Milk / _____	Milk / _____	Milk / _____	Milk / _____
<b>Lunch:</b>							
Meat/Alternate							
Fruit/Vegetable							
Fruit/Vegetable							
Bread/Alternate							
Fluid Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk
<b>PM Snack:</b>							
<b>(Must have two):</b>							
Meat/Alternate							
Fruit/Vegetable							
Bread/Alternate							
Milk/Other	Milk / _____	Milk / _____	Milk / _____	Milk / _____	Milk / _____	Milk / _____	Milk / _____
<b>Supper:</b>							
Meat/Alternate							
Fruit/Vegetable							
Fruit/Vegetable							
Bread/Alternate							
Fluid Milk	Milk	Milk	Milk	Milk	Milk	Milk	Milk

Comments:

**\*Only 2 snacks and 1 meal OR 2 meals and 1 snack may be claimed per child per day.**

Cereal Choices

Juice Choices