



131-A Stony Circle, Suite 300  
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# MENU PLANNING SHEET

Post Menus for Parents to View

Month \_\_\_\_\_ Year \_\_\_\_\_



Indicate milk was served

Provider Name \_\_\_\_\_ Facility # \_\_\_\_\_

<b>BREAKFAST</b>		Date:	Day:	Date:	Day:	Date:	Day:	Date:	Day:
	Milk								
	Whole or Enriched Grain								
	Fruit, vegetable, or juice								
	Other (optional)								
<b>CHOOSE TWO</b>	<b>A.M. Snack/Evening</b>								
	Fruit, vegetable, or juice								
	Milk								
	Whole or Enriched Grain								
	Protein Rich Food								
<b>LUNCH</b>									
	Milk								
	Protein Rich Food								
	Whole or Enriched Grain								
	Vegetable or Fruit								
	Vegetable or Fruit								
<b>CHOOSE TWO</b>	<b>P.M. Snack/Evening</b>								
	Fruit, vegetable, or juice								
	Milk								
	Whole or Enriched Grain								
	Protein Rich Food								
<b>DINNER</b>									
	Milk								
	Protein Rich Food								
	Whole or Enriched Grain								
	Vegetable or Fruit								
	Vegetable or Fruit								

**Complete menus on a daily basis.** Home visitor will review your menus. Staff Initials \_\_\_\_\_

I certify that this is true and correct in all respects; I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation of withholding of information may result in prosecution under applicable State and Federal Statutes.

Signature \_\_\_\_\_

Date \_\_\_\_\_