



131-A Stony Circle, Suite 300
 Santa Rosa, CA 95401
 707-544-3077 • FAX 707-544-2625

MENU PLANNINGSHEET

Post Menus for Parents to View



Indicates unflavored milk was served (1%/skim over 2 years/ whole under 2 years)



Month _____ Year _____

Provider Name _____ Facility # _____

	BREAKFAST	Date:	Day:	Date:	Day:	Date:	Day:	Date:	Day:
	Milk, unflavored								
	Meat/ or Alternate								
	Whole or Enriched Grain								
	Fruit, vegetable, or juice								
CHOOSE TWO	A.M. Snack								
	Milk, unflavored								
	Meat/ or Alternate								
	Whole or Enriched Grain								
	Fruit, vegetable, or juice								
	LUNCH								
	Milk, unflavored								
	Meat/ or Alternate								
	Whole or Enriched Grain								
	Vegetable								
	Vegetable or Fruit								
CHOOSE TWO	P.M. Snack								
	Milk, unflavored								
	Meat/ or Alternate								
	Whole or Enriched Grain								
	Fruit, vegetable, or juice								
	DINNER								
	Milk, unflavored								
	Meat/ or Alternate								
	Whole or Enriched Grain								
	Vegetable								
	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 _____