



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

# MENU PLANNING SHEET

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 # \_\_\_\_\_

| <b>BREAKFAST</b>  |                            | Date: | Day: | Date: | Day: | Date: | Day: | Date: | Day: |
|-------------------|----------------------------|-------|------|-------|------|-------|------|-------|------|
|                   | Milk, unflavored           |       |      |       |      |       |      |       |      |
|                   | Meat/ or Alternate         |       |      |       |      |       |      |       |      |
|                   | Whole or Enriched Grain    |       |      |       |      |       |      |       |      |
|                   | Fruit, vegetable, or juice |       |      |       |      |       |      |       |      |
| <b>CHOOSE TWO</b> | <b>A.M. Snack</b>          |       |      |       |      |       |      |       |      |
|                   | Milk, unflavored           |       |      |       |      |       |      |       |      |
|                   | Meat/ or Alternate         |       |      |       |      |       |      |       |      |
|                   | Whole or Enriched Grain    |       |      |       |      |       |      |       |      |
|                   | Fruit, vegetable, or juice |       |      |       |      |       |      |       |      |
| <b>LUNCH</b>      |                            |       |      |       |      |       |      |       |      |
|                   | Milk, unflavored           |       |      |       |      |       |      |       |      |
|                   | Meat/ or Alternate         |       |      |       |      |       |      |       |      |
|                   | Whole or Enriched Grain    |       |      |       |      |       |      |       |      |
|                   | Vegetable                  |       |      |       |      |       |      |       |      |
|                   | Vegetable or Fruit         |       |      |       |      |       |      |       |      |
| <b>CHOOSE TWO</b> | <b>P.M. Snack</b>          |       |      |       |      |       |      |       |      |
|                   | Milk, unflavored           |       |      |       |      |       |      |       |      |
|                   | Meat/ or Alternate         |       |      |       |      |       |      |       |      |
|                   | Whole or Enriched Grain    |       |      |       |      |       |      |       |      |
|                   | Fruit, vegetable, or juice |       |      |       |      |       |      |       |      |
| <b>DINNER</b>     |                            |       |      |       |      |       |      |       |      |
|                   | 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 \_\_\_\_\_