

Child Care Food Program

1531 E. Sunshine Suite E-1
 Springfield, MO 65804
 (417) 865-8427 Fax (417) 865-6437
 forms@ccfpfood.com

Month _____

Week
 1 2 3 4 5

Provider's Name _____

CALENDAR DATE							
BREAKFAST	Fluid Milk						
	Fruit, Vegetable, or Full Strength Juice						
	Cereal and/or Bread Equivalent						
	+ Additional Food (Optional)						
AM SNACK	Choose ONLY 2 of these 4						
	Fluid Milk						
	Fruit, Vegetable, or Full Strength Juice						
	Bread, Cereal, or Equivalent						
	Meat and/or Equivalent						
LUNCH	Fluid Milk						
	Meat and/or Alternate						
	Vegetable or Fruit						
	Vegetable or Fruit						
	Bread or Equivalent						
	+ Additional Food (Optional)						
PM SNACK	Choose ONLY 2 of these 4						
	Fluid Milk						
	Fruit, Vegetable, or Full Strength Juice						
	Bread, Cereal, or Equivalent						
	Meat and/or Equivalent						
SUPPER	Fluid Milk						
	Meat and/or Alternate						
	Vegetable or Fruit						
	Vegetable or Fruit						
	Bread or Equivalent						
	+ Additional Food (Optional)						
EVE SNACK	Choose ONLY 2 of these 4						
	Fluid Milk						
	Fruit, Vegetable, or Full Strength Juice						
	Bread, Cereal, or Equivalent						
	Meat and/or Equivalent						