



ODE CNP CACFP Menu Form



Sponsor name/site name _____

Month and Year _____

Meal Patterns	Monday Day	Tuesday Day	Wednesday Day	Thursday Day	Friday Day
Breakfast <ul style="list-style-type: none"> • Grains, or meat/meat alternate (no more than 3 times per week) • Vegetables or Fruits • Fluid Milk • Other Foods 					
AM Snack (Select two of these five components) <ul style="list-style-type: none"> • Fluid Milk • Meat or meat alternate • Vegetables • Fruits • Grains 					
Lunch <ul style="list-style-type: none"> • Fluid Milk • Meat or meat alternate • Vegetables • Fruits/Veg • Grains • Other Foods 					
PM Snack (Select two of these five components) <ul style="list-style-type: none"> • Fluid Milk • Meat or meat alternate • Vegetables • Fruits • Grains 					
Supper <ul style="list-style-type: none"> • Fluid Milk • Meat or meat alternate • Vegetables • Fruits • Grains • Other Foods 					

Children 12-23 months of age must be served whole milk. Non-fat or 1% milk must be served to participants over age two. Record WG next to whole grain-rich items, WW next to whole wheat items.

This institution is an equal opportunity provider.