

Milk for Children under 2:

Milk for Children over 2:

AFCCA Weekly Child Menu

Child Serving Amounts			Meal Requirements	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
1 to 2	3 to 5	6 to 12	(B) Breakfast	*Write CN if food has a CN label * Write HM if item is Homemade *Write WG= whole grain/ WGR = Whole Grain Rich						
1/4 cup	1/2 cup	1/2 cup	Fruit and/or Vegetable							
1/4 cup or 1/2 slice	1/4 cup or 1/2 slice	1/2 cup or 1 slice	Bread/Grain/Cereal WG or WGR Meat/Protein 3x week							
4 ounces	6 ounces	8 ounces	Fluid Milk							
1 to 2	3 to 5	6 to 12	(A) AM Snack	Meal Requirements: Select 1 each from 2 different food groups *Juice can replace Fruit or Vegetable 1x per day only						
1/2 Cup	1/2 Cup	3/4 Cup	Fruit							
1/2 Cup	1/2 Cup	3/4 Cup	Vegetable							
1/2 ounce	1/2 ounce	1/2 ounce	Meat or Protein							
1/2 slice	1/2 slice	1/2 slice	Bread/Grain WG/WGR							
1/2 cup	1/2 cup	1/2 cup	Fluid Milk							
1 to 2	3 to 5	6 to 12	(L) Lunch	*Write CN if food has a CN label * Write HM if item is Homemade *Write WG= whole grain/ WGR = Whole Grain Rich						
1 ounce	1 1/2 ounce	2 ounce	Meat or Protein							
1/2 slice	1/2 slice	1 slice	Bread or Grain WG or WGR							
1/8 Cup	1/4 cup	1/2 Cup	Vegetable							
1/8 Cup	1/4 Cup	1/4 Cup	Fruit/Vegetable							
4 ounces	6 ounces	8 ounces	Fluid Milk							
1 to 2	3 to 5	6 to 12	(P) PM Snack	Meal Requirements: Select 1 each from 2 different food groups *Juice can replace Fruit or Vegetable 1x per day only						
1/2 Cup	1/2 Cup	3/4 Cup	Fruit							
1/2 Cup	1/2 Cup	3/4 Cup	Vegetable							
1/2 ounce	1/2 ounce	1/2 ounce	Meat or Protein							
1/2 slice	1/2 slice	1/2 slice	Bread/Grain WG/WGR							
1/2 cup	1/2 cup	1/2 cup	Fluid Milk							
1 to 2	3 to 5	6 to 12	(D) Dinner	*Write CN if food has a CN label * Write HM if item is Homemade *Write WG= whole grain/ WGR = Whole Grain Rich						
1 ounce	1 1/2 ounce	2 ounce	Meat or Protein							
1/2 slice	1/2 slice	1 slice	Bread or Grain WG or WGR							
1/8 Cup	1/4 Cup	1/2 Cup	Vegetable							
1/8 Cup	1/4 Cup	1/4 Cup	Fruit/Vegetable							
4 ounces	6 ounces	8 ounces	Fluid Milk							
1 to 2	3 to 5	6 to 12	(E) Evening Snack	Meal Requirements: Select 1 each from 2 different food groups *Juice can replace Fruit or Vegetable 1x per day only						
1/2 Cup	1/2 Cup	3/4 Cup	Fruit							
1/2 Cup	1/2 Cup	3/4 Cup	Vegetable							
1/2 ounce	1/2 ounce	1/2 ounce	Meat or Protein							
1/2 slice	1/2 slice	1/2 slice	Bread/Grain WG/WGR							
1/2 cup	1/2 cup	1/2 cup	Fluid Milk							

I certify that this is a true and accurate record of food service to enrolled children in my family child care home

Provider Signature _____

Date _____

Reviewed By: _____