

Provider's Name: _____

CCN of NY / Please send original to Sponsor. Retain copy for your records

Month _____

YR: 20__

		Date: Day:	Date: Day:	Date: Day:	Date: Day:	Date: Day:	Date: Day:
CACFP REQUIREMENTS							
AM SNACK # 2 ENTRIES OR 2 ENTRIES + WATER	Milk / Juice / Water (please circle the correct option) Whole Milk (1-2 yrs) / 1% or Skim to 2yrs and older	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water
	Fruit (NO fruit if you serve 100% juice)						
	Enriched or Wheat Bread/Cooked or Dry Cereal /Biscuit / Cornbread Muffin/roll /Tortilla/Pancakes/Waffles/French Toast/ Bread Alternate						
	Meat / Meat Alternative - Eggs/Peanut Butter/Nuts/Low-fat Yogurt/ Lean Meat/ Cheese/						
LUNCH 5 Entries	Whole Milk (1-2 yrs) AND/OR 1% or Skim to 2yrs and older	MILK	MILK	MILK	MILK	MILK	MILK
	Meat or Meat Alternate - Beans/cheese/fish/poultry/eggs/lean meat						
	FRUIT or VEGETABLE						
	VEGETABLE (raw/cooked)						
	Grains/Bread or Bread Alt-Pasta/Rice/Tortilla/Noodles/Wheat Bread						
SUPPER 5 Entries	Whole Milk (1-2 yrs) AND/OR 1% or Skim for 2yrs and older	MILK	MILK	MILK	MILK	MILK	MILK
	Meat or Meat Alternate - Beans/cheese/fish/poultry/eggs/lean meat						
	Fruit or Vegetables Component						
	VEGETABLE Component (cooked/raw)						
	Grains/Bread or Bread Alt- Pasta/Rice/Tortilla/Noodles/Wheat Bread						
CACFP REQUIREMENTS		Date: Day:	Date: Day:	Date: Day:	Date: Day:	Date: Day:	Date: Day:
AM SNACK # 2 ENTRIES OR 2 ENTRIES + WATER	Milk / Juice / Water (please circle the correct option) Whole Milk (1-2 yrs) / 1% or Skim to 2yrs and older	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water	M 100%Juice Water
	Fruit (NO fruit if you serve juice)						
	Enriched or Wheat Bread/Cooked or Dry Cereal /Biscuit / Cornbread Muffin/roll /Tortilla/Pancakes/Waffles/French Toast/ Bread Alternate						
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	Fruit or Vegetables Component						
	Vegetable Component (cooked/raw)						
	Grains/Bread or Bread Alternate Pasta/Rice/Tortilla/Noodles/Wheat Bread/Grain Alternate						

NOTE: # Water must be served if no beverage provided * No more than 2 servings of sweet grains or sweet cereals may be served per week. ** No more than ONE SERVING OF 100% JUICE per Day

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