

CACFP Menu for Children (5-Day)

Site/Center Name: The Child Garden						Week One			
Type	Component	Minimum Serving			Date:	Date:	Date:	Date:	Date:
		1 & 2 years	3 - 5 years	6 - 12 years	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	Milk, fluid	1/2 cup	3/4 cup	1 cup	Milk (Whole or 1%)	Milk (Whole or 1%)	Milk (Whole or 1%)	Milk (Whole or 1%)	Milk (Whole or 1%)
	Vegetable, fruits or portion of both	1/4 cup	1/2 cup	1/2 cup	Strawberries	Blueberries	Banana	Mango	Apple Slices
	Grains/Breads Cooked Cereal, and/or pasta	1/2 slice 1/4 cup 1/4 cup	1/2 slice 1/3 cup 1/4 cup	1 slice 1/2 cup 1/2 cup	WGR English Muffin w/Cream Cheese	WGR Cheerios Cereal	WGR Blueberry Waffle	Corn Flake Cereal	WGR Pancake w/Sunflower Butter
					Hardboiled Egg				
Lunch or Supper	Meat or meat alternate	1 oz.	1 1/2 oz.	2 oz.	Tomato Soup and (HM) Grilled Cheese	(HM) Chicken and Broccoli Stir Fry	(HM) Soft Taco w/Ground Beef	Macaroni and Cheese w/Ham	(HM) Mashed Potato Bowl w/Chicken and Gravy
	Grains/Breads Cooked cereal, and or pasta	1/2 slice 1/4 cup 1/4 cup	1/2 slice 1/4 cup 1/4 cup	1 slice 1/2 cup 1/2 cup	WGR Bread	WGR Brown Rice	WGR Tortilla	WGR Pasta	WGR Bun
	Vegetable	1/8 cup	1/4 cup	1/2 cup	Green Beans	Broccoli	Carrots	Pickles	Corn
					Apple Slices	Pineapple	Oranges	Blueberries	Pears
	Fruit	1/8 cup	1/4 cup	1/4 cup					
	Milk, fluid	1/2 cup	3/4 cup	1 cup	Milk (Whole or 1%)	Milk (Whole or 1%)	Milk (Whole or 1%)	Milk (Whole or 1%)	Milk (Whole or 1%)
Snack (select 2)	Milk, fluid	1/2 cup	1/2 cup	1 cup	Water	Water	Water	Water	Water
	Vegetables	1/2 cup	1/2 cup	3/4 cup					
	Fruit	1/2 cup	1/2 cup	3/4 cup	Banana	Applesauce			
	Grains/Breads/ Cooked cereal, and/or pasta	1/2 slice 1/4 cup 1/4 cup	1/2 slice 1/4 cup 1/4 cup	1 slice 1/2 cup 1/2 cup	WGR Apple Sweet Potato Crackers	WGR Cinnamon Crackers	Graham Crackers	WGR Baked Pretzel	WGR Lemon Blueberry Bites
	Meat or meat alternate	1/2 oz.	1/2 oz.	1 oz.			Yogurt	Cream Cheese	Cheese Stick

WGR=Whole Grain Rich WG=Whole Grain

This institution is an equal opportunity provider

For children with allergies or food restrictions: Name _____ Date _____ Highlighted items are items the child CAN have. Cross off items not able to have