



**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 of \_\_\_\_\_

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