



Provider Name _____

*Whole Grain Rich (WGR) must be served 1x per day → Check the box next to WGR items

**Meat/ Meat Alternate at Breakfast is limited to 3x per week.

*** Juice is limited to 1x per day.

Provider # _____

Month/Year _____

●Yogurt must contain no more than 23 grams of total sugars per 6 ounces. ●Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

| Calendar Date | | | | | |
|---------------|--|------------------------------|------------------------------|------------------------------|------------------------------|
| Breakfast | Milk | | | | |
| | Fruit/Vegetable or *** Juice | | | | |
| | *Grain | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR |
| AM Snack | **Meat/Meat Alternate | | | | |
| | Choose 2 of these 5: Milk Meat/Meat Alternate Fruit/Veg/*** Juice Vegetable *Grain | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR |
| | Milk | | | | |
| Lunch | Meat/Meat Alternate | | | | |
| | Fruit/Vegetable or *** Juice Vegetable *Grain | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR |
| | Milk | | | | |
| PM Snack | Choose 2 of these 5: Milk Meat/Meat Alternate Fruit/Veg/*** Juice Vegetable *Grain | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR |
| | Milk | | | | |
| | Meat/Meat Alternate | | | | |
| Dinner | Fruit/Vegetable or *** Juice Vegetable *Grain | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR |
| | Milk | | | | |
| | Meat/Meat Alternate | | | | |
| Eve Snack | Choose 2 of these 5: Milk Meat/Meat Alternate Fruit/Veg/*** Juice Vegetable *Grain | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR | <input type="checkbox"/> WGR |
| | Milk | | | | |
| | Meat/Meat Alternate | | | | |

I certify that all of the meals claimed were served to the children and met the USDA/CACFP meal pattern, which included

serving the following types of milk to each age group:

●Whole to 1 yr. olds ●1%/skim unflavored to 2-5 yr. olds ●1%/Skim unflavored or skim flavored to 6-12 yr. olds

| | | | |
|-----------------------|--|--|------|
| X | | | Date |
| Signature of Provider | | | |