

# NCO/RCCC MENU PLAN

Provider's Name \_\_\_\_\_

Month/Year \_\_\_\_\_

Each day must include one serving whole grain, no more than one serving juice and may substitute meat/alt for grain no more than 3 times per week at breakfast. Lunch and dinner must include at least one vegetable.

Minimum Serving Amounts For:			Date:	Monday	Tuesday	Wednesday	Thursday	Friday
Ages 1-2	Ages 3-5	Ages 6-12						
			<b>Breakfast</b>	# children present: _____	# children present: _____	# children present: _____	# children present: _____	# children present: _____
1/2 cup	3/4 cup	1 cup	Milk	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole
1/4 cup	1/2 cup	1/2 cup	Fruit or Vegetable					
1/2 OZ	1/2 OZ	1 OZ	Grains/Breads					
1/2 OZ	1/2 OZ	1 OZ	Meat/Alt (3 x week max)					
			<b>A.M. Snack (select 2 of 5)</b>	# children present: _____	# children present: _____	# children present: _____	# children present: _____	# children present: _____
1/2 cup	1/2 cup	1 cup	Milk					
1/2 OZ	1/2 OZ	1 OZ	Meat or Alternative					
1/2 cup	1/2 cup	3/4 cup	Vegetable					
1/2 cup	1/2 cup	3/4 cup	Fruit					
1/2 OZ	1/2 OZ	1 OZ	Grains/Breads					
			<b>Lunch</b>	# children present: _____	# children present: _____	# children present: _____	# children present: _____	# children present: _____
1/2 cup	3/4 cup	1 cup	Milk	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole
1 OZ	1 1/2 OZ	2 OZ	Meat or alternative					
1/8 cup	1/4 cup	1/2 cup	Vegetable					
1/8 cup	1/4 cup	1/4 cup	Fruit or vegetable					
1/2 OZ	1/2 OZ	1 OZ	Grains/Breads					
			<b>P.M. Snack (Select 2 of 5)</b>	# children present: _____	# children present: _____	# children present: _____	# children present: _____	# children present: _____
1/2 cup	1/2 cup	1 cup	Milk					
1/2 OZ	1/2 OZ	1 OZ	Meat or Alternative					
1/2 cup	1/2 cup	3/4 cup	Vegetable					
1/2 cup	1/2 cup	3/4 cup	Fruit					
1/2 OZ	1/2 OZ	1 OZ	Grains/Breads					
			<b>Dinner</b>	# children present: _____	# children present: _____	# children present: _____	# children present: _____	# children present: _____
1/2 cup	3/4 cup	1 cup	Milk	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole	non-fat, 1%, whole
1 OZ	1 1/2 OZ	2 OZ	Meat or Alternative					
1/8 cup	1/4 cup	1/2 cup	Vegetable					
1/8 cup	1/4 cup	1/4 cup	Fruit or Vegetable					
1/2 OZ	1/2 OZ	1 OZ	Grains/Breads					

I hereby certify that this information is true and correct in all respects; I understand that this information is being given in connection with receipt of federal funds and that deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Forms due by the 5th day of the month following care to NCO/RCCC

14913 Lakeshore Drive, Suite C, Clearlake CA, 95422

Provider's Signature \_\_\_\_\_