	CACFP Form #10			
CACFP Daily	Meals	Works	shee	
Child & Ad	ult Care	Food Pro	ogran	

Provider Name:		
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Date: _____

	Name/# of Children Served	Meat/Meat Alternate	Grains, Breads and/or Alternates	Fruit/Vegetable	Fruit/Vegetable	Milk
Breakfast Menu		Not required				
Am Snack (Serve 2 of 4)						
Lunch						
Pm Snack (Serve 2 of 4)						
Dinner						