



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION
SAMPLE WEEKLY MENU

FACILITY NAME		FACILITY NUMBER		DATE	
MEALS AND SNACKS SHALL BE PLANNED ACCORDING TO THE MEAL AND SNACK CHART PROVIDED ON THE REVERSE SIDE OF THIS FORM.					
BREAKFAST OR A.M. SNACK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<p>BREAKFAST REQUIREMENT 1 serving selected from each of the following:</p> <ul style="list-style-type: none"> ▪ Fluid milk ▪ Juice or fruit or vegetable ▪ Bread or bread alternate <p style="text-align: center;">-OR-</p> <p>A.M. SNACK REQUIREMENT Servings selected from 2 of the following:</p> <ul style="list-style-type: none"> ▪ Fluid milk ▪ Juice or fruit or vegetable ▪ Meat or meat alternate ▪ Bread or bread alternate 					
LUNCH / SUPPER					
<p>LUNCH / SUPPER REQUIREMENT Servings selected from each of the following:</p> <ul style="list-style-type: none"> ▪ 1 serving fluid milk ▪ 2 servings fruit and/or vegetable ▪ 1 serving meat or meat alternate ▪ 1 serving of bread or bread alternate 					
P.M. SNACK					
<p>P.M. SNACK REQUIREMENT Servings selected from 2 of the following:</p> <ul style="list-style-type: none"> ▪ Fluid milk ▪ Juice or fruit or vegetable ▪ Meat or meat alternate ▪ Bread or bread alternate 					