

Week of: _____

WEEKLY MENU FOR CHILD CARE

Provider: _____

DAY / DATE	BREAKFAST	SNACK A.M.	LUNCH	SNACK P.M.	SUPPER	SNACK P.M.
SUNDAY						
DATE:						
DAY / DATE	BREAKFAST	SNACK A.M.	LUNCH	SNACK P.M.	SUPPER	SNACK P.M.
MONDAY						
DATE:						
DAY / DATE	BREAKFAST	SNACK A.M.	LUNCH	SNACK P.M.	SUPPER	SNACK P.M.
TUESDAY						
DATE:						
DAY / DATE	BREAKFAST	SNACK A.M.	LUNCH	SNACK P.M.	SUPPER	SNACK P.M.
WEDNESDAY						
DATE:						
DAY / DATE	BREAKFAST	SNACK A.M.	LUNCH	SNACK P.M.	SUPPER	SNACK P.M.
THURSDAY						
DATE:						
DAY / DATE	BREAKFAST	SNACK A.M.	LUNCH	SNACK P.M.	SUPPER	SNACK P.M.
FRIDAY						
DATE:						
DAY / DATE	BREAKFAST	SNACK A.M.	LUNCH	SNACK P.M.	SUPPER	SNACK P.M.
SATURDAY						
DATE:						

This form has been created by FC/DJFS to assist in-home child care providers in maintaining compliance with Rule 5101:2-14-21(C). This is only a tool for best practice and may be altered, so long as the alteration is compliant with the rule.