CHILD CARE MENU PLANNING WORKSHEET

Week Of: 8/17/2026 - 8/21/2026

CACFP/Office of Child Nutrition Participant: YES ☑ NO ☐

Facility Name/License Number (last 4): Jackson Academy / 7844

Hours of Operation: 7:30am - 5:30pm **County:** Hinds

Contact Person/Telephone Number: Catherine Stewart / 601-416-0498

Licensing Official Name: Lisa Allen

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Record all food and beverages served. Please refer to Appendix C in Regulations Governing Licensure of Child Care Facilities for nutritional standards.

Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast-Time: _____ Fruit (no juice) Cereal or Bread/Alternate Milk					
Snack-Time: 9:30 am **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable or Fruit, (no juice) Bread or Bread Alternate Milk					
Lunch/Supper-Time: 11:30 am Meat or Meat Alternate Vegetable and Fruit **(2 Veg/fruit or 1 veg & 1 fruit)** Bread or Bread Alternate Milk	Macaroni Noodles with Meatsauce Green Peas Mandarin Oranges Milk Water	Soft Beef Taco Spanish Rice Applesauce Milk Water	BBQ Chicken Tender Macaroni & Cheese Green Beans Pineapples Milk Water	French Toast Turkey Sausage Scrambled Eggs Diced Pears Milk Water	Cheese Pizza Steamed Corn Diced Peaches Milk Water
Snack-Time: 2:00 pm **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					
Snack-Time: 4:30 pm **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					

***Water is made available at all meals and snacks. *Whole grain bread & bread products are used. *No meal or snack may be served more than once in 24 hours.**
***Other Foods or Condiments may be served with meals/snacks but DO NOT count as a component.**

CHILD CARE MENU PLANNING WORKSHEET

Week Of: 8/24/2026 - 8/28/2026

CACFP/Office of Child Nutrition Participant: YES ☑ NO ☐

Facility Name/License Number (last 4): Jackson Academy / 7844

Hours of Operation: 7:30am - 5:30pm **County:** Hinds

Contact Person/Telephone Number: Catherine Stewart / 601-416-0498

Licensing Official Name: Lisa Allen

MISSISSIPPI STATE DEPARTMENT OF HEALTH

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Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast-Time: _____ Fruit (no juice) Cereal or Bread/Alternate Milk					
Snack-Time: 9:00 am **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable or Fruit, (no juice) Bread or Bread Alternate Milk					
Lunch/Supper-Time: 11:30 am Meat or Meat Alternate Vegetable and Fruit **(2 Veg/fruit or 1 veg & 1 fruit)** Bread or Bread Alternate Milk	Chicken Nuggets Lima Beans Blueberries Milk Water	Hamburger Steamed Carrots Applesauce Milk Water	Baked Ham Steamed Broccoli Blackeyed Peas Mandarin Oranges Milk Water	Waffle Turkey Sausage Roasted Potatoes Pears Milk Water	Cheese Pizza Steamed Green Beans Diced Peaches Milk Water
Snack-Time: 2:00 pm **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					
Snack-Time: 4:30 pm **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					

***Water is made available at all meals and snacks. *Whole grain bread & bread products are used. *No meal or snack may be served more than once in 24 hours.**
***Other Foods or Condiments may be served with meals/snacks but DO NOT count as a component.**

CHILD CARE MENU PLANNING WORKSHEET

Week Of: 8/31/2026 - 9/4/2026

CACFP/Office of Child Nutrition Participant: YES ☑ NO ☐

Facility Name/License Number (last 4): Jackson Academy /7844

Hours of Operation: 7:30am - 5:30pm **County:** Hinds

Contact Person/Telephone Number: Catherine Stewart / 601-416-0498

Licensing Official Name: Lisa Allen

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Record all food and beverages served. Please refer to Appendix C in Regulations Governing Licensure of Child Care Facilities for nutritional standards.

Meal Components	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast-Time: _____ Fruit (no juice) Cereal or Bread/Alternate Milk					
Snack-Time: 9:00 am **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable or Fruit, (no juice) Bread or Bread Alternate Milk					
Lunch/Supper-Time: 11:30 am Meat or Meat Alternate Vegetable and Fruit **(2 Veg/fruit or 1 veg & 1 fruit)** Bread or Bread Alternate Milk	Hamburger Green Beans Mandarin Oranges Milk Water	Grilled Cheese Sandwich Steamed Broccoli Applesauce Milk Water	Chicken Nuggets Steamed Carrots Diced Pears Milk Water	Waffle Turkey Sausage Scrambled Eggs Peaches Milk Water	Cheese Pizza Green Beans Pineapple Milk Water
Snack-Time: 2:00 pm **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					
Snack-Time: 4:30 pm **(Select 2 out of 4 food groups)** Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk					

***Water is made available at all meals and snacks. *Whole grain bread & bread products are used. *No meal or snack may be served more than once in 24 hours.**
***Other Foods or Condiments may be served with meals/snacks but DO NOT count as a component.**