

EFFECTIVE OCTOBER 1, 2017

	Monday	Tuesday	Wednesday	Thursday	Friday
MONTH/DATE/YEAR	/ /	/ /	/ /	/ /	/ /
BREAKFAST					
Fluid Milk					
Fruit, vegetable, of full strength juice					
Cereal/bread OR Meat/Meat alt.*					
additional food (optional)					
AM SNACK Choose 2 of 5					
Fluid milk					
Fruit or full strength juice					
Vegetable					
Bread, cereal or equivalent					
Meat and/or alternate					
additional food (optional)					
LUNCH					
Fluid milk					
Meat and/or alternate					
Vegetable or fruit					
Vegetable					
Bread or equivalent					
additional food (optional)					
PM SNACK Choose 2 of 5					
Fluid milk					
Fruit or full strength juice					
Vegetable					
Bread, cereal or equivalent					
Meat and/or alternate					
additional food (optional)					
DINNER					
Fluid milk					
Meat and/or alternate					
Vegetable or fruit					
Vegetable					
Bread or equivalent					
additional food (optional)					
LATE NIGHT SNACK Choose 2 of 5					
Fluid milk					
Fruit or full strength juice					
Vegetable					
Bread, cereal or equivalent					
Meat and/or alternate					
additional food (optional)					

PROVIDER'S NAME:

*At breakfast, meat/meat alternate may be served in place of the entire grain component up to 3 times per week

*At least one serving of whole-grain rich Grains/Bread must be served and recorded on the menu every day

EFFECTIVE OCTOBER 1, 2017

	Saturday	Sunday		Saturday	Sunday
MONTH/DATE/YEAR	/ /	/ /		/ /	/ /

BREAKFAST					
Fluid Milk					
Fruit, vegetable, of full strength juice					
Cereal/bread OR Meat/Meat alt.*					
additional food (optional)					

AM SNACK Choose 2 of 5					
Fluid milk					
Fruit or full strength juice					
Vegetable					
Bread, cereal or equivalent					
Meat and/or alternate					
additional food (optional)					

LUNCH					
Fluid milk					
Meat and/or alternate					
Vegetable or fruit					
Vegetable					
Bread or equivalent					
additional food (optional)					

PM SNACK Choose 2 of 5					
Fluid milk					
Fruit or full strength juice					
Vegetable					
Bread, cereal or equivalent					
Meat and/or alternate					
additional food (optional)					

DINNER					
Fluid milk					
Meat and/or alternate					
Vegetable or fruit					
Vegetable					
Bread or equivalent					
additional food (optional)					

LATE NIGHT SNACK Choose 2 of 5					
Fluid milk					
Fruit or full strength juice					
Vegetable					
Bread, cereal or equivalent					
Meat and/or alternate					
additional food (optional)					

PROVIDER'S NAME:

*At breakfast, meat/meat alternate may be served in place of the entire grain component up to 3 times per week

*At least one serving of whole-grain rich Grains/Bread must be served and recorded on the menu every day