

Menu Plan

Provider's Name: _____

WEEK OF: _____

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
		Date:	Date:	Date:	Date:	Date:
BREAKFAST	Fluid Milk					
	Fruit, vegetable, or full-strength juice					
	Cereal, bread or bread alternative					
	Additional food (optional)					
A.M SNACK	CHOOSE 2 OF THESE 4					
	Fluid Milk					
	Fruit, vegetable, or full-strength juice					
	Cereal, bread or bread alternative					
	Meat and/or Alternative					
LUNCH	Fluid Milk					
	Meat and/or Alternative					
	Bread or equivalent					
	Vegetable or Fruit					
	Vegetable or Fruit					
	+ Additional Food (Optional)					
P.M. AND/OR EVE SNACK	CHOOSE 2 OF THESE 4					
	Fluid Milk					
	Fruit, vegetable, or full-strength juice					
	Cereal, bread or bread alternative					
	Meat and/or Alternative					
DINNER	Fluid Milk					
	Meat and/or Alternative					
	Bread or equivalent					
	Vegetable or Fruit					
	Vegetable or Fruit					
	+ Additional Food (Optional)					

SNACK NOTES: DO NOT SERVE MILK AND JUICE TOGETHER FOR SNACK

DO NOT SERVE TWO FOODS FROM THE SAME FOOD CATEGORY TOGETHER

DO NOT SERVE MORE THAN TWO SWEET ITEMS WITHIN THE SAME WEEK (COOKIES, BROWNIES ETC...)