**MENU- PLANNING WORKSHEET**

**Week Of:** 1  
**Facility Name/License Number:**  
**Hours of Operation:**  
**Contact Person/Telephone Number:**  
**County:**  
**Licensing Official Name:**

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

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast- Time:</strong></td>
<td>Orange Wedges*</td>
<td>Pears</td>
<td>Mandarin Orange Segments*</td>
<td>Sliced Grapes</td>
<td>Orange Wedges*</td>
</tr>
<tr>
<td><strong>Fruit</strong></td>
<td>Blueberry Muffin Milk Water</td>
<td>Oatmeal Milk Water</td>
<td>Raisin Toast Milk Water</td>
<td>Banana Muffin Milk Water</td>
<td>Corn Flakes Milk Water</td>
</tr>
<tr>
<td><strong>Cereal or Bread/Alternate</strong></td>
<td>Milk Water</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Milk</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Snack- Time:</strong></td>
<td>Cheerios Milk Water</td>
<td>Saltine Crackers Fresh Orange Wedges*</td>
<td>½ Bagel Milk Water</td>
<td>Cantaloupe cubes Animal crackers Milk Water</td>
<td>Ham and cheese tortilla roll-up Water</td>
</tr>
<tr>
<td><strong>(Select 2 out of 4 food groups)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meat or Meat Alternate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vegetable, Fruit, or Juice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bread or Bread Alternate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch/Supper- Time:</strong></td>
<td>Teriyaki Chicken on Brown Rice</td>
<td>Roasted Turkey Macaroni &amp; Cheese</td>
<td>BBQ Boneless Chicken Mustard Greens*+</td>
<td>Cheese Pizza Raw Broccoli*+ w/Low-fat Ranch dip Strawberries* Milk Water</td>
<td>Beef Patty in Gravy Mashed Potatoes Collard Greens*+ Pear Half Cornbread Milk Water</td>
</tr>
<tr>
<td><strong>Meat or Meat Alternate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vegetable and Fruit</strong></td>
<td>(2 Veg/fruit or 1 veg &amp; 1 fruit) Bread or Bread Alternate Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Snack- Time:</strong></td>
<td>Granola Bar Sliced Apple Water</td>
<td>Wheat Thin Crackers Tomato Juice +/-</td>
<td>Vanilla Wafers Peanut Butter Water</td>
<td>Vanilla Yogurt Ice cream cone Milk Water</td>
<td>Raw Carrots+ Saltine Crackers Water</td>
</tr>
<tr>
<td><strong>(Select 2 out of 4 food groups)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Meat or Meat Alternate</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vegetable and Fruit</strong></td>
<td>(2 Veg/fruit or 1 veg &amp; 1 fruit) Bread or Bread Alternate Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch/Supper- Time:</strong></td>
<td>Soft Taco w/Ground Beef &amp; Cheese Sliced Cucumber Low-fat Ranch dip Fresh Banana Half Milk Water</td>
<td>Meat Loaf Yellow Rice Black-eye Peas Carrot Salad+ Milk Water</td>
<td>Tuna Salad Sandwich on Wheat Bread Sliced Tomatoes*+ Tropical Fruit cup* Milk Water</td>
<td>Chicken Pot pie w/ extra chicken Green Beans Apple &amp; Carrot Salad + Milk Water</td>
<td>Pimento &amp; Cheese Sandwich on Wheat Bread Vegetable Soup w/ extra vegetables+ Peach Half+ Milk Water</td>
</tr>
</tbody>
</table>

* Denotes Foods High in Vitamin C – Need Vitamin C source daily  
+ Denotes Foods High in Vitamin A – Need Vitamin A source every other day or three times per week

Revised 03.24.20
### MENU- PLANNING WORKSHEET

**Week Of:** 2  
**Facility Name/License Number:**  
**Hours of Operation:**  
**Contact Person/Telephone Number:**  
**County:**  
**Licensing Official Name:**  

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

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>
| **Breakfast-Time:** | Pineapple Tidbits*  
Cinnamon Toast  
Milk  
Water | Grapefruit Segments*  
Buttered Grits  
Milk  
Water | Sliced Kiwi*  
Blueberry Muffin  
Milk  
Water | Sliced Grapes  
Biscuit with Ham  
Milk  
Water | Orange Wedges*  
Buttered toast  
Fruit Spread of choice  
Milk  
Water |
| **Snack-Time:** | Bran muffin  
Milk  
Water | Trail Mix  
Cubed Cantaloupe**  
Water | Cauliflower*  
Low fat Ranch Dip  
Vegetable Crackers  
Water | Cheerios  
Milk | Crackers  
Sliced Apple Wedges  
Water |
| **Lunch/Supper-Time:** | Meat Sauce over Wheat  
Spaghetti  
Green Leaf lettuce*  
Low fat dressing  
Pear Chunks  
Milk  
Water | Chicken Stir Fry w/Broccoli*  
Brown Rice  
Mandarin Orange Segments**  
Milk  
Water | Grilled Cheese on Wheat  
Bread  
Vegetable Soup w/ extra vegetables  
Peach Slices  
Milk  
Water | Baked Chicken Tenders  
Whole Kernel Corn  
Brussel Sprouts**  
Roll  
Milk  
Water | Baked Ham  
Lima Beans  
Turnip Greens**  
Cornbread  
Milk  
Water |
| **Snack-Time:** | Sliced Apple  
Cheese nips  
Water | Graham Crackers  
Strawberry yogurt  
Water | Vanilla Wafers  
Banana half  
Water | Cottage Cheese  
Peaches**  
Water | Animal crackers  
Grape Juice |
| **Lunch/Supper-Time:** | Baked chicken  
Cabbage Slaw*  
Banana Pudding w/ Bananas & Vanilla Wafers  
Milk  
Water | Sloppy Joe on Wheat Bun  
Cooked Carrots*  
Tropical Fruit Blend**  
Milk  
Water | Boneless Pork Chop  
½ Baked Sweet Potato*  
Green Beans  
Cornbread  
Milk  
Water | Beef Stew w/Potatoes*  
Peas and Carrots*  
Crackers  
Milk  
Water | Roast beef Sandwich on Wheat Bread  
Sliced tomatoes**  
Fruit Cocktail  
Milk  
Water |

* Denotes Foods High in Vitamin C – Need Vitamin C source daily  
+ Denotes Foods High in Vitamin A – Need Vitamin A source every other day or three times per week  

---  

Revised 03.24.20
**MENU- PLANNING WORKSHEET**

Week Of: 3  
Facility Name/License Number:  
Hours of Operation:  
Contact Person/Telephone Number:  
Licensing Official Name:  
County:  

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

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast-Time:</strong></td>
<td>Orange Wedges* Oatmeal with brown sugar</td>
<td>Sliced Strawberries* Kix cereal</td>
<td>Sliced Grapes Waffle w/ Powdered sugar</td>
<td>Apple wedge Strawberry Muffin</td>
<td>Grapefruit segments* Cheese toast</td>
</tr>
<tr>
<td>Fruit</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td>Cereal or Bread/Alternate</td>
<td>Milk</td>
<td>Water</td>
<td>Water</td>
<td>Water</td>
<td>Water</td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Snack-Time:</strong></td>
<td>½ English Muffin Fruit Spread of choice</td>
<td>Banana Bread</td>
<td>Peanut butter Ritz Crackers</td>
<td>Cantaloupe*+ cubes Cheez-Its</td>
<td>Granola Bar</td>
</tr>
<tr>
<td>(Select 2 out of 4 food groups)</td>
<td>Meat or Meat Alternate Vegetable Fruit, or Juice Bread or Bread Alternate</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td>Lunch/Supper- Time:</td>
<td>Baked boneless Pork Chop Yellow rice Mixed vegetables+ Pineapple tidbits*</td>
<td>Turkey Sandwich on Wheat bread Grape Tomatoes*+ (cut in half) Diced Peaches+</td>
<td>Lasagna Green Leaf lettuce salad+ Low fat dressing Tropical Fruit Blend*</td>
<td>Cheese Pizza Raw Broccoli* w/Low-fat Ranch dip Mixed Fruit Brown rice</td>
<td>Hamburger on Whole Wheat bun Roasted Sweet Potatoes*+ Pear Half Milk Water</td>
</tr>
<tr>
<td>Meat or Meat Alternate Vegetable Fruit, or Juice Bread or Bread Alternate</td>
<td>Milk</td>
<td>Milk Water</td>
<td>Milk Water</td>
<td>Milk Water</td>
<td>Milk Water</td>
</tr>
<tr>
<td>Lunch/Supper- Time:</td>
<td>Graham crackers Milk</td>
<td>Trail mix Orange Juice*</td>
<td>Cheerios Ice cream cone</td>
<td>Strawberry Yogurt Ice cream cone</td>
<td>½ Banana Rice Cake Water</td>
</tr>
<tr>
<td>Meat or Meat Alternate Vegetable Fruit, or Juice Bread or Bread Alternate</td>
<td>Milk</td>
<td>Milk Water</td>
<td>Milk Water</td>
<td>Milk Water</td>
<td>Milk Water</td>
</tr>
<tr>
<td>Lunch/Supper- Time:</td>
<td>Sloppy Joe on Bun Coleslaw* Pear Half</td>
<td>Scrambled Eggs+ &amp; cheese Sliced Red peppers*+ Fruit Cocktail Buttered Biscuit</td>
<td>Chicken salad on croissant Cucumber and tomato salad Banana Half</td>
<td>Black-eyed Peas Cooked carrots+ Peach Half+ Brown rice Banana Half</td>
<td>Grilled cheese Sandwich on Wheat Bread Baked tater tots Orange Slice* Milk Water</td>
</tr>
<tr>
<td>Meat or Meat Alternate Vegetable Fruit</td>
<td>Milk</td>
<td>Milk Water</td>
<td>Milk Water</td>
<td>Milk Water</td>
<td>Milk Water</td>
</tr>
</tbody>
</table>

* Denotes Foods High in Vitamin C – Need Vitamin C source daily  
+ Denotes Foods High in Vitamin A – Need Vitamin A source every other day or three times per week

Revised 03.24.20
### MENU- PLANNING WORKSHEET

**Week Of:** 4  
**Facility Name/License Number:**  
**Hours of Operation:**  
**Contact Person/Telephone Number:**  
**County:**  
**Licensing Official Name:**

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

**Meal Components**

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
</table>
| **Breakfast-Time:** _______ | Orange Wedges*  
Fruit  
Cereal or Bread/Alternate  
Milk | ½ banana  
Rice Krispies  
Milk  
Water | Pineapple Tidbits*  
Raisin Toast  
Milk  
Water | Apple Slices  
Oatmeal Muffin  
Milk  
Water | Orange Wedges*  
½ Bagel w/ Fruit Spread  
Milk  
Water |
| **Snack-Time:** _______  
(Select 2 out of 4 food groups)  
Meat or Meat Alternate  
Vegetable, Fruit, or Juice  
Bread or Bread Alternate  
Milk | Graham Cracker  
Peanut Butter  
Water | Saltine Crackers  
Fresh Orange Wedges*  
Water | ½ English Muffin  
Cream cheese  
Milk  
Water | Granola Bar  
½ banana  
Water | Ham and cheese tortilla roll-up  
Water |
| **Lunch/Supper- Time:** _______  
Meat or Meat Alternate  
Vegetable and Fruit  
(2 Veg/fruit or 1 veg & 1 fruit)  
Bread or Bread Alternate  
Milk | Spaghetti with Meat sauce  
Green Beans  
Sliced Peaches+  
Milk  
Water | Red beans and Ham  
Brown Rice  
Cooked Carrots+  
Baked Apples w/ cinnamon and Brown sugar  
Milk  
Water | Soft Taco w/ Ground Beef  
Chopped Green Leaf Lettuce and tomatoes*+  
Pear Half  
Milk  
Water | Stir-Fry Chicken w/  
Broccoli*+ & Carrots+  
Mandarin Oranges**+  
Rice  
Water | Mac n Cheese  
Cabbage*  
Peach Half+  
Cornbread muffin  
Milk  
Water |
| **Snack-Time:** _______  
(Select 2 out of 4 food groups)  
Meat or Meat Alternate  
Vegetable, Fruit, or Juice  
Bread or Bread Alternate  
Milk | Ritz Crackers  
Cucumber slices  
Low fat Ranch dressing dip  
Water | Wheat Thin Crackers  
Tomato Juice ++  
Water | Strawberry Go-gurt  
Goldfish  
Water | Vanilla Wafer  
Milk | Cheddar Cheese cubes  
Saltine Crackers  
Water |
| **Lunch/Supper- Time:** _______  
Meat or Meat Alternate  
Vegetable and Fruit  
(2 Veg/fruit or 1 veg & 1 fruit)  
Bread or Bread Alternate  
Milk | Grilled chicken breast on  
Whole wheat bun  
Baked Red Potato pieces*  
Coleslaw*  
BBQ Beef  
Lima Beans  
Fruit Cocktail Roll  
Milk  
Water | Hot Ham and Cheddar  
Cheese Sandwich  
Baked Sweet Potato Fries  
Diced Cantaloupe++  
Milk  
Water | Chicken Spaghetti  
Green Beans  
Carrot Salad +  
Milk  
Water | Chicken Salad  
Pasta Salad w/ Diced Tomatoes*+  
Sliced Grapes  
Milk  
Water |

* Denotes Foods High in Vitamin C – Need Vitamin C source daily  
+ Denotes Foods High in Vitamin A – Need Vitamin A source every other day or three times per week  

Revised 03.24.20
### MENU- PLANNING WORKSHEET

**Week Of:** 5  
**Facility Name/License Number:**  
**Hours of Operation:**  
**Contact Person/Telephone Number:**  
**County:**  

**Licensing Official Name:**

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

<table>
<thead>
<tr>
<th>Meal Components</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Breakfast-Time:</strong></td>
<td>Applesauce</td>
<td>½ banana</td>
<td>Pineapple slice*</td>
<td>Sliced Grapes</td>
<td>½ Banana</td>
</tr>
<tr>
<td><strong>Fruit</strong></td>
<td>Cheerios</td>
<td>Bran Muffin</td>
<td>Cheese toast</td>
<td>Pancake w/ Powdered Sugar</td>
<td>Biscuit w/ Breakfast Ham</td>
</tr>
<tr>
<td><strong>Cereal or Bread/Alternate Milk</strong></td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td><strong>Snack-Time:</strong></td>
<td>Wheat thins</td>
<td>Saltine Crackers</td>
<td>½ Bagel</td>
<td>Blueberry Nutri-Grain Bar</td>
<td>Trail Mix</td>
</tr>
<tr>
<td>(Select 2 out of 4 food groups)</td>
<td>String cheese</td>
<td>Fruit Cocktail</td>
<td>Cream cheese</td>
<td>Milk</td>
<td>Strawberries**</td>
</tr>
<tr>
<td><strong>Meat or Meat Alternate</strong></td>
<td></td>
<td>Water</td>
<td>Water</td>
<td>Water</td>
<td>Water</td>
</tr>
<tr>
<td><strong>Vegetable, Fruit, or Juice</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bread or Bread Alternate Milk</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch/Supper- Time:</strong></td>
<td>BBQ Beef Sandwich</td>
<td>Baked non-breaded Chicken</td>
<td>Beef Ravioli</td>
<td>Chicken Salad in Pita Bread</td>
<td>Lasagna</td>
</tr>
<tr>
<td><strong>Meat or Meat Alternate</strong></td>
<td>Coleslaw*</td>
<td>tenders</td>
<td></td>
<td>Carrots+</td>
<td>Mixed Vegetables+</td>
</tr>
<tr>
<td><strong>Vegetable and Fruit</strong></td>
<td>Sliced Peaches+</td>
<td>Mac n cheese</td>
<td>Chopped Green Leaf Lettuce</td>
<td>Mixed Fruit</td>
<td>Pear Half</td>
</tr>
<tr>
<td>(2 Veg/fruit or 1 veg &amp; 1 fruit)</td>
<td>Milk</td>
<td>Green Beans</td>
<td>and tomatoes</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td><strong>Bread or Bread Alternate Milk</strong></td>
<td>Water</td>
<td>Baked Apples w/ cinnamon and Brown Sugar</td>
<td>Mixed Fruit</td>
<td>Water</td>
<td>Water</td>
</tr>
<tr>
<td><strong>Snack-Time:</strong></td>
<td>Rice Krispie Treat</td>
<td>Wheat Thin Crackers</td>
<td>Strawberry* Fruit Smoothie</td>
<td>Vanilla Wafer</td>
<td>Cheerios</td>
</tr>
<tr>
<td>(Select 2 out of 4 food groups)</td>
<td>Grape juice</td>
<td>Baby Carrots+</td>
<td>(Strawberries, Yogurt, Milk)</td>
<td>Milk</td>
<td>Milk</td>
</tr>
<tr>
<td><strong>Meat or Meat Alternate</strong></td>
<td></td>
<td></td>
<td>Goldfish</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Vegetable and Fruit</strong></td>
<td></td>
<td></td>
<td>Water</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2 Veg/fruit or 1 veg &amp; 1 fruit)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bread or Bread Alternate Milk</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lunch/Supper- Time:</strong></td>
<td>Cheese and ham pizza</td>
<td>Breakfast Burrito with Egg + and Cheese</td>
<td>Cheese Quesadilla</td>
<td>Hamburger on Whole</td>
<td>Turkey Sandwich on Whole</td>
</tr>
<tr>
<td><strong>Meat or Meat Alternate</strong></td>
<td>Whole kernel corn</td>
<td>Seasoned diced potatoes*</td>
<td>Cooked Broccoli*</td>
<td>Wheat bread</td>
<td>Whole Wheat bread</td>
</tr>
<tr>
<td><strong>Vegetable and Fruit</strong></td>
<td>Diced pears</td>
<td>Fresh Orange Slices*</td>
<td>Peach half+</td>
<td>Baked Beans</td>
<td>Carrot+ and Raisin Salad</td>
</tr>
<tr>
<td>(2 Veg/fruit or 1 veg &amp; 1 fruit)</td>
<td>Milk</td>
<td>Water</td>
<td>Milk</td>
<td>Diced Mangos *+</td>
<td>Cubed Honeydew Melon +</td>
</tr>
<tr>
<td><strong>Bread or Bread Alternate Milk</strong></td>
<td>Water</td>
<td></td>
<td>Water</td>
<td>Milk</td>
<td>Milk</td>
</tr>
</tbody>
</table>

* Denotes Foods High in Vitamin C – Need Vitamin C source daily  
+ Denotes Foods High in Vitamin A – Need Vitamin A source every other day or three times per week

**Revised 03.24.20**
## MENU- PLANNING WORKSHEET

**Week Of:** 6  
**Facility Name/License Number:**  
**Hours of Operation:**  
**Contact Person/Telephone Number:**  
**County:**  
**Licensing Official Name:**

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

### Meal Components

<table>
<thead>
<tr>
<th>Breakfast-Time: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit</td>
</tr>
<tr>
<td>Cereal or Bread/Alternate Milk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Snack-Time: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Select 2 out of 4 food groups)</td>
</tr>
<tr>
<td>Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lunch/Supper- Time: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat or Meat Alternate Vegetable and Fruit (2 Veg/fruit or 1 veg &amp; 1 fruit) Bread or Bread Alternate Milk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Breakfast-Time: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>½ English muffin toasted</td>
</tr>
<tr>
<td>Milk</td>
</tr>
<tr>
<td>Water</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Snack-Time: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Select 2 out of 4 food groups)</td>
</tr>
<tr>
<td>Meat or Meat Alternate Vegetable, Fruit, or Juice Bread or Bread Alternate Milk</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lunch/Supper- Time: _______</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meat or Meat Alternate Vegetable and Fruit (2 Veg/fruit or 1 veg &amp; 1 fruit) Bread or Bread Alternate Milk</td>
</tr>
</tbody>
</table>

### Monday

- **Breakfast:** Grapefruit Segments*  
- **Snack:** Animal Crackers  
- **Lunch:** Meatloaf  

### Tuesday

- **Breakfast:** Sliced Strawberries*  
- **Snack:** Fresh Kiwi Slices*  
- **Lunch:** Hot Roast Beef Sandwich on Hoagie Bun  

### Wednesday

- **Breakfast:** Mandarin Orange Segments*+  
- **Snack:** Tortilla with Peanut Butter and Fruit Spread  
- **Lunch:** Sliced Turkey Breast  

### Thursday

- **Breakfast:** Sliced Grapes  
- **Snack:** Cantaloupe cubes*+  
- **Lunch:** Cheese Pizza  

### Friday

- **Breakfast:** Fresh Blueberries*  
- **Snack:** Ham and string cheese roll-up  
- **Lunch:** Baked Fish  

### Monday

- **Snack:** Rice Cake  
- **Lunch:** Scrambled Eggs+ with Cheese Biscuit  

### Tuesday

- **Snack:** Oatmeal Cookie  
- **Lunch:** Loaded Baked Potato* with Cheese and cubed Ham Butter and sour cream Sliced Green Peppers* Diced Peaches+  

### Wednesday

- **Snack:** Vanilla Yogurt  
- **Lunch:** Mac n Cheese Green Beans Mandarin Oranges*+ Cornbread Muffin  

### Thursday

- **Snack:** Goldfish  
- **Lunch:** Grilled Cheese Sandwich on Wheat Bread Vegetable Soup w/ extra vegetables+ Peach Half+  

---

* Denotes Foods High in Vitamin C – Need Vitamin C source daily  
+ Denotes Foods High in Vitamin A – Need Vitamin A source every other day or three times per week

**Revised 03.24.20**