

Provider Name \_\_\_\_\_

Week Beginning: \_\_\_\_\_

Meal Pattern	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Breakfast:</b> Milk Juice/Fruit/Veg. Bread/Grain Meat/Meat Alt. [optional]	Milk	Milk	Milk	Milk	Milk
<b>Children Served</b>					
<b>AM Snack:</b> * (select 2) Milk Meat/Meat Alt. Juice/Fruit Vegetable Bread/Grain					
<b>Children Served</b>					
<b>Lunch:</b> Milk Meat/Meat Alt. Fruit Vegetable Bread/Grain	Milk	Milk	Milk	Milk	Milk
<b>Children Served</b>					
<b>PM Snack:</b> * (select 2) Milk Meat/Meat Alt. Juice/Fruit Vegetable Bread/Grain					
<b>Children Served</b>					
<b>Supper:</b> Milk Meat/Meat Alt. Fruit Vegetable Bread/Grain	Milk	Milk	Milk	Milk	Milk
<b>Children Served</b>					

\*Snack only: Items *must be* from two (2) different 'food component' groups. If milk is selected as a snack component, no juice is allowed. If no milk or juice is served, then water must be offered.  
Milk = whole milk served to children 12 through 23 months; 1% or fat free milk served to children 2 years of age and older.

WW = whole wheat  
WGR = whole grain rich  
Whole milk served to 1-year-olds  
1% or fat free milk served to 2 & up