



MENU PLAN – 1 Year Old or Older

Circle - Whole Grains

NAME _____

PHONE NUMBER

BREAKFAST		Date:	Date:	Date:	Date:
	1% 2% Skim Whole	MILK	MILK	MILK	MILK
	Fruit, Vegetable or Juice				
	Bread/Grain				
	Meat or Alternate				
AM SNACK					
	1% 2% Skim Whole				
	Fruit, Vegetable or Juice				
	Bread/Grain				
	Meat or Alternate				
LUNCH					
	1% 2% Skim Whole	MILK	MILK	MILK	MILK
	Meat or Alternate				
	Vegetable				
	Fruit, Vegetable or Juice				
	Bread/Grain				
	Other (optional)				
PM SNACK					
	1% 2% Skim Whole				
	Fruit, Vegetable or Juice				
	Bread/Grain				
	Meat or Alternate				
DINNER					
	1% 2% Skim Whole	MILK	MILK	MILK	MILK
	Meat or Alternate				
	Vegetable				
	Fruit, Vegetable or Juice				
	Bread/Grain				
	Other (optional)				
EVENING SNACK					
	1% 2% Skim Whole				
	Fruit, Vegetable or Juice				
	Bread/Grain				
	Meat or Alternate				