Menu Planning Worksheet for Children
For each day of the week, write down the menus for the meal served
Name of Child Care Facility: $\checkmark$ Menu Planning Age Group(s): $\qquad$ 1 \& 2 $\qquad$ 3-5 _6-18 Week of $\qquad$ 20 $\qquad$

|  | Child meal pattern food components: | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Milk |  |  |  |  |  |  |  |
|  | Vegetable/Fruit/Juice |  |  |  |  |  |  |  |
|  | Grains/Breads <br> Meat/Meat Alternative (optional) |  |  |  |  |  |  |  |
|  | Select 2 |  |  |  |  |  |  |  |
|  | Milk |  |  |  |  |  |  |  |
|  | Meat/Meat Alternate |  |  |  |  |  |  |  |
|  | Vegetable |  |  |  |  |  |  |  |
|  | Fruit/Juice |  |  |  |  |  |  |  |
|  | Grains/Breads |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { I } \\ & \text { Z } \end{aligned}$ | Milk |  |  |  |  |  |  |  |
|  | Meat/Meat Alternate |  |  |  |  |  |  |  |
|  | Vegetable |  |  |  |  |  |  |  |
|  | Vegetable or Fruit |  |  |  |  |  |  |  |
|  | Grains/Breads |  |  |  |  |  |  |  |
|  | Select 2 |  |  |  |  |  |  |  |
|  | Milk |  |  |  |  |  |  |  |
|  | Meat/Meat Alternate |  |  |  |  |  |  |  |
|  | Vegetable |  |  |  |  |  |  |  |
|  | Fruit/Juice |  |  |  |  |  |  |  |
|  | Grains/Breads |  |  |  |  |  |  |  |
| $\begin{aligned} & \text { 嵒 } \\ & \text { à } \\ & \text { ¢ } \end{aligned}$ | Milk |  |  |  |  |  |  |  |
|  | Meat/Meat Alternate |  |  |  |  |  |  |  |
|  | Vegetable |  |  |  |  |  |  |  |
|  | Vegetable or Fruit |  |  |  |  |  |  |  |
|  | Grains/Breads |  |  |  |  |  |  |  |

***Unflavored whole milk must be served to ages 1 thru 2** ***Unflavored 1\% or non-fat milk must be served to ages 6 thru 12***

