

Submit

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BBNA Head Start Weekly Menu Planning Worksheet

Head Start Center: _____

Week of: _____

Cook: _____

Food and Serving Size	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	food items	food items	food items	food items
BREAKFAST Fluid Milk (3/4 c) Juice, Fruit <i>or</i> Vegetable (1/2 c) Meat <i>or</i> Meat Alternate 1 (1/2 oz) Bread (1/2 slice) <i>or</i> Bread Alternate <i>or</i> Cereal (1/3 c)				
LUNCH Fluid Milk (3/4 c) Meat <i>or</i> Meat Alternate 1 (1/2 oz) Vegetable <i>and/or</i> Fruit-2 items (1/2 c) Bread <i>or</i> Bread Alternate (1/2 slice)				
SNACK Fluid Milk (1/2 c) Juice, Fruit, <i>or</i> Vegetable (1/2c) Meat <i>or</i> Meat Alternate (1/2 oz) Bread <i>or</i> Bread Alternate (1/2 slice)				

Nutrition Activity planned: _____
