

**Breakfast Planning Template
 Grades K-12**

Food Type	Monday	Tuesday	Wednesday	Thursday	Friday
Grain <input type="checkbox"/> Minimum 1 oz. eq. per day <input type="checkbox"/> Minimum 9 oz. eq. per week <input type="checkbox"/> Must be whole grain rich <input type="checkbox"/> Minimum of 4 food items in 3 food components with OVS	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:
Meat/Meat Alternate (or extra) <input type="checkbox"/> Optional for grains after 1 oz. equivalent grain served <input type="checkbox"/> May be used as an extra under OVS	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:
Fruit <input type="checkbox"/> Minimum 1 cup per day <input type="checkbox"/> Minimum 5 cups per week <input type="checkbox"/> May be offered as 2 different food items	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:
Vegetable <input type="checkbox"/> Optional in place of fruit	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:
Milk <input type="checkbox"/> White—fat free or 1% <input type="checkbox"/> Flavored—fat free only	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:
Condiments <input type="checkbox"/> Use low sodium and low fat products	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion:	Item: Portion: