

At-Risk Meal Planning Guide

Week of: _____

Name: I Am Healthy, I Am Happy After School Program (cold menu)

Phone number: _____

Meal Component	Min. Serving Size			Day of Week				
	Ages 1-2	Ages 3-5	Ages 6-12	Monday	Tuesday	Wednesday	Thursday	Friday
Supper								
Fluid Milk*	½ c. (4 fl. oz.)	¾ c. (6 fl. oz.)	1 c. (8 fl. oz.)	Low-fat milk	Low-fat milk	Low-fat milk	Low-fat milk	Low-fat milk
Bread/Alternate	½ slice, or ¼ c.	½ slice, ⅓ c. dry, or ¼ c. cooked	1 slice, ¾ c. dry, or ½ c. cooked	Whole wheat bread	Whole wheat pita	Whole wheat croutons	Tortilla wrap	Sub roll
Meat/Alternate	1 oz.**	1-½ oz. **	2 oz. **	Peanut butter (2 tbsp) Yogurt (6 oz cup)	Shredded chicken	Egg (1/2 egg) Shredded cheese (1 oz)	Fajita chicken strips	Sliced turkey (1 oz) Swiss cheese (1 oz)
Fruit/Vegetable	¼ c. total	½ c. total	¾ c. total	Carrot sticks	Cherry tomatoes	Romaine lettuce	Fresh spinach	Leaf lettuce (1/8 cup) Tomato (1/8 cup)
Fruit/Vegetable				Apple	Cantaloupe	Banana	Peach	Orange
Other (optional)						Salad dressing	Salsa	Honey mustard sauce
Snack – Must contain 2 of the 4 components								
Fluid Milk*	½ c. (4 fl. oz.)	½ c. (4 fl. oz.)	1 c. (8 fl. oz.)					
Bread/Alternate	½ slice, or ¼ c.	½ slice, ⅓ c. dry, or ¼ c. cooked	1 slice, ¾ c. dry, or ½ c. cooked	Crackers	Granola bar			
Meat/Alternate	½ oz. **	½ oz. **	1 oz. **	Tuna salad		Hummus	Yogurt	String cheese
Fruit/Vegetable	¼ c.	½ c.	¾ c.		100% grape juice	Celery sticks	Sliced strawberries	Apple
Other (optional)								

* Specify the type(s) of milk served. Serve only whole milk to children between the ages of 1 and 2. Serve only low-fat or fat-free milk to children ages 2 and older.

** Ounce equivalents for meats/alternates: meat and cheese, 1 oz = 1 oz; eggs, ½ egg = 1 oz (except for snack, when all ages should get ½ egg); cooked beans/peas, ¼ cup = 1 oz; peanut/nut/seed butters, 2 tbsp = 1 oz; nuts/seeds, 1 oz = 1 oz (nuts/seeds may provide no more than half of the requirement at lunch/supper); yogurt, 4 oz (1/2 cup) = 1 oz

At-Risk Meal Planning Guide

Week of: _____

Name: I Am Healthy, I Am Happy After School Program (hot menu)

Phone number: _____

Meal Component	Min. Serving Size			Day of Week				
	Ages 1-2	Ages 3-5	Ages 6-12	Monday	Tuesday	Wednesday	Thursday	Friday
Supper								
Fluid Milk*	½ c. (4 fl. oz.)	¾ c. (6 fl. oz.)	1 c. (8 fl. oz.)	Low-fat milk	Low-fat milk	Low-fat milk	Low-fat milk	Low-fat milk
Bread/Alternate	½ slice, or ¼ c.	½ slice, ⅓ c. dry, or ¼ c. cooked	1 slice, ¾ c. dry, or ½ c. cooked	Corn bread	Rice	Whole wheat spaghetti	Kaiser roll	Whole wheat bun
Meat/Alternate	1 oz.**	1-½ oz. **	2 oz. **	Black bean soup	Baked chicken	Meatballs Mozzarella cheese	BBQ pork	Turkey burger
Fruit/Vegetable	¼ c. total	½ c. total	¾ c. total	Steamed broccoli	Baked sweet potato fries	Marinara sauce	Three bean salad	Lettuce (1/8 cup) Tomato (1/8 cup)
Fruit/Vegetable				Pear	Applesauce	Green beans	Orange	Fruit salad
Other (optional)								Ketchup Mustard
Snack – Must contain 2 of the 4 components								
Fluid Milk*	½ c. (4 fl. oz.)	½ c. (4 fl. oz.)	1 c. (8 fl. oz.)					
Bread/Alternate	½ slice, or ¼ c.	½ slice, ⅓ c. dry, or ¼ c. cooked	1 slice, ¾ c. dry, or ½ c. cooked	Whole wheat bagel		Graham crackers	Granola bar	Cheerios cereal
Meat/Alternate	½ oz. **	½ oz. **	1 oz. **	Peanut butter	Cottage cheese			Mixed nuts
Fruit/Vegetable	¼ c.	½ c.	¾ c.		Pineapple	Banana	Baby carrots	Raisins
Other (optional)								

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