



Breakfast
\$1.50

If writing a check,
please make
payable to:
DOC Nutrition
Services

BREAKFAST Menu Correspond the cycle week to the color-coordinated calendar below. **August-December 2019**

CYCLE WEEK	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1	Assorted Bagels with Cream Cheese and Jelly <i>or</i>) Bowl of Cereal Strawberry Cup 100% Fruit Juice ½ Pt. Milk	Maple Pancake & Sausage Sandwich <i>or</i>) Bowl of Cereal Applesauce Cup 100% Fruit Juice ½ Pt. Milk	Dutch Waffle <i>or</i>) Bowl of Cereal Fruit Cocktail 100% Fruit Juice ½ Pt. Milk	Pizza for Breakfast (Bacon, Egg & Cheese) <i>or</i>) Bowl of Cereal Fruit Cup 100% Fruit Juice ½ Pt. Milk	Breakfast Muffin <i>or</i>) Bowl of Cereal Peaches 100% Fruit Juice ½ Pt. Milk
	Cinnamon Roll <i>or</i>) Bowl of Cereal Fruit Cocktail 100% Fruit Juice ½ Pt. Milk	Sausage, Egg & Cheese Sliders <i>or</i>) Bowl of Cereal Peach Cup 100% Fruit Juice ½ Pt. Milk	Cereal Bar with Yogurt <i>or</i>) Bowl of Cereal Strawberry Cup 100% Fruit Juice ½ Pt. Milk	Poptarts (Cinnamon or Strawberry) <i>or</i>) Bowl of Cereal Mandarin Oranges 100% Fruit Juice ½ Pt. Milk	Assorted Bagels with Cream Cheese and Jelly <i>or</i>) Bowl of Cereal Applesauce 100% Fruit Juice ½ Pt. Milk
3	Breakfast Muffin <i>or</i>) Bowl of Cereal Strawberry Cup 100% Fruit Juice ½ Pt. Milk	Pizza for Breakfast (Bacon, Egg & Cheese) <i>or</i>) Bowl of Cereal Peaches 100% Fruit Juice ½ Pt. Milk	Breakfast Bun <i>or</i>) Bowl of Cereal Pears 100% Fruit Juice ½ Pt. Milk	Maple Pancake & Sausage Sandwich <i>or</i>) Bowl of Cereal Fruit Cup 100% Fruit Juice ½ Pt. Milk	Dutch Waffle <i>or</i>) Bowl of Cereal Applesauce Cup 100% Fruit Juice ½ Pt. Milk
	Poptarts (Cinnamon or Strawberry) <i>or</i>) Bowl of Cereal Strawberry Cup 100% Fruit Juice ½ Pt. Milk	French Toast Sticks with Syrup <i>or</i>) Bowl of Cereal Peach Cup 100% Fruit Juice ½ Pt. Milk	Cereal Bar with Yogurt <i>or</i>) Bowl of Cereal Pears 100% Fruit Juice ½ Pt. Milk	Pancakes with Syrup <i>or</i>) Bowl of Cereal Mixed Fruit 100% Fruit Juice ½ Pt. Milk	Breakfast Apple Bites <i>or</i>) Bowl of Cereal Applesauce 100% Fruit Juice ½ Pt. Milk



Please note that regulations require that at least one fruit or vegetable side be chosen with each lunch. Substitutions of items may be necessary.



This institution is an equal opportunity provider.

August 2019

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2019

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2019

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2019

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Week 1 Meal Plan
 Week 2 Meal Plan
 Week 3 Meal Plan
 Week 4 Meal Plan