



**Weekly Report
Lunch, Grades K-8**

Cells shaded this color means the daily minimum for the component is NOT met

Go to instructions	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Weekly Requirement (cups)	Weekly Requirement Check
Minimum Fruit (cups)	1/2	1/2	1/2	1/2	1/2	2 1/2	2 1/2	Yes

Weekly Fruit Juice Limit Check (no more than half of total fruit)	Total Weekly Fruit	Total Weekly Fruit Juice	Percent of total weekly fruit that is juice	Weekly requirement check
	2 1/2	0	0.00%	Yes

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Weekly Requirement (cups)	Weekly Requirement Check
Minimum Vegetables	1	1	1	1	1	5	3 3/4	Yes
Cups of DARK GREEN	1/2	0	1/2	0	1/2	1 1/2	1/2	Yes
Cups of RED/ORANGE	1/2	0	0	0	1/2	1	3/4	Yes
Cups of BEANS/PEAS(Legumes)	0	1/2	0	0	0	1/2	1/2	Yes
Cups of STARCHY vegetables	0	0	1/2	1/2	0	1	1/2	Yes
Cups of OTHER (any other type of vegetable)	1/4	1/2	0	1/2	0	1 1/4	1/2	Yes

Weekly Vegetable Juice Limit Check (no more than half of total vegetables)	Total Weekly Vegetables	Total Weekly Vegetable Juice	Percent of total weekly vegetables that is juice	Weekly requirement check
	6 1/8	0	0.00%	Yes

Comments Section

The red cells indicate amounts above the weekly requirement checks. This is acceptable when planning your menu.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Weekly Requirement (oz equivalents)	Weekly Requirement Check
Minimum Meat/Meat Alternate	2.00	1.50	1.50	2.00	2.00	9.00	9	Yes
Maximum Meat/Meat Alternate	2.00	2.00	2.00	2.00	2.00	10.00	10	Yes

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Weekly Requirement (oz equivalents)	Weekly Requirement Check
Minimum Grain	2.00	1.00	2.00	1.00	2.00	8.00	8	Yes
Maximum Grain	3.00	2.00	2.00	1.00	3.75	11.75	9	No
Grain Based Dessert Total for all weekly meals						1.00	No more 2 oz equivalents	Yes
Whole Grain Rich Weekly Amount	Weekly Grains Total:	19.75	Weekly Whole Grain Rich Total:	19.75	Percent of Whole Grain Rich	100.0%	100% whole grain rich	Yes

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total	Weekly Requirement (cups)	Weekly Requirement Check
Minimum Fluid Milk	1	1	1	1	1	5	5	Yes
Variety: Skim/fat-free unflavored, Skim/fat-free flavored, Low-fat (less than 1%), unflavored	Yes	Yes	Yes	Yes	Yes			
Low-fat (1% or less), flavored								
Reduced fat (2% fat) or whole, unflavored and flavored								