

MANITOBA FAMILIES - RESIDENTIAL CARE LICENSING

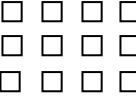
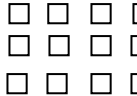
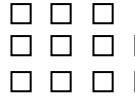
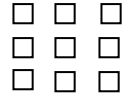
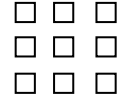
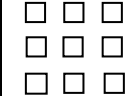
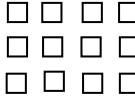
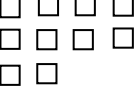
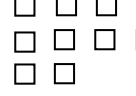
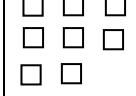
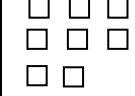
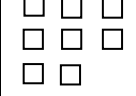
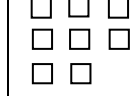
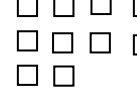







Weekly Menu

Date: _____ **To:** _____ **20** _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Food Item	Items Served*	Items Served*	Items Served*	Items Served*	Items Served*	Items Served*	Items Served*
B F S T							
L U N C H							
D I N N E R							
S N A C K							

***Document average portion size offered**

Menu Check: Have you met the daily requirements in each food group?

5 to 12 Grain & Cereal Foods							
5 to 10 Vegs & Fruits							
2 to 3 Meat/ Alt							
2 to 4 Milk & Dairy	