



			Wednesday 10/1/25	Thursday 10/2/25	Friday 10/3/25
BREAKFAST Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk			WORLD VEGETARIAN DAY CREAM OF WHEAT FRUIT COCKTAIL *MILK	KIX CEREAL PEARS *MILK	ENGLISH MUFFIN CINNAMON APPLES *MILK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain
LUNCH Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Vegetable Fluid Milk			VEGETARIAN CHILI LENTILS CROISSANT APPLE SLICES GREEN BEANS * MILK	NATIONAL KALE DAY BAKED LEMON CHICKEN BROWN RICE DICED APRICOTS ZESTY KALE SALAD *MILK	GROUND TURKEY SOFT TACO ENRICHED SOFT/HARD TACOS ZESTY CORN REFRIED BEANS *MILK
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain
PM SNACK Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk			GRAHAM CRACKER PUMPKIN APPLESAUCE WATER	WHEAT CHEX PEACHES WATER	ENRICHED PRETZELS STRAWBERRIES WATER
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain
TWO COMPONENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain
<p>* One year olds are served Unflavored Whole Milk. Two years old and older are served unflavored 1% or Fat Free Milk. Milk substitutes must have a medical statement. The Menu only denotes the grain component served for each day. Center is required to indicate which meal a whole grain was served.</p>					

Harvest of the month: Squash



Oct-25

	Monday 10/6/25	Tuesday 10/7/25	Wednesday 10/8/25	Thursday 10/9/25	Friday 10/10/25
BREAKFAST Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk	PUMPKIN PANCAKE CINNAMON BANANAS *MILK	FRENCH TOAST ORANGE SMILES *MILK	SAUSAGE PATTY FRUIT COCKTAIL *MILK	OATMEAL APRICOTS *MILK	BISCUITS BLUEBERRIES *MILK
	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain
LUNCH Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Vegetable Fluid Milk	NATIONAL NOODLE DAY TERIYAKI CHICKEN STIR FRY NOODLES FRUIT COCKTAIL GARLIC BROCCOLI *MILK	HM MAC-N CHEESE MACARONI NOODLES CATALOUPE SWEET PEAS *MILK	TURKEY & CHEESE PINWHEELS TORTILLA SLICED PEARS BABY CARROTS * MILK	MINI CHEESE PIZZA MOZZARELLA CHEESE BAGEL HONEYDEW MELON MIXED VEGETABLES *MILK	STEW CHICKEN GARLIC BREAD STICK APRICOT CREAMED SPINACH *MILK
	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain
PM SNACK Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk	ZUCCHINI BREAD CRUSHED PINEAPPLE WATER	CHEERIOS PEARS WATER	PEANUT BUTTER/WOW/SOY CELERY STICKS RAISINS WATER	CHEEZE ITZ APPLES WATER	GOLDFISH BROCCOLI & CHEESE SOUP WATER
TWO COMPONENTS	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain	<input type="checkbox"/> Whole Grain
<p>* One year olds are served Unflavored Whole Milk. Two years old and older are served unflavored 1% or Fat Free Milk. Milk substitutes must have a medical statement.</p> <p>The Menu only denotes the grain component served for each day. Center is required to indicate which meal a whole grain was served.</p>					



	Monday 10/13/25	Tuesday 10/14/25	Wednesday 10/15/25	Thursday 10/16/25	Friday 10/17/25
BREAKFAST Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk	GRITS BAKED PEACHES *MILK <input type="checkbox"/> Whole Grain	MINI WAFFLES KIWI SLICES *MILK <input type="checkbox"/> Whole Grain	ENGLISH MUFFIN BLUEBERRIES *MILK <input type="checkbox"/> Whole Grain	ENRICHED GRITS APPLE SLICES *MILK <input type="checkbox"/> Whole Grain	CHEERIOS CANTALOUPE *MILK <input type="checkbox"/> Whole Grain
LUNCH Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Vegetable Fluid Milk	GROUND CHICKEN SOFT TACO TROPICAL FRUIT SALAD CORN ON THE COB *MILK <input type="checkbox"/> Whole Grain	WARM HAM & CHEESE SLIDERS SLIDER BUN FRENCH FRIES BAKED BEANS *MILK <input type="checkbox"/> Whole Grain	BREAKFAST FOR LUNCH MAPLE SAUSAGE LINKS FRENCH TOAST RASPBERRIES TATER TOTS * MILK <input type="checkbox"/> Whole Grain	GRILLED CHICKEN KABOBS HAWAIIAN ROLL PEAR SLICES ROASTED BRUSSELL SPROUTS *MILK <input type="checkbox"/> Whole Grain	NATIONAL PASTA DAY GRILLED CHICKEN ALFREDO FETTUCCHINI PASTA APRICOTS BROCCOLI *MILK Whole Grain
PM SNACK Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk TWO COMPONENTS	OYSTER CRACKERS HM MINESTRONE SOUP WATER <input type="checkbox"/> Whole Grain	LOWFAT YOGURT RASPBERRIES WATER <input type="checkbox"/> Whole Grain	TURKEY ROLLUPS CHEESE CRACKER WATER <input type="checkbox"/> Whole Grain	PITA CHIPS PUMPKIN HUMMUS WATER <input type="checkbox"/> Whole Grain	SUNCHIPS BANANA WATER <input type="checkbox"/> Whole Grain
<p>* One year olds are served Unflavored Whole Milk. Two years old and older are served unflavored 1% or Fat Free Milk. Milk substitutes must have a medical statement. The Menu only denotes the grain component served for each day. Center is required to indicate which meal a whole grain was served.</p>					



	Monday 10/20/25	Tuesday 10/21/25	Wednesday 10/22/25	Thursday 10/23/25	Friday 10/24/25
BREAKFAST Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk	MINI BAGEL BLACKBERRIES *MILK <input type="checkbox"/> Whole Grain	CHEERIOS STRAWBERRIES *MILK <input type="checkbox"/> Whole Grain	OATMEAL ORANGE WEDGES *MILK <input type="checkbox"/> Whole Grain	WAFFLES PEARS *MILK <input type="checkbox"/> Whole Grain	NATIONAL PANCAKE DAY MINI PANCAKES KIWI *MILK <input type="checkbox"/> Whole Grain
	LUNCH Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Vegetable Fluid Milk	NATIONAL CHICKEN & WAFFLES DAY BAKED CHICKEN WAFFLES RED APPLE SLICES SWEET POTATO FRIES *MILK <input type="checkbox"/> Whole Grain	SAVORY SALMON BROWN RICE PLUM SLICES BROCCOLI *MILK <input type="checkbox"/> Whole Grain	(HM) CHEESEY PIZZA PIZZA CRUST WATERMELON SLICES ROASTED CAULIFLOWER * MILK <input type="checkbox"/> Whole Grain	SAVORY TUNA SANDWICH FRENCH BREAD PEACHES SPINACH SALAD *MILK <input type="checkbox"/> Whole Grain
PM SNACK Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk TWO COMPONENTS	CARROT BREAD SUGAR SNAP PEAS WATER <input type="checkbox"/> Whole Grain	ROASTED BEETS SALTINE CRACKERS WATER <input type="checkbox"/> Whole Grain	OYSTER CRACKERS VEGETABLE SOUP WATER <input type="checkbox"/> Whole Grain	COLBY JACK CHEESE PAPAYA WATER <input type="checkbox"/> Whole Grain	FRUIT & NUT BUTTER PITA POCKET PEANUT/WOW/SOY/NUT BUTTER PITA POCKET APPLE OR PEAR SLICES WATER <input type="checkbox"/> Whole Grain
* One year olds are served Unflavored Whole Milk. Two years old and older are served unflavored 1% or Fat Free Milk. Milk substitutes must have a medical statement. The Menu only denotes the grain component served for each day. Center is required to indicate which meal a whole grain was served.					



	Monday 10/27/25	Tuesday 10/28/25	Wednesday 10/29/25	Thursday 10/30/25	Friday 10/31/25 
BREAKFAST Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk	MULTI GRAIN CHEERIOS BLACKBERRIES *MILK <input type="checkbox"/> Whole Grain	CREAM OF WHEAT PLUMS *MILK <input type="checkbox"/> Whole Grain	NATIONAL OATMEAL DAY MAPLE OATMEAL APPLE SLICES *MILK <input type="checkbox"/> Whole Grain	WHOLE GRAIN FRENCH TOAST FRUIT SALAD *MILK <input type="checkbox"/> Whole Grain	PUMPKIN PANCAKES KIWI *MILK <input type="checkbox"/> Whole Grain
LUNCH Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Vegetable Fluid Milk	NATIONAL BREADSTICK DAY BEEF STEAK GARLIC BREADSTICKS RED APPLE SLICES CORN *MILK <input type="checkbox"/> Whole Grain	TERIYAKI TOFU BUTTER NOODLES SLICED KIWI BAKED PUMPKIN *MILK <input type="checkbox"/> Whole Grain	SWEDISH MEATBALLS SUB ROLL PEACH SLICES MIXED VEGETABLES * MILK <input type="checkbox"/> Whole Grain	GRILLED XTRA-CHEESE WHEAT BREAD GRAPES (CUT ACCORDINGLY) SPLIT PEA SOUP *MILK <input type="checkbox"/> Whole Grain	FISH FILET HARD/SOFT TACOS RASPBERRIES GREEN BEANS *MILK <input type="checkbox"/> Whole Grain
PM SNACK Meat/Meat Alternate Whole Grain/Grain Alternate Vegetable or Fruit Fluid Milk TWO COMPONENTS	PRETZEL STICKS CELERY STICKS WATER <input type="checkbox"/> Whole Grain	CHEESE CRACKERS CRISPY ROASTED CHICKPEAS WATER <input type="checkbox"/> Whole Grain	BELL PEPPERS BLACK BEAN HUMMUS WATER <input type="checkbox"/> Whole Grain	BANANA SUSHI ROLL WOW/SOY/PEANUT BUTTER WHEAT BREAD BANANA WATER <input type="checkbox"/> Whole Grain	GRAHAM CRACKERS JACK-O-LANTERN FRUIT CUP WATER <input type="checkbox"/> Whole Grain
<p>* One year olds are served Unflavored Whole Milk. Two years old and older are served unflavored 1% or Fat Free Milk. Milk substitutes must have a medical statement. The Menu only denotes the grain component served for each day. Center is required to indicate which meal a whole grain was served.</p>					