







Extended SNACK MENU – JANUARY 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				
4. WG Waffles 1 ea. Frozen Strawberry ½ c. Water	5. Chex Cereal 1 oz. or ½ c. 1% White Milk ½ c.	6. Assorted Crackers .5 oz. Apple Wedges ½ c. Water	7. Hi Ho Crackers .5 oz. 1% White Milk ½ c.	8. Graham Crackers .5 oz. 1% White Milk ½ c.
11. Hi Ho Crackers .5 oz. Orange Wedges ½ c. Water	12. Pancakes 1 ea. 1% White Milk ½ c.	13. Assorted Crackers .5 oz. Banana ½ c. Water	14. Cheerios Cereal 1 oz. or ½ c. 1% White Milk ½ c.	15. Quesadilla ½ ea. Tangerine ½ c. Water
	19. Apple wedges ½ c. Assorted Crackers .5 oz. Water	20. Graham Crackers .5 oz. 1% White Milk ½ c.	21. WG Waffles 1 ea. Frozen Strawberry ½ c. Water	22. Hi Ho Crackers .5 oz. 1% White Milk ½ c.
25. Quesadilla ½ ea. Tangerine ½ c. Water	26. Graham Crackers .5 oz. 1% White Milk ½ c.	27. Kix Cereal ½ c. 1% White Milk ½ c.	28. Hi Ho Crackers .5 oz. 1% White Milk ½ c.	29. Assorted Crackers .5 oz. Banana ½ c. Water




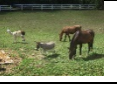

Please cut all fresh fruit.

Use Whole Wheat or Multi-Grain products

This Institution is equal opportunity provider.

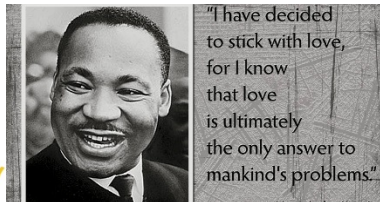
* Use up items from emergency supply and restock (first in first out) with dates.

Día extended Menú enero 2021

LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES
				1. Feliz ano Nuevo
4. Waffle GE Fresas congelado Agua	5. Cereal Chex Leche blanca 1%	6. Surtido de Galletas Rebanadas de Manzana Agua	7. Galletas Hi Ho Leche blanca 1%	8. Galletas de miel Leche blanca 1%
11. Galletas Hi Ho Rebanadas de Naranja Agua	12. Panqueques Leche blanca 1%	13. Surtido de Galletas Plantó Agua	14. Cereal Cheerios Leche blanca 1%	15. Quesadillas Mandarín Agua
	19. Rebanadas de Manzana Surtido de galletas Agua	20. Galletas de miel Leche blanca 1%	21. Waffle GE Fresas congelado Agua	22. Galletas Hi Ho Leche blanca
25. Tortilla y Queso Mandarín Leche blanca 1%	26. Galletas de miel Leche blanca 1%	27. Cereal Kix Leche blanca 1%	28. Galletas Hi Ho Leche blanca	29. Surtido de Galletas Plantó Agua

Favor de cortar toda la fruta fresta para nuestros niños. Todos los panes son de trigo integral o multi-grano.

Esta institución es un proveedor que ofrece igualdad de oportunidades.





MENU PLANNING WORKSHEET Extended Day

Week of 1-4-21 thru 1-8-21

Estimated meals served: Children 10 Adults 2

Weekly Refrigerator Temperatures _____ ° F _____ Int.

DATE:	Snack Item and Serving Size:	Actual Served:	CACFP Minimum Amount Required	Scale Weight:	Purchased Units:	Amount Served:	Amounts of Leftovers:
1-4-21	WG Waffles 1 ea.	#of Children:	12 @ 1 ea.				
	Frozen Strawberry ½ c.	#of Adults:	2 – 16 oz. bag				
	1% White Milk ½ c.		½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
1-5-21	Chex Cereal 1 oz. or ½ c.	#of Children:	12 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
1-6-21	Assorted Crackers .5 oz.	#of Children:	6 oz.				
	Apple Wedges ½ c.	#of Adults:	1.75 lbs.				
	Water		-				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
1-7-21	Hi Ho Crackers .5 oz.	#of Children:	6 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
1-8-21	Graham Crackers .5 oz.	#of Children:	6 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk_____	Lactose Free_____		Name of Other:		

Teacher Dir: _____ Date: _____

Reviewer: _____ Date: _____

Menu Change Notice: You must first inform your Nutrition Assistant and get approval.

Center: _____

Reason for Changes/substitutions: _____

FPC Breakfast menu

FPC Lunch Menu

HS PM Snack Menu

HS Extended Snack Menu

Changes & Dates : _____

Changes & Dates : _____

Changes & Dates : _____

TD/CD signature: _____

Make a copy for your own file and send in the original weekly.
All substitutions must be written on Posted Menu, and Menu Planning Worksheet.

Approved by: _____

Write in your nutrition assistant's name.



MENU PLANNING WORKSHEET Extended Day

Week of 11-11-21 thru 1-15-21

estimated meals served: Children 10 Adults 2

Weekly Refrigerator Temperatures _____ ° F _____ Int.

DATE:	Snack Item and Serving Size:	Actual Served:	CACFP Minimum Amount Required	Scale Weight:	Purchased Units:	Amount Served:	Amounts of Leftovers:
1-11-21	Hi Ho Crackers .5 oz.	<i>#of Children:</i>	6 oz.				
	Orange Wedges ½ c.	<i>#of Adults:</i>	3.75 lbs.				
	Water		-				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		<i>Name of Other:</i>		
1-12-21	Pancakes 1 ea.	<i>#of Children:</i>	12 @ 1 ea.				
	1% White Milk ½ c.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		<i>Name of Other:</i>		
1-13-21	Assorted crackers .5 oz.	<i>#of Children:</i>	6 oz.				
	Banana ½ c.	<i>#of Adults:</i>	4.5 lbs.				
	Water		-				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		<i>Name of Other:</i>		
1-14-21	Cheerios Cereal 1 oz. or ½ c.	<i>#of Children:</i>	12 oz.				
	1% White Milk ½ c.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		<i>Name of Other:</i>		
1-15-21	WG Flour tortilla ½ ea.	<i>#of Children:</i>	6 @ ½ ea.				
	Cheddar Cheese .5 oz.	<i>#of Adults:</i>	6 oz.				
	Tangerine ½ c.		3.25 lbs.				
	Water		-				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		<i>Name of Other:</i>		

Teacher Dir: _____ Date: _____

Reviewer: _____ Date: _____

Menu Change Notice: You must first inform your Nutrition Assistant and get approval.

Center: _____

Reason for Changes/substitutions: _____

FPC Breakfast menu

FPC Lunch Menu

HS PM Snack Menu

HS Extended Snack Menu

Changes & Dates : _____

Changes & Dates : _____

Changes & Dates : _____

TD/CD signature: _____

Approved by: _____

Make a copy for your own file and send in the original weekly.

Write in your nutrition assistant's name.

All substitutions must be written on Posted Menu, and Menu Planning Worksheet.



MENU PLANNING WORKSHEET Extended Day

Week of 1-18-21 thru 1-22-21

estimated meals served: Children 10 Adults 2

Weekly Refrigerator Temperatures _____ ° F _____ Int.

DATE:	Snack Item and Serving Size:	Actual Served:	CACFP Minimum Amount Required	Scale Weight:	Purchased Units:	Amount Served:	Amounts of Leftovers:
1-18-21	Holiday						
1-19-21	Apple wedges ½ c.	#of Children:	1.75 lbs.				
	Assorted Crackers .5 oz.	#of Adults	6 oz.				
	Water		-				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
1-20-21	Graham Crackers .5 oz.	#of Children:	6 oz.				
Emergency items	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
1-21-21	WG Waffles 1 ea.	#of Children:	12 @ 1 ea.				
	Frozen Strawberry ½ c.	#of Adults:	2 - 16 oz bags.				
	Water		-				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
1-22-21	Hi Ho Crackers .5 oz.	#of Children:	6 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		

Teacher Dir: _____ Date: _____ Reviewer: _____ Date: _____

***Use up items that are in your emergency supply (first in first out) by dates and remember to restock for any emergency that may come up. Must have grain or fruit (one item with milk) or (2 items-grain & fruit with water) record all items used. Post what was used**

Menu Change Notice: You must first inform your Nutrition Assistant and get approval.

Center: _____ Reason for Changes/substitutions: _____

FPC Breakfast menu : FPC Lunch Menu : HS PM Snack Menu : HS Extended Snack Menu :

Changes & Dates : _____

Changes & Dates : _____

Changes & Dates : _____

TD/CD signature: _____

Make a copy for your own file and send in the original weekly.
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Approved by: _____

Write in your nutrition assistant's name.



MENU PLANNING WORKSHEET Extended Day

Week of 1-25-21 thru 1-29-21

estimated meals served: Children 10 Adults 2

Weekly Refrigerator Temperatures _____ ° F _____ Int.

DATE:	Snack Item and Serving Size:	Actual Served:	CACFP Minimum Amount Required	Scale Weight:	Purchased Units:	Amount Served:	Amounts of Leftovers:
1-25-21	Corn Tortilla warmed ½ ea.	#of Children:	6 oz.				
	String Cheese .5 oz.	#of Adults:	6 oz.				
	1% White Milk ½ c.		½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
1-26-21	Graham Crackers .5 oz.	#of Children:	1.75 lbs.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
1-27-21	Kix Cereal 1 oz. or ½ c.	#of Children:	12 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
1-28-21	Hi Ho Crackers .5 oz.	#of Children:	6 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
1-29-21	Assorted Crackers .5 oz.	#of Children:	6 oz.				
	Banana ½ c.	#of Adults:	4.5 lbs.				
	Water		-				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		

Teacher Dir: _____ Date: _____

Reviewer: _____ Date: _____

Menu Change Notice: You must first inform your Nutrition Assistant and get approval.

Center: _____

Reason for Changes/substitutions: _____

FPC Breakfast menu

FPC Lunch Menu

HS PM Snack Menu

HS Extended Snack Menu

Changes & Dates : _____

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TD/CD signature: _____

Approved by: _____

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Write in your nutrition assistant's name.

All substitutions must be written on Posted Menu, and Menu Planning Worksheet.

EXTENDED DAY GROCERY LIST
Dates: 1-4-2021 thru 1-8-2021
Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
1-4-21	12 @ 1 ea.	WG Waffles
	2 – 16 oz. bags	Frozen Strawberries
	-	Water
1-5-21	12 oz.	Chex Cereal
	3 – ½ gals.	1% White Milk – total for the week*
1-6-21	6 oz.	Assorted Crackers
	1.75 lbs.	Apple Wedges
	-	Water
1-7-21	6 oz.	Hi Ho Crackers
	*	1% White Milk
1-8-21	6 oz.	Graham Crackers
	*	1% White Milk

Date: 1-11-21 thru 1-15-21
Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
1-11-21	6 oz.	Hi Ho Crackers
	3.75 lbs.	Orange Wedges
	-	Water
1-12-21	12 @ 1 ea.	Pancakes
	2 – ½ gals.	1% White Milk – total for the week*
1-13-21	6 oz.	Assorted Crackers
	4.5lbs.	Bananas
	-	Water
1-14-21	12 oz.	Cheerios Cereal
	*	1% White Milk
1-15-21	6 oz.	Jack Cheese
	6 @ ½ ea.	Tortilla Whole grain
	3.25 lbs.	Tangerine
	-	Water

MAKE SURE YOU HAVE EMERGENCY MEAL COMPONENTS IN YOUR STORAGE UNIT; make sure to rotate out your emergency meal components. Keep it fresh.

Place a pitcher of water in advance in refrigerator for cool water for snack use.

EXTENDED DAY GROCERY LIST

Dates: 1-18-21 thru 1-22-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
1-18-21	Holiday	
1-19-21	1.75 lbs.	Apples - cut into wedges
	6 oz.	Assorted Crackers
	-	Water
1-20-21	6 oz.	Graham Crackers
	2 - ½ gals.	1% White Milk - total for the week*
1-21-21	12 @ 1 ea.	WG Waffles
	2 – 16 oz. bags	Frozen Strawberries
	-	Water
1-22-21	6 oz.	Hi Ho Crackers
	*	1% White Milk

Dates: 1-25-2021 thru 1-29-2021

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
1-25-21	3 @ ½ ea.	Tortilla WG
	6 oz.	Cheddar Cheese
	3.25 lbs.	Tangerine
	-	Water
1-26-21	6 oz.	Graham Crackers
	3 – ½ gals.	1% White Milk - total for the week*
1-27-21	12 oz.	Kix Cereal
	*	1% White Milk
1-28-21	6 oz.	Hi Ho Crackers
	*	1% White Milk
1-29-21	6 oz.	Assorted Crackers
	4.5 lbs.	Banana
	-	Water

**MAKE SURE YOU HAVE EMERGENCY MEAL COMPONENTS IN YOUR STORAGE UNIT;
 Make sure to rotate out your emergency meal components. Keep it fresh.**

Place a pitcher of water in advance in refrigerator for cool water for snack use.