


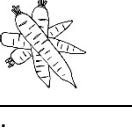

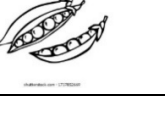


Extended SNACK MENU – October 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
				1. Apple Wedges ½ c. 1% White Milk ½ c. or 4 oz.
4. Graham Crackers 1 ea. or .5 oz 1% White Milk ½ c.	5. HiHo Crackers 4 ea or .5 oz. Water	6. Cheese Sticks .5 oz 1% White Milk ½ c. or 4 oz.	7. Hi Ho Crackers .5 oz. or 4 ea. 1% White Milk ½ c. or 4 oz.	8. All Staff In-service Assorted Crackers 4 ea. or .5 oz. Orange Wedges ½ c. 1% White Milk ½ c. or 4 oz.
11. Indigenous People's Day Holiday	12. Assorted Crackers .5 oz. or 4 ea. Water	13. WG Waffle 1 ea. or 1 oz. 1% White Milk ½ c.	14. Hi Ho Crackers .5 oz. or 4 ea. Cheese Sticks .5 oz Water	15. Graham Crackers .5 oz. or 1 ea. 1% White Milk ½ c. or 4 oz
18. Waffles 1 ea. or 1 oz. 1% White Milk ½ c. or 4oz	19. Graham Crackers 1 ea. or .5 oz Water	20. Cheerios Cereal ½ c. or .5 oz. 1% White Milk ½ c. or 4 oz	21. Graham Crackers .5 oz. or 1 ea. Apple Wedges ½ c. Water	22. Assorted Crackers .5 oz. or 4 ea. 1% White Milk ½ c. or 4 oz
25. Bean Burrito 1/2 ea. or .5 oz. 1% White Milk ½ c. or 4oz	26. Hi Ho Crackers .5 oz. or 4 ea. Orange Wedges ½ c. Water	27. Graham Crackers 1 ea. or .5 oz. 1% White Milk ½ c. or 4 oz.	28. Kix Cereal ¾ c. or.5 oz 1% White Milk ½ c. or 4 oz	29. WG Waffles 1 ea. or 1 oz 1% White Milk ½ c. or 4 oz

This Institution is equal opportunity provider

Día extended Menú Octubre 2021

LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES
				1. Porciones de Manzana Leche blanca 1%
4. Galletas de Miel Leche blanca 1%	5. Galletas Hi Ho Agua	6. Queso de retido Leche blanca 1%	7. Galletas Hi Ho Leche blanca 1%	8. All Staff In-service Surtido de Galletas Porciones de Naranja Leche blanca 1%
11. Dia Festivo, Dia de los Indijenas	12. Surtido de Galletas Agua	13. Waffles GE Leche blanca 1%	14. Galletas Hi Ho Queso de retido Agua	15. Galletas de Miel Leche blanca 1%
18. Waffles GE Leche blanca 1%	19. Galletas de Miel Agua	20. Cereal Cheerios Leche blanca 1%	21. Galletas de Miel Porciones de Manzana Agua	22. Surtido de Galletas Leche blanca 1%
25. Burrito de frejoles Leche blanca 1%	26. Galletas Hi Ho Porciones de Naranja Agua	27. Galletas de Miel Leche blanca 1%	28. Cereal Kix Lecha blanca 1%	29. Waffles GE Leche blanca 1%

Esta institución es un proveedor que ofrece igualdad de oportunidades.



MENU PLANNING WORKSHEET Extended Day

Week of 10-1-21 _____ 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:
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		Name of Other:		
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		Name of Other:		
		<i>#of Children:</i>					
		<i>#of Adults:</i>					
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		Name of Other:		
		<i>#of Children:</i>					
		<i>#of Adults:</i>					
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		Name of Other:		
10-1-21	Apple Wedges ½ c.	<i>#of Children:</i>	1.75 lbs.				
	1% White Milk ½ c. or 4 oz.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk:</i> _____	<i>Lactose Free:</i> _____		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: _____

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 10-4-21 thru 10-8-21

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:
10-4-21	Graham Crackers 4 ea. or .5 oz.		6 oz.				
	1% White Milk ½ c. or 4 oz.		½ gal.				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk</i> _____	Lactose Free _____		Name of Other:		
10-5-21	Hi Ho Crackers 4 ea. or .5 oz.	<i>#of Children:</i>	6 oz.				
	Water.	<i>#of Adults:</i>					
# of Children	Milk Substitutions ½ c.	<i>Soy Milk</i> _____	Lactose Free _____		Name of Other:		
10-6-21	Cheese Sticks .5 oz	<i>#of Children:</i>	6 oz.				
	1% White Milk ½ c. or 4 oz.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk</i> _____	Lactose Free _____		Name of Other:		
10-7-21	Hi Ho Crackers 4 ea. or .5 oz.	<i>#of Children:</i>	6 oz.				
	1 % White Milk ½ c. or 4 oz.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk</i> _____	Lactose Free _____		Name of Other:		
10-8-21	Assorted Crackers 4 ea. or .5 oz.	<i>#of Children:</i>	6 oz.				
	Orange Wedges ½ c.	<i>#of Adults:</i>	7 lb.				
	1 % White Milk ½ c. or 4 oz.		½ gal.				
# of Children	Milk Substitutions ½ c.	<i>Soy Milk</i> _____	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: _____

Approved by: _____

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MENU PLANNING WORKSHEET Extended Day

Week of 10-11-21 thru 10-15-21

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:
10-11-21	Holiday	#of Children:					
		#of Adults:					
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-12-21	Assorted Crackers .5 oz. or 4 ea. Water	#of Children:	6 oz.				
		#of Adults:					
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-13-21	WG Waffle 1 ea. or 1 oz. 1% White Milk ½ c. or 4 oz.	#of Children:	12 @ 1 ea.				
		#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-14-21	Hi Ho Crackers 4 ea. or .5 oz. Cheese Sticks .5 oz. Water	#of Children:	6 oz.				
		#of Adults:	6 oz.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-15-21	Graham Crackers 1 ea. or .5 oz. 1% White Milk ½ c. or 4 oz.	#of Children:	6 oz.				
		#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: _____

Approved by: _____

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MENU PLANNING WORKSHEET Extended Day

Week of 10-18-21 thru 10-22-21

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:
10-18-21	WG Waffles 1 ea. or 1 oz.	#of Children:	12 @ 1 ea.				
	1% White Milk ½ c. or 4 oz.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-19-21	Graham Crackers 1 ea. or .5 oz.	#of Children:	6 oz.				
	Water	#of Adults:					
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-20-21	Cheerios Cereal .5 oz. or ½ c.	#of Children:	6 oz.				
	1% White Milk ½ c. or 4 oz.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-21-21	Graham Cracker .5 oz. or 1 ea.	#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:		
10-22-21	Assorted Crackers .5 oz. or 4 ea.	#of Children:	6 oz.				
	1% White Milk ½ c. or 4 oz.	#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 : _____ 5/25

Changes & Dates : _____ 5/26

Changes & Dates : _____ 5/27

TD/CD signature: _____

Approved by: _____

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MENU PLANNING WORKSHEET Extended Day

Week of 10-25-21 thru 10-29-21

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:
10-25-21	Bean Burrito 1 ea. or 1 oz.	#of Children:	6 @ 1/2 ea.				
	1% White Milk 1/2 c. or 4 oz.	#of Adults:	1/2 gal.				
# of Children	Milk Substitutions 1/2 c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-26-21	Hi Ho Crackers .5 oz. or 4 ea.	#of Children:	6 oz.				
	Orange Wedges 1/2 c.	#of Adults:	7 lbs.				
	Water		-				
# of Children	Milk Substitutions 1/2 c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-27-21	Graham Crackers .5 oz. or 1 ea.	#of Children:	6 oz.				
	1% White Milk 1/2 c. or 4 oz.	#of Adults:	1/2 gal.				
	Milk Substitutions 1/2 c.	Soy Milk _____	Lactose Free _____		Name of Other:		
10-28-21	Kix Cereal 3/4 c. or .5 oz.	#of Children:	6 oz.				
	1% White Milk 1/2 c. or 4 oz.	#of Adults:	1/2 gal.				
# of Children	Milk Substitutions 1/2 c	Soy Milk _____	Lactose Free _____		Name of Other:		
10-29-21	WG Waffles 1 ea. or 1 oz.	# of Children:	12 @ 1 ea.				
	1% White Milk 1/2 c. or 4 oz.	# of Adults:	1/2 gal.				
# of Children	Milk Substitutions 1/2 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: _____

Approved by: _____

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EXTENDED DAY GROCERY LIST

Dates: 10-1-2021

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-1-21	1.75 lbs. ½ Gal.	Apple – cut into wedges 1% White Milk

Date: 10-4-21 thru 10-8-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-4-21	6 oz. 4 - ½ Gal	Graham Crackers 1% White Milk - Total for the week*
10-5-21	6 oz. -	Hi Ho Crackers Water
10-6-21	6 oz. *	Cheddar Cheese Sticks 1% White Milk
10-7-21	6 oz. *	Hi Ho Crackers 1% White Milk
10-8-21	6 oz. 7 lbs. *	Assorted Crackers Orange 1% White Milk

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



EXTENDED DAY GROCERY LIST

Dates: 10-11-21 thru 10-15-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-11-21	HOLIDAY	
10-12-21	6 oz. -	Assorted Crackers Water
10-13-21	12 @ 1 ea. 2 - ½ Gal.	WG Waffle 1% White Milk - Total milk for the week *
10-14-21	6 oz. 6 oz. - *	Hi Ho Crackers Cheddar Cheese Sticks Water 1% White Milk
10-15-21	6 oz. *	Graham Crackers 1% White Milk

Dates: 10-18-21 thru 10-22-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-18-21	12 @ 1ea. 3 - ½ Gal.	WG Waffles 1% White Milk - total for the week*
10-19-21	6 oz. -	Graham Crackers Water
10-20-21	6 oz. *	Cheerios Cereal 1% White Milk
10-21-21	6 oz. 1.75 lbs. -	Graham Crackers Apple – cut into wedges Water
10-22-21	6 oz. *	Assorted Crackers 1% White Milk

Dates: 10-25-21 thru 10-29-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-25-21	6 @ ½ ea. 2 - 16 oz. cans 4 - ½ Gal	WG Tortilla – burritos Refried beans 1% White Milk - total for the week*
10-26-21	6 oz. 7 lbs. -	Hi Ho Crackers Oranges Water
10-27-21	6 oz. *	Graham Crackers 1% White Milk
10-28-21	6 oz. *	Kix Cereal 1% White Milk
10-29-21	12 @ 1ea. *	WG Waffles 1% White Milk

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