







**Extended SNACK MENU – NOVEMBER 2021**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
1. Graham Crackers .5 oz. or 1 ea. 1% White Milk ½ c. or 4 oz.	2. Cheerios Cereal ½ c. or .5 oz. 1% White Milk ½ c. or 4 oz.	3. Hi Ho Crackers .5 oz. or 4 ea. 1% White Milk ½ c. or 4 oz.	4. Assorted Crackers .5 oz. or 4 ea. Apple Wedges ½ c. Water	5. Bean & Cheese Burrito 1 ea. or 1 oz. 1% White Milk ½ c. or 4 oz
8. Kix Cereal ¾ c. or .5 oz. 1% White Milk ½ c. or 4oz	9. Assorted Crackers .5 oz. or 4 ea. 1% White Milk ½ c. or 4 oz	10. WG Waffle 1 ea. or 1 oz. Banana ½ c. Water	11. Closed 	12. Bean Burrito 1 ea. or 1 ea. Apple sliced ½ c. Water
15. Pretzels ⅓ c. or .5 oz. 1% White Milk ½ c. or 4oz	16. Assorted Crackers .5 oz. or 4 ea. 1% White Milk ½ c. or 4 oz	17. WG Waffle 1 ea. or 1 oz. Applesauce ½ c. Water	18. Graham Crackers .5 oz. or 1 ea. 1% White Milk ½ c. or 4 oz	19. Hi Ho Crackers .5 oz. or 4 ea. 1% White Milk ½ c. or 4 oz
22. Hi Ho Crackers .5 oz. or 4 ea. 1% White Milk ½ c. or 4oz	23. Cheerios Cereal ½ c. or .5 oz. 1% White Milk ½ c. or 4 oz	24. Graham Crackers .5 oz. or 1 ea. 1% White Milk ½ c. or 4 oz	25. Closed 	26. Closed 
29. Kix Cereal ¾ c. or .5 oz. 1% White Milk ½ c. or 4oz	30. Assorted Crackers .5 oz. or 4 ea. Banana ½ c. Water			

\* Use up items from emergency supply and restock (first in first out) with dates. Use Whole Wheat or Multi-Grain products  
Please cut all fresh fruit.

**This Institution is equal opportunity provider**

**Día extended Menú Noviembre 2021**

LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES
1. Galletas de miel Leche blanca 1%	2. Cereal Cheeríos Leche blanca 1%	3. Galletas Hi Ho Leche blanca 1%	4. Surtido de Galletas Rebanadas de Manzana Agua	5. Burrito de frijoles y queso Leche blanca 1
8. Cereal Kix Leche blanca 1%	9. Surtido de Galletas Leche blanca 1%	10. Waffle Plátano Agua	11. Closed 	12. Burrito de frijoles Tiras de Manzana Agua
15. Preterís Leche blanca 1%	16. Surtido de Galletas Leche blanca 1%	17. Waffle Puré de manzana Agua	18. Galletas de miel Leche blanca 1%	19. Galletas Hi Ho Leche blanca 1%
22. Galletas Hi Ho Leche blanca 1%	23. Cereal Cheeríos Leche blanca 1%	24. Galletas de miel Leche blanca 1%	25. Closed 	26. Closed 
29. Cereal Kix Leche blanca 1%	30. Surtido de Galletas Plátano Agua			

Favor de cortar toda la fruta fresa 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 11-1-21 & 11-5-21      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:
11-1-21	Graham Crackers .5 oz. or 1 ea.	#of Children:	6 oz.				
	1% White Milk ½ c. or 4 oz.	#of Adults:	½ gal.				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk: _____</b>	<b>Lactose Free: _____</b>		<b>Name of Other:</b>		
11-2-21	Cheerios Cereal ½ c. or .5 oz.	#of Children:	6 oz.				
	1% White Milk ½ c. or 4 oz.	#of Adults:	½ gal.				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk: _____</b>	<b>Lactose Free: _____</b>		<b>Name of Other:</b>		
11-3-21	Hi Ho Crackers .5 oz. or 4 ea.	#of Children:	6 oz.				
	1% White Milk ½ c. or 4 oz.	#of Adults:	½ gal.				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk: _____</b>	<b>Lactose Free: _____</b>		<b>Name of Other:</b>		
11-4-21	Assorted Cracker .5 oz. or 4 ea.	#of Children:	6 oz.				
	Apple wedges. ½ c.		1.75 lbs.				
		#of Adults:					
<b># of Children</b>	<b>Water</b>	<b>Soy Milk: _____</b>	<b>Lactose Free: _____</b>		<b>Name of Other:</b>		
11-5-21	Bean & Cheese burrito 1 ea. or 1 oz.	#of Children:	12 @ 1 ea.				
	1% White Milk ½ c. or 4 oz.	#of Adults:	½ gal.				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk _____</b>	<b>Lactose Free _____</b>		<b>Name of Other:</b>		

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 11-8-21 thru 11-12-21

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:
11-8-21	Kix Cereal ½ c. or .5 oz.	#of Children:	6 oz.				
	1% White Milk ½ or 4 oz.	#of Adults:	½ gal.				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk</b> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-9-21	Assorted Crackers .5 oz. or 4 ea.	#of Children:	6 oz.				
	1% White Milk ½ c. or 4 oz.	#of Adult:	½ c.				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk</b> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-10-21	WG Waffle 1 ea. or 1 oz.	#of Children:	12 @ 1 ea.				
	Banana ½ c.	#of Adults:	4.5 lbs.				
	Water		-				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk</b> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-11-21	Closed	#of Children:					
		#of Adults:					
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk</b> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-12-21	Bean Burritos 1 ea. or 1 oz.	#of Children:	12 @ 1 ea.				
	Apple slices. ½ c.	#of Adults:	1.75 lbs.				
	Water		-				
<b># of Children</b>	<b>Milk Substitutions ½ c.</b>	<b>Soy Milk</b> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		

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.

Approved by: \_\_\_\_\_  
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 11-15-21 thru 11-19-21      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:
11-15-21	Pretzels 1/3 c. or .5 oz.	#of Children:	6 oz.				
	1% Milk 1/2 c. or 4 oz.	#of Adults:	1/2 gal.				
<b># of Children</b>	<b>Milk Substitutions 1/2 c.</b>	<i>Soy Milk</i> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-16-21	Assorted Crackers .5 oz. or 4 ea.	#of Children:	6 oz.				
	1% White Milk 1/2 c. or 4 oz.	#of Adults:	1/2 gal.				
<b># of Children</b>	<b>Milk Substitutions 1/2 c.</b>	<i>Soy Milk</i> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-17-21	WG Waffle 1 ea. or 1 oz.	#of Children:	12 @ 1 ea.				
	Applesauce 1/2 c.	#of Adults:	2 - 48 oz. jar				
	Water		-				
<b># of Children</b>	<b>Milk Substitutions 1/2 c.</b>	<i>Soy Milk</i> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-18-21	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.				
<b># of Children</b>	<b>Milk Substitutions 1/2 c.</b>	<i>Soy Milk</i> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		
11-19-21	Hi Ho Crackers .5 oz. or 4 ea.	#of Children:	6 oz.				
	1% White Milk 1/2 c. or 4 oz.	#of Adults:	1/2 gal.				
<b># of Children</b>	<b>Milk Substitutions 1/2 c.</b>	<i>Soy Milk</i> _____	<b>Lactose Free</b> _____		<b>Name of Other:</b>		

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 11-22-21 thru 11-26-21 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:
11-22-21	Hi Ho 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:		
11-23-21	Cheerios Cereal ½ c. or .5 oz.	#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:		
11-24-21	Graham Crackers .5 oz. or 1 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:		
11-25-21	Closed	#of Children:					
		#of Adults:					
			-				
# of Children	Milk Substitutions ½ c.	Soy Milk _____	Lactose Free _____		Name of Other:		
11-26-21	Closed	#of Children:					
		#of Adults:	-				
# 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: \_\_\_\_\_

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.



Fresno EOC  
Head Start  
0 to 5

Early Care  
&  
Education

**MENU PLANNING WORKSHEET Extended Day**

Week of 11-29-21 thru 11-30-21

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:
11-29-21	Kix Cereal ½ oz. or .5 oz.	#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:		
11-30-21	Assorted Crackers .5 oz. or 4 ea.	#of Children:	6 oz.				
	Bananas 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: \_\_\_\_\_

**Use up all emergency supplies; canned fruit, canned beans and chicken, crackers, cereals, breads, or tortillas. Please write in what was you used.**

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

Approved by: \_\_\_\_\_  
Write in your nutrition assistant's name.

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

**EXTENDED DAY GROCERY LIST**

Dates: 11-1-2021 & 11-5-2021

Class size: 10 children /2 adults

Date:	Purchased Units	PM - Grocery List
11-1-21	6 oz.	Graham Crackers
	4 - ½ Gals.	1% White Milk - total for the week*
11-2-21	6 oz.	Cheerios Cereal
	*	1% White Milk
11-3-21	6 oz.	Hi Ho Crackers
	*	1% White Milk
11-4-21	6 oz.	Assorted Crackers
	1.75 lbs.	Apple cut wedges
		Water
11-5-21	12 @ 1 ea.	Bean & cheese burrito
	*	1% white milk

Date: 11-8-21 thru 11-12-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM - Grocery List
11-8-21	6 oz.	Kix Cereal
	2 - ½ Gals.	1% White Milk - total for the week*
11-9-21	6 oz.	Assorted Crackers
	*	1% White Milk
11-10-21	12 @ 1 ea.	WG Waffle
	4.5 lbs.	banana
	-	Water
11-11-21	Closed	
11-12-21	12 @ 1ea.	Bean Burrito - frozen section
	1.75 lbs.	Apple - cut into slices
	-	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: 11-15-21 thru 11-19-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
11-15-21	6 oz.	Pretzels
	4 – ½ gals	1%White Milk – total for the week*
11-16-21	6 oz.	Assorted Crackers
	*	1% White Milk
11-17-21	12 @ 1 ea.	WG Waffle
	2 - 48 oz. jar	Applesauce
	-	Water
11-18-21	6 oz.	Graham Crackers
	*	1% White Milk
11-19-21	6 oz.	Hi Ho Crackers
	*	1% White Milk

Dates: 11-22-21 thru 11-26-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
11-22-21	6 oz.	Hi Ho Cracker
	2 – ½ Gals.	1% White Milk – total for the week*
11-23-21	6 oz.	Cheerios Cereal
	*	1% White Milk
11-24-21	6 oz.	Graham Crackers
	*	1% White Milk
11-25-21	Closed	
	-	
11-26-21	Closed	

Dates: 11-29-21 thru 11-30-21

Class size: 10 children /2 adults

Date:	Purchased Units	PM – Grocery List
11-29-21	6 oz.	Kix Cereal
	½ Gal.	1% White Milk
11-30-21	6 oz.	Assorted Crackers
	4.5 lbs.	Bananas
	-	Water

**Do not let food get old in your storage. Make sure to rotate out your emergency meal components. Keep it fresh.**  
**\*Use up items that are in your emergency supply by dates and remember to restock for any emergency after you come back from summer break.**

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