



Fresno EOC
Head Start
0 to 5

Early Care
&
Education

Extended SNACK MENU – October 2023

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
2. Banana ½ c. 1% White Milk ½ c.	3. Goldfish Crackers .5 oz. Frozen Strawberries ½ c. Water	4. Pancakes 1 ea. 1% White Milk ½ c.	5. Graham Crackers .5oz or 1 ea. Mandarin Orange 1 ea. Water	6. Goldfish Crackers .5 oz or ¼ c. 1% White Milk
9. Holiday	10. Assorted Crackers .5 oz. 1% White Milk ½ c.	11. Kix Cereal ¾ c. 1% White Milk ½ c.	12. Hi Ho Crackers .5 oz. 1% White Milk ½ c.	13. Chex Cereal 1 oz. or ½ c. 1% White Milk ½ c.
16. Graham Crackers .5 oz. 1% White Milk ½ c.	17. Pancakes 1 ea. 1% White Milk ½ c.	18. Cheese Sticks .5 oz. Pretzels .5 oz. or 1/3 c. Water	19. Cheerios Cereal 1 oz. or ½ c. 1% White Milk ½ c.	20. Quesadilla ½ ea. 1% White Milk ½ c.
23. Graham Crackers .5 oz. 1% White Milk ½ c.	24. Banana 1 ea. 1% White Milk ½ c.	25. Kix Cereal ¾ c. 1% White Milk ½ c.	26. Mini Bagel Toast 1 ea. Cream Cheese .5 oz. 1% White Milk ½ c.	27. Hi Ho Crackers .5 oz. 1% White Milk ½ c.
30. Mini Bagel toast 1 ea Cream cheese .5 oz 1% white milk ½ c.	31. Whl Wht Tortilla 1/8 c. Vegetarian Refried Beans 1/8 c. 1% white milk ½ c.			

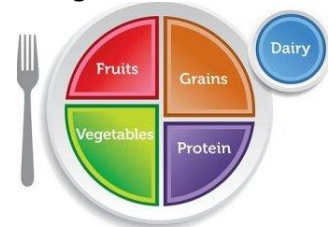
Please cut all fresh fruit. Use Whole Wheat or Multi-Grain products. This Institution is equal opportunity provider.

Menú extended Octubre – 2023

LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES
2. Plátano Leche blanca 1%	3. galletas de peces de colores Fresas congeladas agua	4. Panqueques Leche blanca 1%.	5. Galletas de Miel Mandarin Orange 1 ea. Water	6. galletas de peces de colores Leche blanca 1%
9. Dia festivo	10. Surtido de Galletas Leche blanca 1%	11. Cereal Kix Leche blanca 1%	12. Galletas Hi Ho Leche blanca 1%	13. Cereal Chex Leche blanca 1%
16. Galletas de Miel Leche blanca 1%	17. Panqueques Leche blanca 1%	18. Palitos de queso Pretzels agua	19. Cereal Cheerios Leche blanca 1%	20. Quesadillas Leche blanca 1%
23. Galletas de Miel Leche blanca 1%	24. Rebanadas de Manzana Leche blanca 1%	25. Cereal Kix Leche blanca 1%	26. Pan enroscado Mini tosado Crema queso Leche blanca 1%	27. Galletas Hi Ho Leche blanca 1%
30. Mini Bagel tostado 1 ea Crema de queso Leche Blanca ½ c.	31. Quesadilla de Frigoles ½ ea. Leche Blanca.			

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

Esta institución es un proveedor que ofrece igualdad de oportunidades.





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MENU PLANNING WORKSHEET Extended Day

Week of 10-2-23 thru 10-6-23

Estimated meals served: Children 12 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:
10-2-23	Banana ½ c.	#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:		
10-3-23	Goldfish Crackers .5 oz. or ¼ c.	#of Children:	7 oz.				
	Frozen Strawberries ½ c.	#of Adults:	3 - 16 oz. bags				
	Water		-				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
10-4-23	Pancakes 1 ea.	#of Children:	14 @ 1 ea.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
10-5-23	Graham Cracker .5 oz or 1 ea.	#of Children:	7 oz.				
	Mandarin Oranges 1 ea.	#of Adults:	14 ea.				
	Water						
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
10-6-23	Goldfish Crackers .5 oz. or ¼ c.	#of Children:	7 oz.				
	1% White Milk	#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: _____

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.

Write in your nutrition assistant's name.



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MENU PLANNING WORKSHEET Extended Day

Week of 10-9-23 thru 10-13-23

Estimated meals served: Children 12 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:
10-9-23		#of Children:					
Holiday		#of Adults:					
# of Children	Milk Substitutions ½ c.	Soy Milk: _____	Lactose Free: _____		Name of Other:		
10-10-23	Assorted Crackers .5 oz. or 4 ea.	#of Children:	7 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk: _____	Lactose Free: _____		Name of Other:		
10-11-23	Kix Cereal ¾ c.	#of Children:	7 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk: _____	Lactose Free: _____		Name of Other:		
10-12-23	Hi Ho Crackers .5 oz. or 4 ea.	#of Children:	7 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk: _____	Lactose Free: _____		Name of Other:		
10-13-23	Chex Cereal 1 oz. or ½ c.	#of Children:	7 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: _____

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MENU PLANNING WORKSHEET Extended Day

Week of 10-16-23 thru 10-20-23

estimated meals served: Children 12 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:
10-16-23	Graham Crackers 5 oz. or 1 ea.	<i>#of Children:</i>	7 oz.				
	1% White Milk ½ c.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
10-17-23	Pancakes 1 ea.	<i>#of Children:</i>	14 @ 1 ea.				
	1% White Milk ½ c.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
10-18-23	Cheese Sticks .5 oz	<i>#of Children:</i>	7 oz.				
	Pretzels .5 oz or 1/3 c.	<i>#of Adults:</i>	7 oz.				
	Water	<i>#of Adults:</i>	-				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
10-19-23	Cheerios Cereal 1 oz. or ½ c.	<i>#of Children:</i>	7 oz.				
	1% White Milk ½ c.	<i>#of Adults:</i>	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk:_____	Lactose Free:_____		Name of Other:		
10-20-23	Quesadilla ½ ea.	<i>#of Children:</i>	7 @ ½ ea.				
	1% White Milk ½ c.	<i>#of Adults:</i>	7 oz.				
			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: _____

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Changes & Dates: _____

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MENU PLANNING WORKSHEET Extended Day

Week of 10-23-23 thru 10-27-23

estimated meals served: Children 12 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:
10-23-23	Graham Crackers .5 oz.	#of Children:	7 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk_____	Lactose Free_____		Name of Other:		
10-24-23	Banana 1 each.	#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:		
10-25-23	Kix Cereal ¾ c.	#of Children:	7 oz.				
	1% White Milk ½ c.	#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk_____	Lactose Free_____		Name of Other:		
10-26-23	Mini Bagel Toast 1 ea.	#of Children:	7 @ 1 ea.				
	Cream Cheese .5 oz.	#of Adults:	7 oz.				
	1% White Milk ½ c.		½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk_____	Lactose Free_____		Name of Other:		
10-27-23	Hi Ho Crackers .5 oz.	#of Children:	7 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: _____

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Approved by: _____

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MENU PLANNING WORKSHEET Extended Day

Week of 10-30-2023 - 10-31-023

estimated meals served: Children 12 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.	Soy Milk_____	Lactose Free_____		Name of Other:		

10-30-23	Mini Bagel toast 1 ea Cream cheese .5 oz 1% white milk ½ c.	#of Children:					
		#of Adults:	½ gal.				
# of Children	Milk Substitutions ½ c.	Soy Milk_____	Lactose Free_____		Name of Other:		

10-31-23	Refried Bean Quesadilla ½ ea. 1% white milk ½ c.	#of Children:					
		#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: _____

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Approved by: _____

Write in your nutrition assistant's name.

EXTENDED DAY GROCERY LIST

Dates: 10-2-2023 thru 10-6-2023

Class size: 12 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-2-23	1.7 lbs.	Banana
	3 – ½ gals.	1% White Milk – total for the week*
10-3-23	7 oz.	Goldfish Crackers
	3 – 16oz. bags	Frozen Strawberries
	-	Water
10-4-23	14 @ 1 ea.	Pancakes
	*	1% White Milk
10-5-23	7 oz.	Graham Crackers
	14 ea. (**not pounds)	Mandarin Oranges
	-	Water
10-6-23	7 oz.	Goldfish Crackers
	*	1% White Milk

Dates: 10-9-2023 thru 10-13-2023

Class size: 12 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-9-23	-	Holiday
10-10-23	7 oz.	Assorted Crackers
	4 – ½ gals.	1% White Milk- total for the week*
10-11-23	7 oz.	Kix Cereal
	*	1% White Milk
10-12-23	7 oz.	Hi Ho Crackers
	*	1% White Milk
10-13-23	7 oz.	Chex Cereal
	*	1% White Milk

Date: 10-16-23 thru 10-20-23

Class size: 12 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-16-23	7 oz.	Graham Crackers
	4 – ½ gals.	1% White Milk- total for the week*
10-17-23	14 @ 1 ea.	Pancakes
	*	1% White Milk
10-18-23	7 oz.	Cheese Sticks
	7 oz.	Pretzels
	-	Water
10-19-23	7 oz.	Cheerios Cereal
	*	1% White Milk
10-20-23	7 oz.	Jack Cheese
	7 @ ½ ea.	Tortilla Whole wheat
	*	1% White Milk

EXTENDED DAY GROCERY LIST

Dates: 10-23-2023 thru 10-27-2023

Class size: 12 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-23-23	7 oz.	Graham Crackers
	5 – ½ gals.	1% White Milk – total for the week*
10-24-23	1.75 lbs.	Banana
	*	1% White Milk
10-25-23	17 oz.	Kix Cereal
	*	1% White Milk
10-26-23	14 @1 ea.	Mini Bagels
	7 oz.	Cream Cheese
	*	1% White Milk
10-27-23	7 oz.	Hi Ho Crackers
	*	1% White Milk

Dates: 10-30-23 thru 10-31-23

Class size: 12 children /2 adults

Date:	Purchased Units	PM – Grocery List
10-30-22	14 @ 1 ea.	Mini Bagel toast 1 ea
		Cream Cheese
	2 of 1/2 gals	1% White Milk -total for the week*
10-31-23	½ each	Whl Wht Tortilla ½ ea.
	16 oz.	Vegetarian Refried Beans
	*	1% White Milk

Important Reminders:

- All 1% White Milk is unflavored. If you have small milk cartons left from Breakfast or lunch due to low attendance, use them for PM snack.
- You may always use condiments that you feel snack items need a little something extra; ie- dressing, margarine or any of the sauces.
- Make a copy for your own file and send in the original weekly. Write in your nutrition assistant’s name.
- All “day” classes are to make the PM cooking experience.
- Purchase your own breakfast: Cheerios Cereal ¾ c..., canned fruit ½ c., and 1½ gals. of 1% White Milk 6 oz. ea.
- **MAKE SURE YOU HAVE EMERGENCY MEAL COMPONENTS IN YOUR STORAGE UNIT;** And make sure to rotate out your emergency meal components. Keep it fresh.
- Before you go out and purchase milk. If water is scheduled and you have plenty of Milk, you may use the milk on water days.
- Place a pitcher of water in advance in refrigerator for cool water for snack use.
- Always leave the cold water on the cart. Not on the table.
- All breads & Cereals: WG-Whole Grain. +See FCEOC Head Start New Recipe Book for all ingredients.
- Please cut up all fresh fruit.
- CSPP – California State Preschool Program classes