

Site: _____ Teacher: _____ Use BLUE ink. Write legibly. Menu for (mo/yr) ____/____

BREAKFAST No juice at breakfast *F- record temps just prior to serving. Record substitutions. Served menu must match posted menu **21-22 version**

Temp. Temp. Temp. Temp. Temp.

FOOD COMPONENTS	MONDAY	F*	TUESDAY	F*	WEDNESDAY	F*	THURSDAY	F*	FRIDAY	F*
Milk, fluid 3/4 cup Meat/Alt 1 1/2 oz Fruit 1/2 cup Grains 1/2 oz eq	MILK Circle: FF or 1%		MILK Circle: FF or 1%		MILK Circle: FF or 1%		MILK Circle: FF or 1%		MILK Circle: FF or 1%	
FOOD COMPONENTS	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
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Take attendance at point of service: when the child has received a meal but the meal service is not yet complete **Water will always be available and offered**