

Site: _____ Teacher: _____ **AGE 1-3** Use BLUE INK. Write legibly. Menu for (mo/yr) ____/____

SNACK Minimum of 2 different components . Best practice is to serve a fruit and/or veg at each snack

*F- record temps just prior to serving. Temp. Temp. Temp. Temp. Temp.

FOOD COMPONENTS	MONDAY	F*	TUESDAY	F*	WEDNESDAY	F*	THURSDAY	F*	FRIDAY	F*
Milk, fluid 1/2 cup Meat/Alt 1/2 oz Veg/ Veg juice 1/2 cup Fruit/juice 1/2 cup Grain 1/2 oz eq	MILK Circle: W FF or 1%		MILK Circle: W FF or 1%		MILK Circle: W FF or 1%		MILK Circle: W FF or 1%		MILK Circle: W 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!**