

Site: _____ Teacher: _____ **AGE 1-2 (&3)** 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 **23-24 version**

FOOD COMPONENTS	Temp.		Temp.		Temp.		Temp.	
	MONDAY	F*	TUESDAY	F*	WEDNESDAY	F*	THURSDAY	F*
Milk, fluid 1/2 cup Meat/Alt 1 oz Fruit 1/4 cup Grains 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, fluid 1/2 cup Meat/Alt 1 oz Fruit 1/4 cup Grains 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%	
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Milk, fluid 1/2 cup Meat/Alt 1 oz Fruit 1/4 cup Grains 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%	

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**
CHILDREN 3 YEARS OF AGE RECEIVE 3/4 C FF or 1% MILK, 1.5 OZ MEAT/ALT. 1/4-1/2 C FRUIT AND 1/4-1/2 C VEGETABLE