

Contracting Entity Name:	CE ID # (Five Digit):	Date Meal was Served:
Name of Site:	Site # (Four Digit):	Meal Service:
		<input type="radio"/> Breakfast <input type="radio"/> AM Snack <input type="radio"/> Lunch <input type="radio"/> PM Snack <input type="radio"/> Evening <input type="radio"/> Supper

Meal Description	Planned Participation	Leftover/Recycled Food																		
Breakfast - Must serve all three components. May serve a meat/meat alternative in place of the grains 3 times a week	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Enrolled Children</th> <th style="width:50%;">Totals</th> </tr> </thead> <tbody> <tr><td>1 Year</td><td></td></tr> <tr><td>2 Year</td><td></td></tr> <tr><td>3-5 Years</td><td></td></tr> <tr><td>6-12 Years</td><td></td></tr> <tr><td>13-18 Years</td><td></td></tr> <tr><td>Program Staff</td><td></td></tr> <tr><td>Non-Program Adults</td><td></td></tr> </tbody> </table>	Enrolled Children	Totals	1 Year		2 Year		3-5 Years		6-12 Years		13-18 Years		Program Staff		Non-Program Adults		Date First Served	Date Re-Served	Food Item and Quantity
Enrolled Children	Totals																			
1 Year																				
2 Year																				
3-5 Years																				
6-12 Years																				
13-18 Years																				
Program Staff																				
Non-Program Adults																				

Required Food Components	Menu	Food Items Used (Enter each food item used)	Quantity Prepared (measurable amount)
Milk - Unflavored Whole - 1 year			
Milk- Unflavored Low-Fat (1%) or Unflavored fat-free (skim) - 2 Yrs and Ol			
Milk - Flavored fat-free (skim) - 6 years and older (optional)			
Vegetables			
Fruits			
Grains <input type="checkbox"/> Whole Grain Rich			
Meat and/or Meat Alternate			

Substitutions due to Medical or Special dietary needs or disability		
Name of Child	Substitution(s) Made	Item/Component Provided by Parent/Guardian- Y/N

Comments (Record any other meal modifications or special instructions here) :