Name of Contracting Entity				CE ID#	Name of Site	Site #		Date Meal was Served		
COASTAL CHILD NUTRITION SERVICES				02107				Serv	eu	
_										
	Breakfast AM	Snack Lunch	☐ PM Snacl	< ☐ Suppe		Risk Snack or Meal				
Meal Description	Required Foo	d Components	М	enu	Food Items Used (Enter each food item used)	Quantity Prepare (measurable amou		Planned Participation		
	Milk – Unflavored Whole – 1 yr olds					,	ll l	Enrolled Children		
Dunalifact	Milk – Unflavored Low Unflavored Fat-Free (s	r-Fat (1%) or skim) – 2 yrs and Older					1 Ye	1 Year		
Breakfast Must serve all three components. May	Milk - Flavored fat-free	e (skim) – 6 years and					2 Ye	ar		
serve a meat/meat	Vegetables						3 – 5 Y	ears		
alternative in place of the grans 3 times	Fruits						6 – 12	6 – 12 Years		
a week.	Grains Check box					13 – 18	Years			
	Meat and/or Meat Alte	rnate					Progran	Staff		
Lunch/Supper	Additional Components						Non-Pro	_		
Must serve all 5		Left	over/Rec	cled Food	Comments (Record any other meal modifications or special					
required components	Date First Served Date Re-Served		Food Item		Quantity	instructions here):				
Snacks Must serve 2 of the			Substitut	ions due to	Medical or Special dietary nee	eds or disability				
5 components				ge	Substitution(s) I			mponent Provided nt/Guardian – Y/N		
							☐ Ye	s \square	No	
							☐ Ye	s \square	No	
							☐ Ye		No	
							Ye		No	
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Name of Contracting Entity				E ID#	Name of Site Site			ite # Date Meal v			
COASTAL CHILD NUTRITION SERVICES				2107				Serveu			
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	Breakfast	Snack LLLunch LLF	M Snack	Suppe		Risk Snack or Meal					
Meal Description	Required Fo	ood Components	Mer	ıu	Food Items Used (Enter each food item used)	Quantity Prepared (measurable amou		Planned Participation			
·	Milk – Unflavored Whole – 1 yr olds				·		Enroll Childr		otals		
Breakfast	Milk – Unflavored Low-Fat (1%) or Unflavored Fat-Free (skim) – 2 yrs and Older						1 Yea	r			
Must serve all three components. May	Milk – Flavored fat-free older (optional)	e (skim) – 6 years and					2 Yea	r			
serve a meat/meat	Vegetables						3 – 5 Ye	ars			
alternative in place of the grans 3 times	Fruits						6 – 12 Y	ears			
a week.	Grains Check box if this menu item is Whole Grain Rich						13 – 18 Y	ears			
	Meat and/or Meat Alternate						Program	Staff			
L	Additional Components						Non-Pro				
Lunch/Supper Must serve all 5		Loftovo	Comments (Record any other meal modifications or special								
required components	Leftover/Recy				O	instructions here):					
components	Date First Served	Date Re-Served	Food I	tem	Quantity						
Snacks Must serve 2 of the		Su	bstitution	ns due to	Medical or Special dietary ne	eds or disability					
5 components	Name	e of Child	Age			Item/Component Provided					
		Traine or orma			Substitution(s)	iviade		by Parent/Guardian – Y/N			
							∐ Yes	☐ No			
							Yes	☐ No			
								Yes No			
							Yes	☐ No			
							Yes	☐ No			
							Yes	☐ No			
				_			Yes	☐ No			

Moel Service: Breakfast AM Snack Lunch PM Snack Supper EV Snack Check if AT Risk Snack or Meal	Name of Contracting Entity				CE ID#	Name of Site				Site	Site # Da		leal was I
Moal Description Required Food Components Monu Food Items Used (Enter each food (measurable amount)) Planned Participation Totals	COASTAL CHILD NUTRITION SERVICES				02107							Served	•
Moal Description Required Food Components Monu Food Items Used (Enter each food (measurable amount)) Planned Participation Totals													
Broakfast Milk - Unflavored Whole - 1 yr olds Milk - Unflavored Components Milk - Plavored Fair-Fee (skim) - 2 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Plavored Fair-Fee (skim) - 3 yrs and Older Milk - Pl													
Breakfast Must serve all three pserve an meat/ment alternative in journal alternative in journative in journal alternative in journative in journal alternative		Required Fo	ood Components		Menu			r each food			Planned	d Partici	pation
Breakfast Must serve all three Components Sanacks Must serve 2 of the S components Substitutions due to Medical or Special dietary needs or disability Name of Child Age Substitution(s) Made Substitution(s) Made		Milk – Unflavored Who	ole – 1 yr olds				,					I	Totals
Milk		Milk – Unflavored Low-Fat (1%) or Unflavored									1 Year		
Serve a meat/meat place of the grans 3 times a week. Grain Check box if this menu item is Month Program Staff	Must serve all three	Milk – Flavored fat-free (skim) – 6 years and									2 Year		
of the grans 3 times a week. Lunch/Supper Must serve all 5 required components Snacks Must serve 2 of the 5 components Name of Child Age Substitution(s) Made Substitution(s) Made	serve a meat/meat	Vegetables									3 – 5 Yea	rs	
Carlins 13 - 18 Years 13 - 18 Years 13 - 18 Years Whole Grain Rich Meat and/or Meat Alternate Program Staff Additional Components Leftover/Recycled Food Comments (Record any other meal modifications or special instructions here): Snacks Must serve 2 of the 5 components Substitutions due to Medical or Special dietary needs or disability Yes No Yes Ye		Fruits									6 – 12 Yea	ars	
Meat and/or Meat Alternate Lunch/Supper Must serve all 5 required components Snacks Must serve 2 of the 5 components Somponents Meat and/or Meat Alternate Meat and/or Meat Alternate Additional Components	a week.	_	x if this menu item is								13 – 18 Ye	ars	
Must serve all 5 required components Snacks Must serve 2 of the 5 components Name of Child Age Substitutions due to Medical or Special dietary needs or disability Name of Child Age Substitution(s) Made Iten/Component Provided by Parent/Guardian – Y/N Yes No Ye											Program S	taff	
Must serve all 5 required components Shacks Must serve 2 of the 5 components Name of Child Age Substitutions due to Medical or Special dietary needs or disability Name of Child Age Substitution(s) Made Item/Component Provided by Parent/Guardian – Y/N Yes No	Lunch/Sunner	Additional Component	ts									am	
Snacks Must serve 2 of the 5 components Name of Child Age Substitutions due to Medical or Special dietary needs or disability Name of Child Age Substitution(s) Made Item/Component Provided by Parent/Guardian – Y/N Yes No													
Snacks Must serve 2 of the 5 components Name of Child Age Substitution(s) Made Substitution								instructions here):					
Must serve 2 of the 5 components Name of Child Age Substitution(s) Made Item/Component Provided by Parent/Guardian - Y/N	components	Date First Served	Date Re-Served	Fo	od Item		Quantity						
Must serve 2 of the 5 components Name of Child Age Substitution(s) Made Item/Component Provided by Parent/Guardian - Y/N													
Must serve 2 of the 5 components Name of Child Age Substitution(s) Made Item/Component Provided by Parent/Guardian - Y/N													
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Must serve 2 of the 5 components Name of Child Age Substitution(s) Made Item/Component Provided by Parent/Guardian - Y/N	Snacks												_
Yes No Yes	Must serve 2 of the		Sı	ubstitut	tions due to	Medical or	Special	dietary n	eeds or disability				
Yes No Yes Ye	5 components	Name of Child			Age	Substitution(s) Made							
Yes No											Yes		lo
Yes No Yes No Yes No Yes No Yes No Yes No Yes No No											Yes		lo
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											Yes		lo

Name of Contracting Entity				Name of Site	Site #	Date Meal was Served			
COASTAL CHILD NUTRITION SERVICES									
Meal Service:	Breakfast AMS	Snack Lunch PM S	nack Supp						
Meal Description	Required Fo	ood Components	Menu	Food Items Used (Enter each food item used)	Quantity Prepare (measurable amou		ed Participation		
	Milk – Unflavored Who	ole – 1 yr olds -Fat (1%) or Unflavored				Enrolle Childre			
Dysaldost	Fat-Free (skim) – 2 yrs					1 Yea	r		
Breakfast Must serve all three components. May	Milk – Flavored fat-free older (optional)	e (skim) – 6 years and				2 Yea	r		
serve a meat/meat	Vegetables					3 – 5 Ye	ars		
of the grans 3 times	Fruits					6 – 12 Ye	ears		
a week.	Grains Check box	x if this menu item is				13 – 18 Y	ears		
	Meat and/or Meat Alte	rnate				Program	Staff		
Lunch/Supper	Additional Component	s				Non-Prog Adult			
Must serve all 5		Leftover/R	ecycled Food		Comments (Record any other meal modifications or special				
required components	Date First Served	Date Re-Served	Food Item	Quantity	instructions here):				
					1				
							_		
Snacks Must serve 2 of the		Substi	tutions due t	o Medical or Special dietary ne	eeds or disability				
5 components	Name of Child		Age	Substitution(s)		Item/Component Provided by Parent/Guardian – Y/N			
						Yes	☐ No		
						Yes	☐ No		
						Yes	☐ No		
						Yes	☐ No		
						Yes	☐ No		
						Yes	☐ No		