PROVIDER NAME:

Month/Year:

DAY/DATE:							
Breakfast Meat and/or Alternate (3x)							
Bread/Grain Equivalent							
Fr/Veg or Full Strength Juice							
Fluid Milk							
AM Snack Meat and/or Alternate							
Bread/Grain Equivalent							
Fruit or Full Strength Juice							
Vegetable or Full Strength Juice							
Fluid Milk							
Lunch Meat and/or Alternate							
Bread/Grain Equivalent							
Fruit/Vegetable							
Vegetable							
Fluid Milk							
PM Snack Meat and/or Alternate							
Bread/Grain Equivalent							
Fruit or Full Strength Juice							
Vegetable or Full Strength Juice							
Fluid Milk							
Supper Meat and/or Alternate							
Bread/Grain Equivalent							
Fruit/Vegetable							
Vegetable							
Fluid Milk							
Eve Snack Meat and/or Alternate							
Bread/Grain Equivalent							
Fruit or Full Strength Juice							
Vegetable or Full Strength Juice							
Fluid Milk							

choose 2 foods from 2 groups (AM Snack, PM Snack, Eve Snack)

Child's Full Name	age	A	Br	Am	Lu	Pm	Su	E	A	Br	Am	Lu	Pm	Su	E	A	Br	Am	Lu	Pm	Su	E	A	Br	Am	Lu	Pm	Su	E	A	Br	Am	Lu	Pm	Su	E
1																																				
2																																				
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13																																				
14																																				
15 Residential Children																																				
16																																				
17																																				
18																																				

TOTAL COLUMNS

Total this week: (transfer these numbers to coversheet) — Attendance | Breakfast | Am Snack | Lunch | PM Snack | Supper | Eve. Snack

It's a program requirement to record daily