

Provider Name: _____

Date: _____

	Name/# of Children Served	Meat/Meat Alternate	Grains, Breads and/or Alternates	Fruit/Vegetable	Fruit/Vegetable	Milk
Breakfast Menu		Not required			X	
Am Snack (Serve 2 of 4)					X	
Lunch						
Pm Snack (Serve 2 of 4)					X	
Dinner						