

Month _____ Year _____

Provider Name _____

Day	Breakfast	AM Snack	Lunch/Dinner		PM Snack	Supper		Eve Snack
	Milk	1.	Meat or other Approved Protein		1.	Meat or other Approved Protein		1.
	Juice or Fruit or Veg.	2.	Milk	Fruit or Veg.	2.	Milk	Fruit or Veg.	2.
	Bread or Cereal	(Serve 2 out of 4 Components)	Bread or Alternate	Fruit or Veg.	(Serve 2 out of 4 Components)	Bread or Alternate	Fruit or Veg.	(Serve 2 out of 4 Components)
	Milk							
			Milk			Milk		
	Milk							
			Milk			Milk		
	Milk							
			Milk			Milk		
	Milk							
			Milk			Milk		
	Milk							
			Milk			Milk		
	Milk							
			Milk			Milk		