

DCCDA

month _____

Date: _____

provider _____

		Monday	Tuesday	Wednesday	Thursday	Friday
time time	Breakfast	Fluid Milk				
		Juice, Fruit or Vegetable				
		Bread or Bread Alternate				
		Other Foods				
time time	Snack	Select Two or More (Different Groups)				
		Milk, Fruit / Veg. Bread or Meat				
time time	Lunch	Fluid Milk				
		2 Servings of Fruit and/or Vegetables				
		Bread or Bread Alternate				
		Meat or Meat Alternate				
		Other Foods				
time time	Snack	Select Two or More (Different Groups)				
		Milk, Fruit / Veg. Bread or Meat				
time	Supper	Fluid Milk				
		2 Servings of Fruit and/or Vegetables				
		Bread or Bread Alternate				
		Meat or Meat Alternate				
		Other Foods				
time	Snack	Select Two or More (Different Groups)				
		Milk, Fruit / Veg. Bread or Meat				