

CHILD AND ADULT CARE FOOD PROGRAM - CHILD DEVELOPMENT COUNCIL (607) 273-0259

Name: \_\_\_\_\_

Month/Year: \_\_\_\_\_

White - DCC  
Yellow - Provider's copy

Phone #: ( ) - \_\_\_\_\_

REV. 6/01

Check Each Box Daily	Day/Date:	Day/Date:	Day/Date:	Day/Date:	Day/Date:
<b><u>Breakfast</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, Fluid					
Juice, Fruit or Vegetable					
Bread or Bread Alternate					
<b><u>A.M. Snack (select 2)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Milk					
Meat or Meat Alternate					
Juice, Fruit or Vegetable					
Bread or Bread Alternate					
<b><u>Lunch</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, Fluid					
Juice, Fruit or Vegetable					
Juice, Fruit or Vegetable					
Meat or Meat Alternate					
Bread or Bread Alternate					
<b><u>P.M. Snack (select 2)</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fluid Milk					
Meat or Meat Alternate					
Juice, Fruit or Vegetable					
Bread or Bread Alternate					
<b><u>Supper</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Milk, Fluid					
Juice, Fruit or Vegetable					
Juice, Fruit or Vegetable					
Meat or Meat Alternate					
Bread or Bread Alternate					