

Daily Meals Worksheet Report

Name: _____

Provider ID: _____

Date: ____ / ____ / ____

Breakfast Meat/Alternate: _____
 Serving Time Bread/Alternate: _____
 1; _____ Fruit: _____
 2; _____ Vegetables: _____
 Milk: _____

PM Snack Meat/Alternate: _____
 Serving Time Bread/Alternate: _____
 1; _____ Fruit: _____
 2; _____ Vegetables: _____
 Milk: _____

AM Snack Meat/Alternate: _____
 Serving Time Bread/Alternate: _____
 1; _____ Fruit: _____
 2; _____ Vegetables: _____
 Milk: _____

Dinner Meat/Alternate: _____
 Serving Time Bread/Alternate: _____
 1; _____ Vegetables: _____
 2; _____ Fruit/Vegetable: _____
 Milk: _____

Lunch Meat/Alternate: _____
 Serving Time Bread/Alternate: _____
 1; _____ Vegetables: _____
 2; _____ Fruit/Vegetable: _____
 Milk: _____

Evening Snack Meat/Alternate: _____
 Serving Time Bread/Alternate: _____
 1; _____ Fruit: _____
 2; _____ Vegetables: _____
 Milk: _____

Infants 6-11 Months

Breakfast Infant Milk: _____
 Serving Time Meat/Alternate: _____
 1; _____ Infant Cereal: _____
 2; _____ Fruit: _____
 Vegetables: _____

PM Snack Infant Milk: _____
 Serving Time Bread/Alternate: _____
 1; _____ Infant Cereal: _____
 2; _____ Fruit: _____
 Vegetables: _____

AM Snack Infant Milk: _____
 Serving Time Bread/Alternate: _____
 1; _____ Infant Cereal: _____
 2; _____ Fruit: _____
 Vegetables: _____

Dinner Infant Milk: _____
 Serving Time Meat/Alternate: _____
 1; _____ Infant Cereal: _____
 2; _____ Fruit: _____
 Vegetables: _____

Lunch Infant Milk: _____
 Serving Time Meat/Alternate: _____
 1; _____ Infant Cereal: _____
 2; _____ Fruit: _____
 Vegetables: _____

Evening Snack Infant Milk: _____
 Serving Time Bread/Alternate: _____
 1; _____ Infant Cereal: _____
 2; _____ Fruit: _____
 Vegetables: _____

Name	#	Age	BRK	AMS	LUN	PMS	DIN	EVS	IN	OUT	IN	OUT
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