

**LEHIGH VALLEY CHILD CARE, INC.
LUNCH**

MONTH/YEAR _____ PROVIDER'S NAME _____

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <u>MEAT AND/OR MEAT ALTERNATE</u> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> |
| <u>VEG/FRUIT</u> | ----- | ----- | ----- | ----- | ----- |
| <u>VEG/FRUIT</u> | ----- | ----- | ----- | ----- | ----- |
| <u>BREAD/PASTA</u> | ----- | ----- | ----- | ----- | ----- |
| <u>MILK</u> | ----- | ----- | ----- | ----- | ----- |
| <u>OTHER</u> | ----- | ----- | ----- | ----- | ----- |
| <u>MEAT AND/OR MEAT ALTERNATE</u> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> |
| <u>VEG/FRUIT</u> | ----- | ----- | ----- | ----- | ----- |
| <u>VEG/FRUIT</u> | ----- | ----- | ----- | ----- | ----- |
| <u>BREAD/PASTA</u> | ----- | ----- | ----- | ----- | ----- |
| <u>MILK</u> | ----- | ----- | ----- | ----- | ----- |
| <u>OTHER</u> | ----- | ----- | ----- | ----- | ----- |
| <u>MEAT AND/OR MEAT ALTERNATE</u> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> | ----- <input type="checkbox"/> |
| <u>VEG/FRUIT</u> | ----- | ----- | ----- | ----- | ----- |
| <u>VEG/FRUIT</u> | ----- | ----- | ----- | ----- | ----- |
| <u>BREAD/PASTA</u> | ----- | ----- | ----- | ----- | ----- |
| <u>MILK</u> | ----- | ----- | ----- | ----- | ----- |
| <u>OTHER</u> | ----- | ----- | ----- | ----- | ----- |
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| <u>VEG/FRUIT</u> | ----- | ----- | ----- | ----- | ----- |
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| <u>BREAD/PASTA</u> | ----- | ----- | ----- | ----- | ----- |
| <u>MILK</u> | ----- | ----- | ----- | ----- | ----- |
| <u>OTHER</u> | ----- | ----- | ----- | ----- | ----- |

LVCC REV 12/07 ** WHOLE MILK MUST BE SERVED TO ALL CHILDREN UNDER THE AGE OF 2 YEARS

FOR CACFP OFFICIAL USE ONLY
 TYPE OF MONITORING VISIT (CIRCLE ONE) ANNOUNCED UNANNOUNCED
 DATE/TIME OF MONITORING VISIT _____ MEAL TYPE _____
 DISALLOWANCE(S) ON DATE(S) _____ MONITOR'S INITIALS _____