

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

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>	-----	-----	-----	-----	-----
<u>VEG/FRUIT</u>	-----	-----	-----	-----	-----
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<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>	-----	-----	-----	-----	-----

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 \_\_\_\_\_