LEHIGH VALLEY CHILD CARE, INC.
BREAKFAST - SNACK (AM AND/OR PM)

MONTH/YEAR_____ PROVIDER'S NAME _____

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____
AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____
AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____
AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____
AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____	_____ ☐ _____ _____ _____
AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____	AM SNACK _____ _____
BREAKFAST: MILK FRUIT/JUICE CEREAL/BREAD OTHER	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____	PM SNACK _____ _____

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_____