

**LEHIGH VALLEY CHILD CARE, INC.  
WEEKEND SUPPER AND EVENING SNACK**

MONTH/YEAR \_\_\_\_\_

PROVIDER'S NAME \_\_\_\_\_

	SATURDAY	SUNDAY		SATURDAY	SUNDAY
EVE SNACK LIST 2 ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	SUPPER MEAT AND/OR MEAT ALTERNATE  VEG/FRUIT  VEG/FRUIT  BREAD/PASTA  MILK  OTHER	<input type="checkbox"/>	<input type="checkbox"/>
EVE SNACK LIST 2 ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	SUPPER MEAT AND/OR MEAT ALTERNATE  VEG/FRUIT  VEG/FRUIT  BREAD/PASTA  MILK  OTHER	<input type="checkbox"/>	<input type="checkbox"/>
EVE SNACK LIST 2 ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	SUPPER MEAT AND/OR MEAT ALTERNATE  VEG/FRUIT  VEG/FRUIT  BREAD/PASTA  MILK  OTHER	<input type="checkbox"/>	<input type="checkbox"/>
EVE SNACK LIST 2 ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	SUPPER MEAT AND/OR MEAT ALTERNATE  VEG/FRUIT  VEG/FRUIT  BREAD/PASTA  MILK  OTHER	<input type="checkbox"/>	<input type="checkbox"/>
EVE SNACK LIST 2 ITEMS	<input type="checkbox"/>	<input type="checkbox"/>	SUPPER MEAT AND/OR MEAT ALTERNATE  VEG/FRUIT  VEG/FRUIT  BREAD/PASTA  MILK  OTHER	<input type="checkbox"/>	<input type="checkbox"/>

LVCC REV 01/00      \*\*      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 \_\_\_\_\_