DELAWARE STATE PARENTS ASSOCIATION, INC.
www.delparents.org
418 S. Governors Ave
Dover, Delaware 19904
302-678-9288 • 1-800-262-2080

PROVIDER'S NAME:_____

AGE GROUP_____ WEEK OF_____

	MEAL PATTERN	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast		MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Milk							
	Juice/Fruit Veg.							
	Bread and/or Cereal							
	Other							
	Children Served							
A.M. Snack (Select 2)								
	Milk							
	Juice/Fruit Veg.							
	Bread and/or Cereal							
	Other							
	Children Served							
Lunch		MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Milk							
	Meat/Meat Alt.							
	Vegetable and/							
	Fruit x2							
	Bread							
	Children Served							
P.M. Snack (Select 2)								
	Milk							
	Meat/Meat alt.							
	Juice/Fruit/Veg							
	Bread/Cer.							
	Children Served							
Supper		MILK	MILK	MILK	MILK	MILK	MILK	MILK
	Milk							
	Meat/Meat Alt.							
	Vegetable and/							
	Fruit							
	Bread							
	Children Served							