

Daily Meals Worksheet Report

12345 **Test, Provider**

Date: _____

Breakfast Meat/Alt _____
 Serving Time Bread/Alt _____
 1: _____ Fruit _____
 2: _____ Veg _____
 Milk _____

PM Snack Meat/Alt _____
 Serving Time Bread/Alt _____
 1: _____ Fruit _____
 2: _____ Veg _____
 Milk _____

AM Snack Meat/Alt _____
 Serving Time Bread/Alt _____
 1: _____ Fruit _____
 2: _____ Veg _____
 Milk _____

Dinner Meat/Alt _____
 Serving Time Bread/Alt _____
 1: _____ Veg _____
 2: _____ Fruit/Veg _____
 Milk _____

Lunch Meat/Alt _____
 Serving Time Bread/Alt _____
 1: _____ Veg _____
 2: _____ Fruit/Veg _____
 Milk _____

Evening Snack Meat/Alt _____
 Serving Time Bread/Alt _____
 1: _____ Fruit _____
 2: _____ Veg _____
 Milk _____

Name		Age	ATT	BRK	AMS	LUN	PMS	DIN	EVS	IN	OUT	IN	OUT
carl tarve	1	15y 9m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
carl tarver	1	10y 9m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
PAYTON BATTLE	1	1y 9m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Sue Long	1	5y 7m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
timia long	1	5y 2m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
timikia long	1	7y 5m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
William Jones	1	15y 1m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
William Tarver	1	3y 3m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				