

# Daily Meals Worksheet

Site

Test Center 2

Date:

| CHILDREN  |                    |  |                         |
|---|--------------------|--|-------------------------|
| <b>BREAKFAST</b>                                  | Grain or Meal/Alt: | <b>PM SNACK</b><br>Serve foods from 2 food groups      | Meat/Alt:               |
|   | Fruit or Veg:      |  | Grain:                  |
|   | Milk:              |  | Fruit:<br>Veg:<br>Milk: |
| <b>AM SNACK</b><br>Serve foods from 2 food groups | Meat/Alt:          | <b>SUPPER</b>  | Meat/Alt:               |
|   | Grain:             |  | Grain:                  |
|   | Fruit:             |  | Veg:                    |
|   | Veg:               |  | Fruit/Veg:              |
|   | Milk:              |  | Milk:                   |
| <b>LUNCH</b>                                      | Meat/Alt:          | <b>EVENING SNACK</b><br>Serve foods from 2 food groups | Meat/Alt:               |
|   | Grain:             |  | Grain:                  |
|   | Veg:               |  | Fruit:                  |
|   | Fruit/Veg:         |  | Veg:                    |
|   | Milk:              |  | Milk:                   |

## INFANTS 0-11 MONTHS

|                  |  |                      |  |
|------------------|--|----------------------|--|
| <b>BREAKFAST</b> | Formula/Breastmilk:                      | <b>PM SNACK</b>      | Formula/Breastmilk:                      |
|                  | Meat/Alt or Inf. Cereal:                 |                      | Inf. Cereal, Bread, Cracker, RTE Cereal: |
|                  | Fruit or Veg:                            |                      | Fruit or Veg:                            |
| <b>AM SNACK</b>  | Formula/Breastmilk:                      | <b>SUPPER</b>        | Formula/Breastmilk:                      |
|                  | Inf. Cereal, Bread, Cracker, RTE Cereal: |                      | Meat/Alt or Inf. Cereal:                 |
|                  | Fruit or Veg:                            |                      | Fruit or Veg:                            |
| <b>LUNCH</b>     | Formula/Breastmilk:                      | <b>EVENING SNACK</b> | Formula/Breastmilk:                      |
|                  | Meat/Alt or Inf. Cereal:                 |                      | Inf. Cereal, Bread, Cracker, RTE Cereal: |
|                  | Fruit or Veg:                            |                      | Fruit or Veg:                            |

| NAME          | AGE    | ATT                      | BRK                      | AMS                      | LUN                      | PMS                      | DIN                      | EVS                      | IN | OUT | IN | OUT |
|---------------|--------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|-----|----|-----|
| Craig Bennett | 3Y 9M  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |     |    |     |
| Jane Doe      | 1Y 2M  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |     |    |     |
| Martin Bailey | 4Y 10M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |     |    |     |
| Paul Hill     | 1Y 1M  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |     |    |     |
| Sarah Hill    | 4Y 0M  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |     |    |     |

| NAME           | AGE   | ATT                      | BRK                      | AMS                      | LUN                      | PMS                      | DIN                      | EVS                      | IN | OUT | IN | OUT |
|----------------|-------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----|-----|----|-----|
| Teresa Bennett | 4Y 2M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |     |    |     |
| Timothy Cox    | 3Y 0M | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |    |     |    |     |