



Child Care Consultants, Inc.
 CCIS York County
 29 North Duke Street, York, PA 17401

Provider Name _____ Month/Year _____

I certify that the following is true and correct. (Sign) _____

Breakfast

Lunch or Supper

AM or PM Snack

DATE	FRUIT / VEG	BREAD / ALT	MILK	MEAT/ PROTEIN	FRUIT / VEG	FRUIT / VEG	BREAD / ALT	MILK	Serve 2 components each from a different food group*	
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