FAMILY DAY CARE HOMES CHILDREN'S MENU

PROVIDER: _____ **WEEK BEGINNING:**_____

MINIMUM MEAL PATTERN REQUIREMENTS				SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FOOD REQUIRED	**AGE 1 - 2**	**AGE 3 - 5**	**AGE 6 - 12**							
BREAKFAST										
MILK, FLUID	½ cup	¾ cup	1 cup							
VEGETABLE AND/OR FRUIT OR JUICE	¼ cup	½ cup	½ cup							
GRAINS*	½ oz. eq	½ oz eq	1oz eq							
*Meat/Meat Alt. may be substituted for grain component 3 times per week.										
AM SNACK choose 2 different components										
MILK, FLUID	½ cup	½ cup	1 cup							
MEAT OR ALTERNATE	½ oz	½ oz	1 oz							
VEGETABLES	½ cup	½ cup	¾ cup							
FRUITS	½ cup	½ cup	¾ cup							
GRAINS	½ oz eq	½ oz eq	1 oz eq							
LUNCH										
MILK, FLUID	½ cup	¾ cup	1 cup							
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz							
VEGETABLES	1/8 cup	¼ cup	½ cup							
FRUITS	1/8 cup	¼ cup	½ cup							
GRAINS	½ oz eq	½ oz eq	1 oz eq							
PM SNACK choose 2 different components										
MILK, FLUID	½ cup	½ cup	1 cup							
MEAT OR ALTERNATE	½ oz	½ oz	1 oz							
VEGETABLES	½ cup	½ cup	¾ cup							
FRUITS	½ cup	½ cup	¾ cup							
GRAINS	½ oz eq	½ oz eq	1 oz eq							
SUPPER										
MILK, FLUID	½ cup	¾ cup	1 cup							
MEAT OR ALTERNATE	1 oz	1 ½ oz	2 oz							
VEGETABLES	1/8 cup	¼ cup	½ cup							
FRUITS	1/8 cup	¼ cup	½ cup							
GRAINS	½ oz eq	½ oz eq	1 oz eq							
LN SNACK choose 2 different components										
MILK, FLUID	½ cup	½ cup	1 cup							
MEAT OR ALTERNATE	½ oz	½ oz	1 oz							
VEGETABLES	½ cup	½ cup	¾ cup							
FRUITS	½ cup	½ cup	¾ cup							
GRAINS	½ oz eq	½ oz eq	1 oz eq							

Certification capacity: _____ **Number of Provider's own children:** _____ **Oz eq= ounce equivalents**

List children you are claiming this week Circle meals claimed for each child Documentation of enrollment must be available on all children claimed

AGE	CHILD'S FULL NAME LAST FIRST	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
	#1	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#2	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#3	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#4	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#5	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#6	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#7	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#8	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#9	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#10	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#11	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#12	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#13	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#14	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
	#15	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN	BR SN LU SN SP SN
TOTALS								

REMINDER: You may only claim 3 meals per child per day, 2 meals and 1 snack or 2 snacks and 1 meal
Remember, that's only 3 circles per day per child.

I certify that the information I have submitted is true and correct to the best of my knowledge, that the records are available to support the information provided, that it is in accordance with the terms of existing agreements and that payment has not been received.

I understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

_____ Signature of Provider _____ Date

*7 CFR 226.15 (e)

PROVIDER'S TOTALS
FOR THE WEEK

BREAKFAST _____
AM SNACK _____
LUNCH _____
PM SNACK _____
SUPPER _____
LN SNACK _____

OFFICE USE ONLY
TOTALS FOR THE WEEK

	TIER I	*TIER II*
BREAKFAST	_____	_____
AM SNACK	_____	_____
LUNCH	_____	_____
PM SNACK	_____	_____
SUPPER	_____	_____
LN SNACK	_____	_____