

KI BOIS CHILD CARE FOOD PROGRAM

Weekly Meals Served

Providers Name _____ Home Agreement No. _____

From _____ To _____

INSTRUCTIONS: Record food items served to children at each meal service.

MEAL SERVICE	MINIMUM MEAL PATTERN REQUIREMENTS	Ages 1-2 Years	Ages 3-5 Years	Ages 6-12 Years	Menu # _____ Date _____	Menu # _____ Date _____	Menu # _____ Date _____	Menu # _____ Date _____	Menu # _____ Date _____	Menu # _____ Date _____	Menu # _____ Date _____
					Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
BREAKFAST	Fluid Milk	1/2 c	3/4 c	1 c							
	Vegetables, Fruit or Juice	1/4 c	1/2 c	1/2 c							
	Grain or Protein 3x wk	1/2 s	1/2 s	1 s							
LUNCH	Fluid Milk	1/2 c	3/4 c	1 c							
	Meat and /or Meat Alternate	1 oz	1 ^{1/2} oz	2 oz							
	Vegetables	1/8 c	1/4 c	1/2 c							
	Fruit	1/8 c	1/4 c	1/2 c							
	Bread and/or Bread Alternate	1/2 s	1/2 s	1 s							
SUPPER	Other										
	Fluid Milk	1/2 c	3/4 c	1 c							
	Meat and /or Meat Alternate	1 oz	1 ^{1/2} oz	2 oz							
	Vegetables	1/8 c	1/4 c	1/2 c							
	Fruit	1/8 c	1/4 c	1/2 c							
SNACK	Bread and/or Bread Alternate	1/2 s	1/2 s	1 s							
	Other										
	Chose 2 of these 4 : Fluid Milk	1/2 c	1/2 c	1 c							
	Vegetables, Fruit or Juice	1/2 c	1/2 c	3/4 c							
	Bread and/or Bread Alternate	1/2 s	1/2 s	1 s							
	Meat and /or Meat Alternate	1/2 oz	1/2 oz	1 oz*							

*Or an equivalent quantity of alternate(s).

*Milk offered must be unflavored whole for children aged one; must be unflavored fat-free or unflavored lowfat (1%) for children two through five; and must be unflavored lowfat, unflavored fat-free or flavored fat-free for children six and over.

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Agency and Sponsor officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Provider's Signature _____ Date _____