

FOR OFFICE USE ONLY

of Kids Enrolled _____

	Tier 1	Tier 2
Breakfast	_____	_____
Lunch	_____	_____
Supper	_____	_____
Snacks	_____	_____
Code(s)	_____	_____
Initials	✓ _____	✓✓ _____

Kent Regional 4C Child and Adult Care Food Program

233 E. Fulton Street, Suite 107
 Grand Rapids, Michigan 49503-3262
 616-451-8281 or 1-800-448-6995
www.4Cchildcare.org

Meal requirements are listed on back.

I certify that the information submitted is accurate in all respects; that it is given in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution.

 PROVIDER SIGNATURE

 PRINT YOUR NAME

Claim Month: _____ Year: _____

 ADDRESS

 CITY & ZIP

 CHILD CARE LICENSE # OR PROVIDER ID #

() _____
 TELEPHONE NUMBER

IF CORRECT

- ALL MIXED DISHES ARE HOMEMADE
- ALL 3b ITEMS ARE SERVED ON THE SIDE
- ALL JUICE SERVED IS 100%
- ALL INFANT FORMULA & CEREAL IS IRON FORTIFIED. TYPES OF INFANT CEREAL SERVED _____

 PARENT(S) SIGNATURE FOR RC PROVIDERS' MONTHLY ATTENDANCE

05/26/11

Menus must be in our office on or before the 5th of each month.

TIME SERVED

DAY	DATE	BREAKFAST	A.M. SNACK	LUNCH	AFTERNOON SNACK	SUPPER	EVENING SNACK
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	

Please list children in same order on all pages															FOR OFFICE USE ONLY	
CHILD'S FIRST/LAST NAME	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Time(s) In/Out	Tier 1	Tier 2
															B _____	B _____
Breakfast																
Lunch																
Supper																
AM																
Afternoon																
EVE																
Breakfast																
Lunch																
Supper																
AM																
Afternoon																
EVE																
Breakfast																
Lunch																
Supper																
AM																
Afternoon																
EVE																
Breakfast																
Lunch																
Supper																
AM																
Afternoon																
EVE																

Kent Regional 4C CACFP

I certify that the information submitted is accurate in all respects; that it is given in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution.

PRINT YOUR NAME _____

Claim Month: _____ Year: _____

PAGE _____ OF _____

PROVIDER SIGNATURE _____

_____ CHILD CARE LICENSE # OR PROVIDER ID

TIME SERVED

DAY	DATE	BREAKFAST	A.M. SNACK	LUNCH	AFTERNOON SNACK	SUPPER	EVENING SNACK
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	
		1.	1.	1.	1.	1.	1.
		2.		2.		2.	
		3. Milk/IFF/BM	2.	3. a b	2.	3. a b	2.
				4. Milk/IFF/BM		4. Milk/IFF/BM	

Please list children in same order on all pages																	FOR OFFICE USE ONLY			
CHILD'S FIRST/LAST NAME	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Time(s)	Tier 1	Tier 2		
	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	In/Out	B _____	B _____		
Breakfast																				
Lunch																				
Supper																				
AM																				
Afternoon																				
EVE																				

INFANT MEAL REQUIREMENTS
All formula and cereal must be iron fortified

BREAKFAST	
Birth through 3 months	1. Formula or Breast Milk (4 - 6 oz.)
4 months through 7 months	1. Formula or Breast Milk (4 - 8 oz.) AND (OPTIONAL): Infant Cereal (0 - 3 Tbsp.)
8 months through 11 months	1. Formula or Breast Milk (6 - 8 oz.) 2. Infant Cereal (2 - 4 Tbsp.) 3. Fruit or Vegetable (1 - 4 Tbsp.)

LUNCH / SUPPER	
Birth through 3 months	1. Formula or Breast Milk (4 - 6 oz.)
4 months through 7 months	1. Formula or Breast Milk (4 - 8 oz.) AND (OPTIONAL): Infant Cereal (0 - 3 Tbsp.) Fruit or Vegetable (0 - 3 Tbsp.)
8 months through 11 months	1. Formula or Breast Milk (6 - 8 oz.) AND 2. Infant Cereal (2 - 4 Tbsp.) OR Meat, Fish, Poultry, Egg Yolk, or Cooked Dry Beans or Dry Peas (1 - 4 Tbsp.) OR Cheese (1/2 - 2 oz.) OR Cottage Cheese, Cheese Food, Cheese Spread (1 - 4 oz.) AND 3. Fruit or Vegetable (1 - 4 Tbsp.)

SNACK	
Birth through 3 months	1. Formula or Breast Milk (4 - 6 oz.)
4 months through 7 months	1. Formula or Breast Milk (4 - 6 oz.)
8 months through 11 months	1. Formula or Breast Milk or Full Strength Juice (2 - 4 oz.) AND (OPTIONAL) Crusty Bread (0 - 1/2 slice) or Cracker Type Products (0 - 2)

REQUIREMENTS FOR CHILDREN ONE YEAR AND OLDER

BREAKFAST - ALL ITEMS
<ol style="list-style-type: none"> 1) Juice or Fruit or Vegetable 2) Cereal or Bread or Pasta or Rice (enriched or whole grain) 3) Fluid Milk

LUNCH/SUPPER - ALL ITEMS
<ol style="list-style-type: none"> 1) Protein: Meat or Poultry or Fish or Egg or Peanut Butter or Cheese or Yogurt 2) Cereal or Bread or Pasta or Rice (enriched or whole grain) 3) (a) and (b) Vegetables and/or Fruits: 2 Fruits or 2 Vegetables or 1 Fruit and 1 Vegetable 4) Fluid Milk

SNACKS - INCLUDE 2 OF THESE 4 FOOD GROUPS
<ol style="list-style-type: none"> 1) Protein: Meat or Poultry or Fish or Egg or Peanut Butter or Cheese or Yogurt 2) Cereal or Bread or Pasta or Rice (enriched or whole grain) 3) Fruit or Vegetable or Juice* 4) Fluid Milk* <p>*Juice may not be served if milk is the only other food.</p>