

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: _____

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. Pears 2. Waffles 3. Milk	1. Apples 2. Peanut Butter	1. Cheese 2. Tortilla Shells 3. a. Carrots b. Peaches 4. Milk	1. Strawberries (side) 2. Yogurt	1. Chicken 2. Rice 3. a. Broccoli b. Oranges 4. Milk	1. Cheese 2. Grapes
		1. Apples 2. Bagels 3. Milk	1. Cheese 2. Crackers	1. Beef Stew 2. Biscuit 3. a. Potatoes/Carrots b. Pears 4. Milk	1. Cookies 2. Milk	1. Egg Salad 2. Rolls 3. a. Plums b. Pickles 4. Milk	1. Mini Pancakes 2. Milk
		1. Blueberries 2. Pancakes 3. Milk	1. Grapes 2. Graham Crackers	1. Yogurt 2. Toast 3. a. Strawberries b. Apples 4. Milk	1. Peanut Butter 2. Crackers	1. Fish 2. Rice 3. a. Celery b. Peaches 4. Milk	1. Cereal 2. Milk
		1. Bananas 2. Toast 3. Milk	1. Carrots 2. Milk	1. Chicken Patties 2. Buns 3. a. Lettuce/Tomatoes b. Pears 4. Milk	1. Cupcakes 2. Milk	1. Chicken Alfredo 2. Fettuccine Noodles 3. a. Green Beans b. Fruit Salad 4. Milk	1. Muffins 2. Juice
		1. Strawberries 2. Cereal 3. Milk	1. Rice Cakes 2. Milk	1. Ground Beef/Chili 2. Breadsticks 3. a. Tomatoes b. Applesauce 4. Milk	1. Ham & Cheese 2. Crackers	1. Sausage 2. Pancakes 3. a. Tator Tots b. Apples 4. Milk	1. Soft Pretzels 2. Juice
		1. Hash Browns 2. French Toast 3. Milk	1. Bananas 2. Rice Cakes	1. Hot Dogs 2. Mac & Cheese 3. a. Applesauce b. Pickles 4. Milk	1. Cheese Crackers 2. Milk	1. Brats 2. Buns 3. a. Potato Salad b. Melon 4. Milk	1. Peanut Butter 2. Bread

PRE-PRINTED MENU

 ADDRESS

 CITY & ZIP

 CHILD CARE LICENSE # OR PROVIDER ID #

() _____
 TELEPHONE NUMBER

NOTES:

PAGE ONE

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 _____

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	Time(s) In/Out	Time(s) In/Out	Tier 1	Tier 2	
																	B _____	B _____	
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.

PROVIDER SIGNATURE _____

PRINT YOUR NAME _____

Claim Month: _____ Year: _____

_____ CHILD CARE LICENSE # OR PROVIDER ID

PRE-PRINTED MENU

PAGE _____ OF _____

		TIME SERVED					
DAY	DATE	BREAKFAST	A.M. SNACK	LUNCH	AFTERNOON SNACK	SUPPER	EVENING SNACK
		1. Blueberries 2. Oatmeal 3. Milk	1. Applesauce 2. Pretzels	1. Peanut Butter/Cheese 2. Bread 3. a. Carrots b. Pears 4. Milk	1. Peaches 2. Cottage Cheese	1. Scrambled Eggs 2. French Toast 3. a. Blueberries b. Bananas 4. Milk	1. Fruit 2. Crackers
		1. Apples 2. Toast 3. Milk	1. Mandarin Oranges 2. Crackers	1. Fish Sticks 2. Bread 3. a. Carrots b. Peaches 4. Milk	1. Graham Crackers 2. Yogurt	1. Chicken Patties 2. Buns 3. a. Broccoli b. Squash 4. Milk	1. Rice Cakes 2. Milk
		1. Bananas 2. Waffles 3. Milk	1. Cereal 2. Milk	1. Grilled Cheese 2. Bread 3. a. Vegetable Soup b. Grapes 4. Milk	1. Cookies 2. Milk	1. Ground Beef 2. Tortilla Shells 3. a. Lettuce/Tomatoes b. Pineapple 4. Milk	1. Muffins 2. Juice
		1. Oranges 2. Cereal 3. Milk	1. Crackers 2. Cheese	1. Hot Dogs 2. Mac & Cheese 3. a. Melon b. Cucumbers 4. Milk	1. Tortilla Chips 2. Salsa	1. Turkey Burgers 2. Buns 3. a. Lettuce/Tomato b. Pears 4. Milk	Hot Chocolate 1. (Milk) 2. Vanilla Wafers
		1. Strawberries 2. Pancakes 3. Milk	1. Granola Bars 2. Juice	1. Ham/Cheese 2. Bread 3. a. Coleslaw b. Peas 4. Milk	1. Jell-O with Fruit 2. Milk	1. Meatballs 2. Spaghetti 3. a. Tomato Sauce b. Lettuce Salad 4. Milk	1. Cereal 2. Milk
		1. Peaches 2. Muffins 3. Milk	1. Donuts 2. Juice	1. Hot Dogs 2. Buns 3. a. Applesauce b. Pickles 4. Milk	1. Yogurt 2. Crackers	1. Chicken Pot Pie 2. Pot Pie Crust 3. a. Peas & Carrots b. Fruit Salad 4. Milk	1. Carrots & Celery 2. Peanut Butter
		1. Pears 2. Toast 3. Milk	1. Cereal 2. Milk	1. Chicken Nuggets 2. Biscuits 3. a. Apples b. Green Beans 4. Milk	1. Frozen Bananas 2. Peanut Butter	1. Roast Beef 2. Buns 3. a. Carrots b. Peas 4. Milk	1. Strawberries (side) 2. Yogurt
		1. Juice 2. English Muffins 3. Milk	1. Celery 2. Peanut Butter	1. Yogurt 2. Cereal 3. a. Apples b. Grapes 4. Milk	1. Pretzels 2. Juice	1. Turkey 2. Rolls 3. a. Mashed Potatoes b. Broccoli 4. Milk	1. Oranges 2. Crackers

Please list children in same order on all pages															FOR OFFICE USE ONLY				
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PAGE _____ OF _____

		TIME SERVED						Please list children in same order on all pages															FOR OFFICE USE ONLY	
DAY	DATE	BREAKFAST	A.M. SNACK	LUNCH	AFTERNOON SNACK	SUPPER	EVENING SNACK	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)	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	B
		1. Grapes 2. Cereal 3. Milk	1. Cheese Cubes 2. Pretzels	1. Ham 2. Bread 3. a. Apples b. Olives 4. Milk	1. Rice Cakes 2. Milk	1. Chicken 2. Rice 3. a. Broccoli b. Carrots 4. Milk	1. Peaches 2. Crackers	Breakfast																
		1. Bananas 2. Pancakes 3. Milk	1. Yogurt 2. Granola Bars	1. Cheese 2. English Muffins 3. a. Tomato Sauce b. Pineapple (side) 4. Milk	1. Graham Crackers 2. Juice	1. Roast Beef 2. Rolls 3. a. Corn b. Peas 4. Milk	1. Apples 2. Milk	Breakfast																
		1. Applesauce 2. Toast 3. Milk	1. Cereal 2. Milk	1. Fish Sticks 2. Rolls 3. a. Pickles b. Grapes 4. Milk	1. Muffins 2. Juice	1. Hamburgers 2. Buns 3. a. Pears b. French Fries 4. Milk	1. Bananas 2. Peanut Butter	Breakfast																
		1. Blueberries 2. Waffles 3. Milk	1. Peaches 2. Crackers	1. Yogurt/Peanut Butter 2. Bread 3. a. Oranges b. Corn 4. Milk	1. Cookies 2. Milk	1. Ham 2. Pasta 3. a. Lettuce Salad b. Green Beans 4. Milk	1. Breadsticks 2. Tomato Sauce	Breakfast																
		1. Oranges 2. Cereal 3. Milk	1. Apples 2. Peanut Butter	1. Cheese Cubes 2. Crackers 3. a. Pineapple b. Vegetable Soup 4. Milk	1. Graham Crackers 2. Chocolate Milk	1. Fish 2. Buns 3. a. Carrots b. Broccoli 4. Milk	Milkshake 1. Banana (added) 2. Milk	Breakfast																
		1. Strawberries 2. Muffins 3. Milk	1. Crackers 2. Cheese	1. Chicken Nuggets 2. Mac & Cheese 3. a. Grapes b. Bananas 4. Milk	1. Tortilla Chips 2. Salsa	1. Ground Beef 2. Pasta 3. a. Tomato Sauce b. Lettuce Salad 4. Milk	1. Cookies 2. Milk	Breakfast																
		1. Peaches 2. English Muffins 3. Milk	1. Pretzels 2. Juice	1. Peanut Butter/Cheese 2. Bread 3. a. Carrots b. Pears 4. Milk	1. Tuna 2. Crackers	1. Hot Dogs 2. Mac & Cheese 3. a. Peas b. Strawberries 4. Milk	1. Cereal 2. Milk	Breakfast																
		1. Pears 2. French Toast 3. Milk	1. Cottage Cheese 2. Blueberries	1. Turkey 2. Bread 3. a. Lettuce/Tomatoes b. Applesauce 4. Milk	1. Cereal 2. Milk	1. Sausage 2. Pancakes 3. a. Peaches b. Hash Browns 4. Milk	1. Refried Beans 2. Tortillas	Breakfast																

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
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
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
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* *Juice may not be served if milk is the only other food.