

CACFP COVER SHEET
DAY CARE CONNECTION
8853 Long, Lenexa, KS 66215, 529-1200

Date _____ Month/Year Attached Menus _____

NAME (PLEASE print.) _____

Add These Kids to My File

Monthly Referral Update:

I have the following openings: _____ infant _____ 18 mo-5 yrs _____ school age
_____ full-time _____ part-time _____ drop-in _____ no openings _____ other, specify:

Infant(s) in Care:

Name _____ Formula+Iron *brand* _____ or breastmilk, BM _____ Developmentally ready for solids? Y___ or N___

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Comments/Questions/Suggestions:

I certify my menu claim is true & correct to the best of my knowledge. I understand this info. is being given in connection with receipt of federal funds.

Deliberate misrepresentation may subject me to prosecution under applicable state/federal criminal statutes. USDA is an equal opportunity provider.

DCC CACFP MENU

Your Name: _____

Place child's letter from Daily Attendance Roster over meals eaten.

	Date:	Date:	Date:	Date:	Date:	Total
BREAKFAST						
Veg, Fruit or Juice						
Grain (WG?)/Protein						
Milk	milk	milk	milk	milk	milk	
INFANTS, (0 - 11mo)	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	
(6-11mo) Protein, Veg or Fruit						
AM SNACK						
Serve 2 foods from any group (no sweet grains)						
INFANTS, (0 - 11mo)	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	
(6-11mo) Grain, Veg &/or Fruit						
LUNCH						
Protein						
Veg &/or Fruit						
Veg						
Grain (WG?)						
Milk	milk	milk	milk	milk	milk	
INFANTS, (0 - 11mo)	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	
(6-11mo) Protein, Veg or Fruit						
PM SNACK						
Serve 2 foods from any group (no sweet grains)						
INFANTS, (0 - 11mo)	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	
(6-11mo) Grain, Veg &/or Fruit						
DINNER						
Protein						
Veg &/or Fruit						
Veg						
Grain (WG?)						
Milk	milk	milk	milk	milk	milk	
INFANTS, (0 - 11mo)	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	
(6-11mo) Protein, Veg or Fruit						
BT SNACK						
Serve 2 foods from any group (no sweet grains)						
INFANTS, (0 - 11mo)	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	F+I BM BM/mom	
(6-11mo) Protein, Veg or Fruit						

MENU REMINDERS:

PROVIDER NOTES:

- Kids under 2 must have whole milk. Ages 2 & up must have 1% or skim milk.
- WG= Whole Grain; must be served daily. • Protein may substitute for bkfst grain 3x/wk.
- Yogurt can't have more than 23 grams of sugar per 6 oz.

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Serve 2 foods from any						
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