CACFP COVER SHEET

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

NAME_____**Date** _____ **Month/Year of Attached Menus**_____

MILK SERVED (check all that are used): WHOLE_____2%_____1%_____SKIM_____

Name _____ Formula+Iron*(Brand)* _____ or Breastmilk, BM *(ck)* ___ **Developmentally ready to eat solids? Y or N**

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Infant(s) in Care: This info is letting DCC know which components the parents have you offering at meals/snacks. If a baby is eating fruits and veggies (for ex) at ONE meal, *we will assume they are developmentally ready for it at all meals/snacks where the meal pattern calls for it if we do not have specific notes on what parents request below! THANKS!*

EX: "Parents request solids only at breakfast right now" or "Mikey eating all components".

OTHER NOTES FOR DCC: (time off coming up, etc)_____

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.

Signature X _____ *(required for reimbursement)*