

**Metropolitan Development Council
Child Care Food Program
(253)284-7865 (800)843-9317**

TIER 1 and TIER 2 homes: Fill in appropriate spaces.
BLENDED homes: Do not fill in any numbers. Please include your attendance with your claim.

NAME: _____

LICENSE CAPACITY: _____ MONTH/YEAR: _____

PHONE: _____

Days Claimed: _____	Checked By: _____	Date: _____
Participated: _____		Tier 1 / Tier 2
ADA _____		

DAILY MEAL COUNT

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	office use only		
TIER 1																																		
BREAKFAST																																		B
AM SNACK																																		AM
LUNCH																																		L
PM SNACK																																		PM
DINNER																																		D
AD SNACK																																		AD
TIER 2																																		
BREAKFAST																																		B
AM SNACK																																		AM
LUNCH																																		L
PM SNACK																																		PM
DINNER																																		D
AD SNACK																																		AD

BLENDED HOMES: "I hereby certify my attached menus and attendance are accurate in all respects. I understand that my Food Program will fill in the Meal Count according to my records".

TIER 1 or TIER 2 HOMES: "I hereby certify that all information that I have submitted is accurate in all respects."

ALL PROVIDERS: "I understand that information given is in connection with the receipt of Federal Funds and that MDC, OSPI, USDA or OIG may verify this information. I further understand that deliberate misrepresentation may result in State or Federal prosecution. I, the undersigned, do hereby certify under penalty of perjury, that the number and type of meals that I have submitted have actually been served to eligible daycare children. In addition, I agree to return to Metropolitan Development Council all reimbursement monies received from this claim if the agency proves that any part of the claim was fraudulantly submitted."

Provider Signature Date

I have submitted new enrollments this month for the following children. Please notify me if you have not received them.

- 1) _____
- 2) _____
- 3) _____
- 4) _____

School-aged children were out of school on the following days:
(please include name and dates)

School not in session: _____

I have disenrolled the following children. I will not be claiming them on future food program claims.

name

last day claimed

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Late start: _____

Children ill: _____

Notes

WEEKDAY MENU

Name _____

Month/Year _____

	1-2 yr	3-5 yr	6-11 yr	Monday/Date:	Tuesday/Date:	Wednesday/Date:	Thursday/Date:	Friday/Date:
BREAKFAST								
Milk	1/2 c	3/4 c	1 c					
Vegetable, Fruit or Juice	1/4 c	1/2 c	1/2 c					
Bread or Bread Alternate	1/2 sl	1/2 sl	1 sl					
AM SNACK (choose 2)								
Milk	1/2 c	1/2 c	1 c					
Meat or Meat Alternate	1/2 oz	1/2 oz	1 oz					
Vegetable, Fruit or Juice	1/2 c	1/2 c	3/4 c					
Bread or Bread Alternate	1/2 sl	1/2 sl	1 sl					
LUNCH								
Milk	1/2 c	3/4 c	1 c					
Meat or Meat Alternate	1 oz	1 1/2 oz	2 oz					
Vegetable or Fruit	1/4 c	1/2 c	3/4 c	1 2	1 2	1 2	1 2	1 2
Bread or Bread Alternate	1/2 sl	1/2 sl	1 sl					
PM SNACK (Choose 2)								
Milk	1/2 c	1/2 c	1 c					
Meat or Meat Alternate	1/2 oz	1/2 oz	1 oz					
Vegetable, Fruit or Juice	1/2 c	1/2 c	3/4 c					
Bread or Bread Alternate	1/2 sl	1/2 sl	1 sl					
DINNER								
Milk	1/2 c	3/4 c	1 c					
Meat or Meat Alternate	1 oz	1 1/2 oz	2 oz					
Vegetable or Fruit	1/4 c	1/2 c	3/4 c	1 2	1 2	1 2	1 2	1 2
Bread or Bread Alternate	1/2 sl	1/2 sl	1 sl					
AD SNACK (Choose 2)								
Milk	1/2 c	1/2 c	1 c					
Meat or Meat Alternate	1/2 oz	1/2 oz	1 oz					
Vegetable, Fruit or Juice	1/2 c	1/2 c	3/4 c					
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