CACFP COVER SHEET

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

Date _____ Month/Year of Attached Menus_____

NAME *(PLEASE print)*_____

Add These Kids to My File: _____

HAVE YOU UPDATED REFERRAL INFORMATION WITH CCAKS THIS MONTH?

Infant(s) in Care:

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

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

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

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

Comments/Questions/Suggestions:

Example: "Parent has me serving Mikey (infant) only fruits and veggies at lunch" or "I will be closed for vaca Aug. 1-7th"

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)*

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