

# **PLEASE READ CAREFULLY!**

## **STATE OF DELAWARE DEPARTMENT OF SERVICES FOR CHILDREN, YOUTH & THEIR FAMILIES OFFICE OF CHILD CARE LICENSING**

### **INSTRUCTIONS FOR MENU EVALUATION FORM**

1. You may complete this form or submit a menu containing the required information. If using this form, you are required to complete both sides of the Child Menu Sheet, one side for each week. Be sure to put your site's name and address on the form as well as the age range served.
2. Menus must list food that was served for an actual two-week period (or as planned for new sites).
3. If parents provide their own children's food, then the site must indicate on the sheet what meals/snacks are provided by parents.
4. Lunch and Dinner must include two items from the **FRUIT/VEGETABLE** group.
5. List amounts for an individual; i.e, if you specify a four-year-old child, the amount of milk would probably be 4 oz or 1/2 cup.
6. List amounts as cups, ounces, or dimensions (2" x 2" slice).
7. ALL foods served shall be listed. If a site serves only snacks, these must be listed.
8. Completed menu sheets are to be mailed to:

Office of Child Care Licensing  
821 Silver Lake Boulevard  
Barratt Building ~ Suite 103  
Dover, DE 19904

9. If your menu is incorrect, it will be returned to you with a cover letter stating what must be corrected. Please promptly return the corrected menu to this office.



# MENUS

**SITE NAME** \_\_\_\_\_

**AGE SERVED** \_\_\_\_\_

MEAL PATTERN	MONDAY	AMT	TUESDAY	AMT	WEDNESDAY	AMT	THURSDAY	AMT	FRIDAY	AMT
<b><u>BREAKFAST:</u></b>  <b>MILK<sup>1</sup>,</b> <b>FRUIT<sup>2</sup>/VEGETABLE<sup>2</sup></b> <b>GRAIN<sup>3</sup></b>										
<b><u>A.M. SNACK (SELECT 2)</u></b>  <b>MILK<sup>1</sup></b> <b>MEAT/MEAT ALTERNATE</b> <b>FRUIT<sup>2</sup>/VEGETABLE<sup>2</sup></b> <b>GRAIN<sup>3</sup></b>										
<b><u>LUNCH:</u></b>  <b>MILK<sup>1</sup>,</b> <b>MEAT/MEAT ALTERNATE</b> <b>FRUIT<sup>2</sup>/VEGETABLE<sup>2</sup></b> <b>FRUIT<sup>2</sup>/VEGETABLE<sup>2</sup></b> <b>GRAIN<sup>3</sup></b>										
<b><u>P.M. SNACK (SELECT 2)</u></b>  <b>MILK<sup>1</sup>,</b> <b>MEAT/MEAT ALTERNATE</b> <b>FRUIT<sup>2</sup>/VEGETABLE<sup>2</sup></b> <b>GRAIN<sup>3</sup></b>										
<b><u>DINNER:</u></b>  <b>MILK<sup>1</sup></b> <b>MEAT/MEAT ALTERNATE</b> <b>FRUIT<sup>2</sup>/VEGETABLE<sup>2</sup></b> <b>FRUIT<sup>2</sup>/VEGETABLE<sup>2</sup></b> <b>GRAIN<sup>3</sup></b>										

<sup>1</sup> Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children six years old or older.

<sup>2</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snacks, per day.

<sup>3</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

**SITE NAME** \_\_\_\_\_

**AGE SERVED** \_\_\_\_\_

MEAL PATTERN	MONDAY	AMT	TUESDAY	AMT	WEDNESDAY	AMT	THURSDAY	AMT	FRIDAY	AMT
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