



Spokane County Head Start/ECEAP/EHS FOOD REQUEST

Team _____ Site/room _____ Date needed _____

Date submitted _____ What are you making? _____

What meal/snack will this be a part of: (check one) Breakfast 2nd lunch Supper
 1st lunch PM snack None (if none, must use classroom budget funds.)

Numbers to plan for: Infant/toddler _____ Preschool _____ Adults _____

Ingredients/supplies needed: (If unusual, include where to purchase.) _____

BRIEFLY DESCRIBE

1. Procedure of experience (how children are involved): _____

2. Parent(s) involved/consulted (include cultural focus if relevant): _____

3. USDA quantities — kitchen completes:

COMPONENT REQUIREMENTS		ITEM RATIO	NO. OF UNITS	PURCHASE UNIT	SERVINGS PER PURCHASE	FOOD AMT NEEDED	FOOD AMT USED
FLUID MILK	AGE	FACTOR		1/4 C			
	1->3	x 1=					
	3->6	x 1.5=					
	6->12	x 2=					
BREAD/ BREAD EQUIVALENT	1->3	x 1=		1/2 C or 1/2 SI			
	3->6	x 1=					
	6->12	x 2=					
MEAT OR MEAT ALTERNATIVE	1->3	x 1=		1 OZ			
	3->6	x 1.5=					
	6->12	x 2=					
FRUIT/VEGETABLE OR FULL-STRENGTH JUICE	1->3	x 2=		1/4 Cup			
	3->6	x 2=					
	6->12	x 3=					
OTHER							

White—Kitchen

Yellow—Classroom

Pink—Dietitian