



# 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	AGE	FACTOR	ITEM RATIO	NO. OF UNITS	PURCHASE UNIT	SERVINGS PER PURCHASE	FOOD AMT NEEDED	FOOD AMT USED
FLUID MILK	1->3	x 1=		1/4 C				
	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								

Copy to:  Kitchen (if providing food)  Nutritionist Specialist