

Welcome to St. Croix Kids Early Childhood Center

We are glad to have you and your child(ren) as a part of our program!

What to bring to St. Croix Kids each day:

TODDLERS:

- Bag lunch (please have food cut & ready for your child to eat) or let your child's Teacher know that you would like a Kowalski's lunch
- Diapers and wipes (marked with your child's first and last name)
- Diaper rash cream (marked with your child's first and last name)
- Two complete changes of clothing (including socks and underwear)
- An extra pair of shoes
- A blanket and small pillow for nap time
- Outerwear based upon the weather
- Swimsuit and towel (summer months)

PLEASE LABEL EVERYTHING - Initials on shirt & pant tags works well.

MONKEYS/DINOSAURS:

- Bag lunch (please have food cut & ready for your child to eat) or let your child's Teacher know that you would like a Kowalski's lunch
- Two complete changes of clothing (including socks and underwear)
- An extra pair of shoes
- A blanket and small pillow for nap time
- Outerwear based upon the weather
- Swimsuit and towel (summer months)
- Diapers and wipes if applicable

PLEASE LABEL EVERYTHING - Initials on shirt & pant tags works well.

With the exception of show and tell days, we ask that children leave toys and games at home.

If your child is potty training, please make sure there are 4 complete changes of clothing here each day and an extra pair of shoes.



St. Croix Kids

EARLY CHILDHOOD CENTER

111 Orleans Street East
Stillwater, MN 55082
651-439-3616
www.stcroixkids.org
sheila@stcroixkids.org

Local, Non-Profit Since 1969

St. Croix Day Care Center and Preschool

REGISTRATION FORM

Please complete and return to the office before your child's first day of attendance. For your child's safety, please inform us promptly if any changes occur. Please be sure all addresses and phone numbers are correct and complete!

CHILD'S NAME _____ NICKNAME _____

BIRTHDATE _____ MALE _____ FEMALE _____

HOME ADDRESS _____ CITY/STATE _____

CHILD LIVES WITH: MOTHER _____ FATHER _____ OTHER _____

MOTHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ EMAIL _____

HOME ADDRESS _____ CITY/STATE _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

ADDRESS _____ PHONE _____

FATHER'S NAME _____ HOME PHONE _____

CELL PHONE _____ EMAIL _____

HOME ADDRESS _____ CITY/STATE _____

PLACE OF EMPLOYMENT _____ OCCUPATION _____

ADDRESS _____ PHONE _____

PERSON RESPONSIBLE FOR TUITION _____

CHILD'S PHYSICIAN _____ PHONE _____

ADDRESS _____ CITY/STATE _____

CHILD'S DENTIST _____ PHONE _____

ADDRESS _____ CITY/STATE _____



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THE CHILD WILL BE RELEASED ONLY TO THE PERSON(S) SIGNING THIS APPLICATION, OR THE FOLLOWING PERSONS.

ALSO, IF WE ARE UNABLE TO REACH A PARENT IN AN EMERGENCY, THE FOLLOWING PEOPLE MAY BE CONTACTED AND ARE AUTHORIZED TO PICK UP THIS CHILD (AT LEAST TWO ARE REQUIRED BY THE DEPT. OF HUMAN SERVICES)

1. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

2. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

3. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

4. NAME _____ RELATIONSHIP _____

ADDRESS _____

HOME PHONE _____ WORK _____ CELL _____

WHO WILL USUALLY BRING THE CHILD TO DAY CARE OR PRESCHOOL? _____

WHO WILL USUALLY BRING THE CHILD HOME? _____

CIRCLE THE DAYS YOUR CHILD WILL BE IN ATTENDANCE: M T W TH F

ARRIVAL TIME _____ DEPARTURE TIME _____

DOES YOUR CHILD HAVE ANY ALLERGIES (FOOD, MEDS, OTHER)?

DOES YOUR CHILD HAVE ANY SPECIAL EDUCATION NEEDS? _____



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Child's Development History

Child's Name	Date of Birth
--------------	---------------

Social Relationships and Development

- Has your child had previous group experience? _____ Where? _____
- Does your child have neighborhood playmates? _____ What age? _____
- Does your child know any other children in this center or preschool? _____
- Do you feel your child will adjust easily to the child care or preschool? _____
If no why? _____ Please advise on how we can help. _____
- Does your child have any fears? _____
- What makes your child frustrated or upset? _____
- How does your child show his/her feelings? _____
- Characteristic behavior: (please circle the word or words)
happy excitable easily angered whinny cries
active cheerful stubborn fights often cooperative quiet
independent gives in easily calm wants own way temper tantrums
Others _____
- Can your child dress her/himself? _____
- What age did your child begin talking? _____
- Does your child have any speech problems? _____
- How often is your child read to? _____
- What is your child's favorite TV program? _____
- How many hours per day does your child watch TV? _____
- What is your child's favorite toy? _____
- Does your child have a pet? _____
- How well does your child get along with siblings? _____
- Please list names and ages of siblings: Name Age

Eating

1. What is your child's general attitude toward eating? _____
2. What are your child's favorite foods? _____
3. Does your child feed him/herself? _____
4. Is your child allergic to any foods? _____

Sleeping

1. What time does your child go to bed at night? _____
2. What time does he/she wake up in the morning? _____
3. Does your child have his/her own room? _____
4. Does your child sleep with a favorite blanket or stuffed animal, etc.? _____
5. Does your child take naps? _____
6. Does your child have a bottle or pacifier at night or nap? _____

Bathroom Habits

1. Will your child indicate her/his bathroom wishes? _____
2. Does your child have any bowel or bladder irregularities? _____
3. What word is used for urination? _____ Bowel movement? _____
4. Does your child have accidents? _____
5. Does your child wet the bed at night? _____ How often? _____
6. Does your child wear diapers at nap or night? _____

Is there any additional information that would be helpful for us in getting acquainted with your child?

Does either parent have any special request? _____

St. Kids is run by a volunteer Board of Directors, would you like to be involved?
Please indicate YES _____ NO _____

Where did you hear about St. Croix Kids? _____

GETTING TO KNOW YOU

Child's Name _____

Please list the people who live within your household (except siblings) and what their relationship is to your child.

Name _____

Name _____

Relationship _____

Relationship _____

Name _____

Name _____

Relationship _____

Relationship _____

(if needed, list additional people on back side of this form)

Please thoughtfully consider the following questions and respond to further enhance your child's success in our program.

Learning/Social/Developmental Conditions

Does your child have difficulties with aggression: Yes No

Does your child handle unexpected schedule changes with ease: Yes No

Does your child handle new situations with ease: Yes No

Is your child sensitive to: loud noises Yes No Textures Yes No Personal space Yes No

Does your child make friends easily: Yes No

Has your child been diagnosed/identified with special needs: Yes No

What is your child's most challenging behavior? _____

What is your child's biggest strength _____

I have concerns about my child in the following area(s)



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FIRST AID FOR POSSIBLE POISONING

St. Croix Kids has taken every precaution to ensure that potential poisons are out of the reach of the children we care for. In the event that an accidental ingestion should occur however, our staff will consult with the Poison Control Center.

In case of poisoning, you as parent/guardian would be notified immediately of the poisoning and information provided by Poison Control as well as their recommendations for treatment and the condition of your child.

In the event of an accidental ingestion, I understand that St. Croix Kids' staff will contact the Poison Control Center.

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)

.....

EMERGENCY MEDICAL PERMISSION FORM

I hereby grant my permission for the St. Croix Kids staff to take whatever steps may be necessary to obtain emergency medical care if warranted, and for qualified medical personnel to perform such emergency treatment

1. For an emergency 911 will be called.
2. For a minor injury that requires medical attention the parent, guardian or emergency person will be contacted.
3. Any expenses incurred by the above will be borne by the child's family.
Staff are not allowed to transport children.

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)

(Date)



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PERMISSION/RELEASE FORM

Child's Name _____

Equipment and activities - I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

Research, educational experiments, and Public Relations

Written parental permission will be required before each occasion of research, experimental procedure or public relation activity involving your child(ren).

Neighborhood Walks - I hereby grant permission for my child to leave the day care premises under proper supervision for neighborhood walks, and walks to area playgrounds/parks/fields.

Field Trips - For scheduled field trips, one week notice will be given (when ever possible). Individual permission slips need to be signed before a child can participate in a field trip.

Chemical Hand Sanitizer - Whenever possible soap and running water will be used to wash hands, in the event (field trips) water is not available we will use a chemical hand sanitizing product.

File - I agree to complete and have on file at the center: immunization records (by the first day of enrollment) and a Health Care Summary form (within 30 days of enrollment).

Parent Handbook and Tuition Agreement - I hereby acknowledge receipt of the **Parent Handbook and Tuition Agreement**. I have read and familiarized myself with the terms and conditions and agree by these terms and conditions governing the enrollment of the child named.

Childcare Service Agreement - I have circled the days my child will attend (please indicate hours).

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Parent/Guardian Signature _____ Date _____



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MANDATED REPORTING POLICIES AND PROCEDURES

WHO REPORTS CHILD ABUSE AND NEGLECT

Any person may voluntarily report abuse or neglect.

If you work in a licensed child care you are legally required or mandated to report and cannot shift the responsibility of reporting to your supervisor or to anyone else at your center. If you know or have reason to believe a child is being or has been neglected, physically or sexually abused within the preceding three years you must immediately (within 24 hours) make a report to an outside agency.

WHERE TO REPORT

If you know or suspect that a child is in immediate danger, call 9-1-1.

All reports concerning suspected abuse or neglect of children occurring at St. Croix Kids should be made to the Department of Human Services, Licensing Division's Maltreatment Intake line at (651) 297-4123.

Reports regarding incidents of suspected abuse or neglect of children occurring within a family or in the community should be made to Washington County Child Protection at (651) 430-6457 or Washington County Sheriff at (651) 439-9381.

If your report does not involve possible abuse or neglect, but does involve possible violations of Minnesota Statutes or Rules that govern the facility, you should call the Department of Human Services, Licensing Division at (651) 296-3971.

WHAT TO REPORT

Definitions of maltreatment are contained in the Reporting of Maltreatment of Minors Act (Minnesota Statutes, section 626.556) the policy is attached or may be obtained at www.leg.state.mn.us under statutes.

A report to any of the above agencies should contain enough information to identify the child involved, any persons responsible for the abuse or neglect (if known), and the nature and extent of the maltreatment and/or possible licensing violations. For reports concerning suspected abuse or neglect occurring within St. Croix Kids, the report should include any actions taken by St. Croix Kids in response to the incident.



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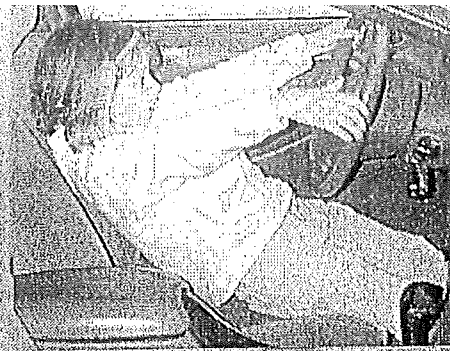
An oral report of suspected abuse or neglect made to one of the above agencies by a mandated reporter must be followed by a written report to the same agency within 72 hours, exclusive of weekends and holidays.

RETALIATION PROHIBITED

St. Croix Kids shall not retaliate against the mandated reporter for reports made in good faith or against a child with respect to whom the report is made. The Reporting of Maltreatment of Minors Act contains specific provisions regarding civil actions that can be initiated by mandated reporters who believe that retaliation has occurred.

FAILURE TO REPORT

A mandated reporter who knows or has reason to believe a child is or has been neglected or physically or sexually abused and fails to report is guilty of a misdemeanor. In addition, a mandated reporter who fails to report maltreatment that is found to be serious or recurring maltreatment may be disqualified from employment in positions allowing direct contact with persons receiving services from programs licensed by the Department of Human Services and by the Minnesota Department of Health, and unlicensed Personal Provider Organizations.



You wouldn't leave your
valuables in the car.
Why leave something
more precious?

Washington County Citizen
Review Panel

IT'S NOT
SAFE
FOR
KIDS
UNDER
EIGHT!

For further info call (651) 430-6457

WASHINGTON COUNTY CHILD PROTECTION GUIDELINES
RESPONSE TO REPORTS OF UNSUPERVISED CHILDREN

Washington County Community Services will screen or assess the following reports:

Ages 7 or younger

All reports of a child(ren) being left alone for any period of time.

Ages 8 or 9

All reports of a child(ren) who is alone for more than one or two hours. It is acceptable, in most situations, for a child(ren) to be home alone while a parent(s) run an errand, or to be home alone before and/or after school until a parent returns from work.

Ages 10 through 13

All reports where a child(ren) is alone for more than 8-12 hours. It is acceptable for a child(ren) to be alone all day until a parent(s) return from work, but it is assumed a parent, guardian or caretaker will be there in the evening.

Ages 14 and older

All reports where a parent(s) has been gone for 24 hours or more if the child(ren) does not know the whereabouts of a parent or when the parent(s) will return. It is acceptable for a child(ren) to be home alone for 24 hours or more provided they have knowledge of where a parent is and how to contact a parent or a designated caretaker if needed.

GUIDELINES FOR PROVIDING SUPERVISION FOR A CHILD(REN) BY AN OLDER CHILD:

Ages 11 to 14

It is acceptable to baby-sit younger children all day with the expectation that a parent or guardian will be returning to supervise the child(ren) later the same day.

Ages 15 and older

It is acceptable to baby-sit children for more than 24 hours.

IMMUNIZATION HISTORY: Fill in the MO/DAY/YR information for children 2 months of age and older. If child received a combined shot (like Hib-hep B), write the date in all the boxes that apply. Vaccine doses that are circled are not required by law.

Child Care Immunization Record

Must be on file before a child attends child care.

Name: _____

Birthdate: _____

Date of Enrollment: _____

SIGNATURE(S)

A For children who are 15 months or older and who have received all the immunizations required by law for child care:

I certify that the above-named child is at least 15 months of age and has completed the immunizations which are required by law for child care.

Signature of Parent/Guardian or Physician/Nurse Practitioner/Physician Assistant/Public Clinic _____

Date _____

B For children who are younger than 15 months or who have not received all the immunizations required by law for child care:

I certify that the above-named child has received the immunizations indicated to the left, ☐ which includes beginning the immunization series required by law for child care that must be completed within 18 months of starting them (DTP, polio, pneumococcal), and/or ☐ the following immunization(s) are not indicated because of medical reasons, history of disease, or laboratory confirmation of adequate immunity: (Starting September 2010 for varicella disease see C.) _____

Signature of Physician/Nurse Practitioner/Physician Assistant _____

Date _____

C Starting September 2010 (Before September 2010, a parent can sign.):

C For children who are 18 months or older who have a history of varicella disease:

I certify that varicella immunization is not indicated for the above-named child due to a history of varicella disease that I have diagnosed or had adequately described to me by the parent to indicate past varicella infection in _____ year.

Signature of Physician/Nurse Practitioner/Physician Assistant (Before September 2010, a parent can sign.) _____

Date _____

D If the parent/guardian conscientiously opposes immunizations:

I understand that not following vaccination recommendations may endanger the health or life of my child and others that my child might come in contact with. I hereby certify by notarization that:

☐ I am opposed to all immunizations.

☐ I am opposed to only the vaccines indicated. Vaccine(s) I oppose: _____

Signature of Parent/Guardian _____

Date _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public (A copy of the notarized statement will be forwarded to the commissioner of health.) _____

Notary Public Stamp _____

Diphtheria, Tetanus, Pertussis (DTaP)	Vaccine	Dose	MO	DAY	YR
• 3 doses during 1st year (at 2-month intervals)		1			
• 4 th dose at 12-18 months		2			
• 5 th dose at 4-6 years or at school entrance		3			
Indicate vaccine type: DTaP or DT.		4			
		5			
Polio (IPV and/or OPV)	Vaccine	Dose	MO	DAY	YR
• 3 doses at 2-18 months		1			
• 4 th dose at 4-6 years or at school entrance		2			
		3			
		4			
Measles, Mumps, Rubella (MMR)	Vaccine	Dose	MO	DAY	YR
• Required for children 15 months and older		1			
• Must be given on or after 1 st birthday		2			
• 2 nd dose at 4-6 years		3			
		4			
Haemophilus influenzae type b (Hib)	Vaccine	Dose	MO	DAY	YR
• 3-4 doses for children at 2-15 months		1			
• 1 dose ≥12 months required (suspended 2008*)		2			
• 1 dose for previously unvaccinated children 15-59 months		3			
• Not indicated for children 5 years or older		4			
Varicella (Chickenpox)	Vaccine	Dose	MO	DAY	YR
• 1 st dose between 12-18 months		1			
• 2 nd dose at 4-6 years or at school entrance (required for kindergarten)		2			
Disease Date:					
Pneumococcal Conjugate Vaccine (PCV)	Vaccine	Dose	MO	DAY	YR
• 2-4 doses for children 2-24 months		1			
• Consider for unvaccinated children at 24-59 months in child care		2			
• Not indicated for children 5 years or older		3			
		4			
Hepatitis B (Hep B) –required for kindergarten	Vaccine	Dose	MO	DAY	YR
• 3 doses between birth and 18 months		1			
		2			
		3			
Rotavirus	Vaccine	Dose	MO	DAY	YR
• 2-3 doses between 2 and 6 months		1			
		2			
		3			
Influenza (LAIV or TIV)	Vaccine	Dose	MO	DAY	YR
• 1 dose annually for children ≥6 months. (1 st time influenza immunization requires 2 doses)		1			
		2			
Hepatitis A (Hep A)	Vaccine	Dose	MO	DAY	YR
• 2 doses separated by 6 months for children 12-24 months		1			
		2			

Child Care Immunization Record - Instructions

Immunization information must be on file before a child attends child care.

Who should complete and sign this form?

Who signs depends on the child's age and situation: Either the parent/guardian, health care provider, or child care provider can fill in the child's immunization history.

- If the child is at least 15 months old and has had all the shots required by law, a parent or guardian can sign the form in Section A.
- If the child is younger than 15 months or has not had all the shots required by law, then a health care provider must sign in Section B, saying the child has begun the required shots or can't for medical reasons.
- Starting in September 2010, if the child is 18 months or older and has had varicella disease (chickenpox), a health care provider must sign in Section C. (Before September 2010, a parent can sign.)
- If a parent or guardian objects to a certain shot or all shots the parent or guardian must complete Section D and have it notarized by a notary public.

Notes for Parents

1. Give your child's immunization history to the child care provider when you enroll.

Minnesota law (Minn. Stat. 121A.15) requires children enrolled in a Minnesota child care to be immunized against certain diseases or have a legal exemption. This form is designed to provide the child care provider with the information required by law. This or a similar form must be kept on file with the child care provider.

2. Keep track of your child's shots, and tell your child care provider each time your child gets a shot.

It will save you time if you keep a shot record for each of your children. Be sure to have the record updated each time your child receives a shot.

Child care will be the first of many times you will need the shot record. You will also need this record for school, camp, college, and if you go to a new doctor or clinic.

3. If your child is not up to date on his or her shots, you can catch up.

By law you have 18 months after enrolling for your child to have all his or her required shots. Your child doesn't have to restart a delayed series.

Minnesota children are still getting diseases like measles, mumps, and rubella. These diseases are contagious. They can spread rapidly—especially among groups of children who have not received their shots. And some of them, like pertussis (whooping cough), are much more serious for children than they are for adults. As a parent, you can protect your children by making sure they get all their shots. Most shots are due by 2 years of age.

4. If your child has had chickenpox, he or she does not need a varicella shot.

Notes for Child Care Providers

1. Be sure you have a complete immunization history on file for all children 2 months of age and older.

This specific form, or an MDPH-approved form, is required by law. If you run a licensed child care facility in Minnesota you must have the information this form contains on file before a child enrolls. If a child enrolls at a younger age, you must obtain immunization information when they reach 2 months of age.

2. Keep track of the date when each child's required immunizations are due by law.

If a child is 2 months of age or older and has not yet received all their required shots, you should note the date when these immunizations will be due by law: 18 months after the child enrolls in your facility.

Unless they are otherwise exempt, Minnesota law requires preschoolers in child care to have shots for DTP, polio, MMR, PCV, Hib, and varicella. If the child has had chickenpox disease, he or she does not need a varicella shot, but starting in September 2010, they must have a provider's signature to document this and the year the child had chickenpox. Immunization against hepatitis A, hepatitis B, rotavirus, and influenza are not required by law; however, it is strongly recommended for children in child care.

3. Be sure each child's immunization history clearly indicates whether or not they received pertussis vaccine. (DTaP and DTP contain pertussis vaccine; DT does not.)

Nationwide there has been an increase in pertussis disease (whooping cough). If an outbreak of pertussis disease occurs in your child care center, you will need to be able to quickly identify which children are protected and which are not.

4. Remind parents to immunize children on time.

As a child care provider, you are in an excellent position to help remind parents about immunizations.

Make sure the immunization records you have on file for each child are up to date, and regularly remind parents when shots are due.

Ask your local health department for an updated immunization schedule each calendar year, so you will have the latest information on hand.

Questions?

If you have a question about immunizations, call your clinic or your local public health department.

Immunization Program
P.O. Box 64975
St. Paul, MN 55164-0975
651-201-5503 or 1-800-657-3970
www.health.state.mn.us/immunize
IC#140-0163 (MDH, 4/2010)



HEALTH CARE SUMMARY

MUST BE COMPLETED BY HEALTH CARE SOURCE

Date of Enrollment: _____

NAME OF CHILD _____

Birth Date _____

ADDRESS _____

Telephone _____

PARENT(S) OR GUARDIAN _____

Date of last physical examination _____ How long have you been seeing this child? _____

How frequently do you see this child when he/she is not ill? _____

Does this child have any allergies (including allergies to medications)? _____

Is a modified diet necessary? _____

Is any condition present that might result in an emergency? _____

What is the status of the child's . . .

Vision _____

Hearing _____

Speech _____

Please list below the important health problems

Important Health Problems

Followed
By You

Followed By Other
Med Source (Name)

Requires Special
Attention at Center

Other information helpful to the child care program _____

Phone _____

Signature of Health Source _____

Address _____

Date _____

Child and Adult Care Food Program



Breakfast

	Age:	1 and 2	3 through 5	6 through 12
Fluid Milk		1/2 cup	3/4 cup	1 cup
Juice or fruit or vegetable		1/4 cup	1/2 cup	1/2 cup
Grains/Breads				
<i>Bread; whole grain, bran, germ or enriched</i>		1/2 slice*	1/2 slice*	1 slice*
<i>Cold dry cereal; whole grain, bran, germ, enriched or fortified</i>		1/4 cup (or 1/3 oz.)	1/3 cup (or 1/2 oz.)	3/4 cup (or 1 oz.)
<i>Cooked cereal, rice, macaroni and noodle products</i>		1/4 cup (or 1/2 oz.)	1/4 cup (or 1/2 oz.)	1/2 cup (or .09 oz.)

Snack Select two of the following four components**

Fluid Milk	1/2cup	1/2 cup	1 cup
Juice or fruit or vegetable	1/2cup	1/2 cup	3/4 cup
Meat or meat alternate	1/2 ounce	1/2 ounce	1 ounce
Grains/Breads	1/2 slice*	1/2 slice*	1 slice*

Lunch/Supper

Fluid Milk	1/2 cup	3/4 cup	1 cup
Meat or poultry or fish	1 ounce	1 1/2 ounces	2 ounces
or cheese	1 ounce	1 1/2 ounces	2 ounces
or cottage cheese, cheese food, or cheese spread	2 ounce (1/4 cup)	3 ounces (3/8 cup)	4 ounces (1/2 cup)
or egg	1	1	1
or cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
or peanut butter, soy nut butter or nut or seed butters	2 T.	3 T.	4 T.
or peanuts, soy nuts, tree nuts or seeds	1/2 oz. = 50%	3/4 oz. = 50%	1 oz. = 50%
or yogurt, plain or flavored, unsweetened or sweetened	4 ounces or 1/2 cup	6 ounces or 3/4 cup	8 ounces or 1 cup
or an equivalent quantity of any combination of the above meat/meat alternates			
Vegetables and/or fruits (2 or more) <i>2 separate servings of vegetables and/or fruit</i>	1/4 cup Total	1/2 cup Total	3/4 cup Total
Grains/Breads	1/2 slice*	1/2 slice*	1 slice*

*or an equivalent serving of an acceptable grains/breads food component such as cornbread, biscuits, rolls, muffins, pizza crust, etc. made of a whole-grain, bran, or germ product and/or enriched meal or flour.

**For snack, juice may not be served when milk is served as the only other component.