

CHILD AND ADULT CARE FOOD PROGRAM

TRAINING MANUAL

INDEPENDENT CENTERS/CENTER SPONSORS



OKLAHOMA STATE DEPARTMENT OF EDUCATION

FY2017

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1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

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CONSULTANT TERRITORIES

Area consultants are available to provide technical assistance to school food authorities (SFAs). Following is a list of the area consultants, assigned counties, and telephone numbers where the consultants may be reached.

JERI BUCHANAN 405-246-8342 Jeri.Buchanan@sde.ok.gov	Beckham—05 Comanche (1/2)—16 Cotton—17 Greer—28 Harmon—29 Jackson—33 Kiowa—38 Roger Mills—65 Tillman—71 Washita—75
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JILL LOWE 405-239-0598 Jill.Lowe@sde.ok.gov	Choctaw—12 LeFlore—40 McCurtain—48 Pushmataha—64
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NANCY McCULLOUGH 405-834-2962 Nancy.McCullough@sde.ok.gov	Caddo—08 Comanche (1/2)—16 Grady—26 McClain—47
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ALBERTA BURGESS 405-213-8327 Alberta.Burgess@sde.ok.gov	Craig—18 Nowata—53 Ottawa—58 Tulsa (1/2)—72 Washington—74
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KENDRA MERVELDT 405-249-7918 Kendra.Merveldt@sde.ok.gov	Blaine—06 Kingfisher—37 Logan—42 Oklahoma (1/4)—55
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TAMMY FLUTE 405-249-0964 Tammy.Flute@sde.ok.gov	Adair—01 Haskell—31 Muskogee—51 Sequoyah—68
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DANA PARKER 405-558-1865 Dana.Parker@sde.ok.gov	Latimer—39 McIntosh—49 Okfuskee—54 Okmulgee—56 Pittsburg—61
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BECKY GILBERT 405-301-7838 Becky.gilbert@sde.ok.gov	Beaver—04 Cimarron—13 Custer—20 Dewey—22 Ellis—23 Garfield—24 Harper—30 Major—44 Texas—70 Woodward—77
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CAROLE PETERS 405-248-8365 Carole.Peters@sde.ok.gov	Cleveland—14 Oklahoma (1/4)—55
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KASSANDRA REDDELL 405-219-9015 Kassandra.Reddell@sde.ok.gov	Lincoln—41 Oklahoma (1/4)—55 Pottawatomie—63
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PAT GOWER 405-246-5648 Pat.Gower@sde.ok.gov	Cherokee—11 Delaware—21 Mayes—46 Wagoner—73
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KRISTEN I. SCHOELING 405-249-0274 Kristen.Schoeling@sde.ok.gov	Alfalfa—02 Grant—27 Kay—36 Noble—52 Osage—57 Pawnee—59 Payne—60 Woods—76
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FONDI HAYES 405-306-0736 Fondi.Hayes@sde.ok.gov	Carter—10 Garvin—25 Jefferson—34 Johnston—35 Love—43 Marshall—45 Stephens—69
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RHONDA STEVENS 405-219-9637 Rhonda.Stevens@sde.ok.gov	Creek—19 Rogers—66 Tulsa (1/2)—72
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KAREN JONES 405-301-7689 Karen.Jones@sde.ok.gov	Atoka—03 Bryan—07 Coal—15 Hughes—32 Murray—50 Pontotoc—62 Seminole—67
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DENISE WIELAND 405-301-5786 Denise.Wieland@sde.ok.gov	Canadian—09 Oklahoma (1/4)—55
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State Agency Telephone Number: 405-521-3327
 State Agency Fax Number: 405-521-2239

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BASIC RESPONSIBILITIES

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BASIC RESPONSIBILITIES—AT A GLANCE

1. REQUIRED DOCUMENTATION

a. *INSTITUTION APPLICATION FOR PARTICIPATION*

- Applications are permanent, based on the federal fiscal year October 1 through September 30.
- Applications must always reflect current and approved operations.
- Every facility must maintain a current license/permit.

b. *AGREEMENT*

- Approved agreement is permanent and kept on file unless or until such a time as the institution is terminated or drops from participation.
- Annual updates are required.

2. ELIGIBILITY DOCUMENTATION

a. *ENROLLMENT FORM*

- Must have on every child and be updated annually.
- May annually renew, with any changes indicated by parent/guardian signature and date.
- Must include normal days and hours child is in care and meals child will normally eat.
- Head Start facilities indicate sessions only, not *normal meals eaten* item.
- Child care facilities indicate normal meals eaten.
- Must have signature of parent/guardian.

b. *MEDICAL STATEMENT, IF APPLICABLE*

c. *MILK SUBSTITUTION REQUEST, IF APPLICABLE*

d. *LETTER TO HOUSEHOLD* and *FAMILY-SIZE AND INCOME APPLICATION (FSIA)*

- Distribute to all participants.
- Parents or guardians are *NOT* required to complete this form.
- The institution must use the Household-Size Income Scales for *Free and Reduced-Price Meals* to determine the eligibility status of each household submitting an FSIA.
- FSIA *MUST* be completed and correctly approved by the institution before the institution may report the participant as free or reduced-price.
- FSIA is valid only for the current fiscal year (obtain annually at the beginning of each fiscal year).
- If an institution has Head Start children enrolled, the Head Start facility may complete the *Head Start Federally Funded Enrollment Information* form for the institution to use in lieu of FSIA's.

e. *CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ROSTERS (MONTHLY COUNT OF FREE, REDUCED-PRICE, NOT ELIGIBLE PARTICIPATION)*

- Recommend one roster for each category; i.e., free, reduced-price, and not eligible.
- Maintain monthly for an updated count of free, reduced-price, and not eligible.
- Record the participant in attendance as free, reduced-price, or not eligible (if he or she participated in one or more meal services).
- Total each column and record at bottom of page.
- Maintain with FSIA's.

3. RECORD KEEPING

a. *DAILY ATTENDANCE RECORD* or *DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES*

- Maintain daily on all participants left for care.
- List every participant's first and last names.
- Must support CACFP roster.
- Must maintain arrival and departure times for each participant if institution is approved for more than three meals per day.
- Maintain one each month, posting attendance daily.

- b. **CACFP MEAL COUNT WORKSHEET or DAILY RECORD OF MEALS SERVED**
 - Maintain one each month, posting meal counts daily.
 - A physical meal count must be taken as each meal is served (point of service).
 - No individual meal count claimed may exceed Department of Human Services (DHS) license capacity. (Any meal served over capacity must be reported as nonprogram.)
 - Reimbursement shall not be claimed for more than three meal services per participant per day. Reimbursement is limited to two main meals and one snack or two snacks and one main meal.
 - If more than one shift is approved per meal type, report counts separately.
 - Total each column and record at bottom of page.
 - Child Care Centers: All meals claimed must be served to children 12 years of age or younger.
 - Adult Care Centers: All meals claimed must be served to adults 60 years of age or older.
 - At-Risk Meals: All meals claimed must be served to children 18 years of age or younger.
 - c. **FOOD-PURCHASING FORM (ITEMIZED RECEIPTS)**
 - Should reflect what items were purchased, cost of each item, correct date, and place of purchase. (If store name is not printed on receipt, have clerk write store name and initial.)
 - If receipts are not thoroughly itemized, the *Food-Purchasing Form* is strongly recommended. The form has space to itemize each category of items purchased. One form is to be used per receipt. Staple receipt to form.
 - Keep receipts documenting food purchased for CACFP. All food and milk receipts must be maintained even if the costs of some items are not reported as a CACFP expense.
 - Institutions that contract for meal service record the total from the billing invoice as the monthly food and milk costs. The invoice serves as the itemized receipt.
 - d. **RECORD OF DONATED PRODUCTS**
 - Should reflect what items were donated, the amount of each donated item, the date of donation, the name of donor, and the telephone number of the donor (one form per donation).
 - e. **EXPENDITURE/REIMBURSEMENT WORKSHEET (REPORT OF ALLOWABLE OPERATING AND ADMINISTRATIVE COSTS)**
 - Maintain monthly, posting costs applicable to the CACFP. (Record only approved categories on CACFP application; i.e., cost of food, cost of labor)
 - Report costs under proper categories.
 - If reporting labor costs, record formula as approved on application used to arrive at amount claimed for each person. (Documentation of labor costs must be available.) Write the name of each person reported as food service and administrative labor.
 - Form must be used to document the nonprofit status of the institution's food service operations.
 - f. **CACFP CLAIM FOR REIMBURSEMENT/PAYMENT NOTICE**
 - Complete claim based on the records maintained at the institution.
 - Submit to the Oklahoma State Department of Education Child Nutrition Programs (hereinafter referred to as the *State Agency*).
 - Keep a copy of the claim for reference and auditing purposes.
 - Claims submitted after 60 days cannot be paid without approval of a one-time exception.
 - Maintain *Payment Notice* reflecting deposit of CACFP reimbursement and claim confirmations.
4. **OTHER REQUIRED RECORDS**
- a. Canceled checks for labor costs, food receipts, and for any other cost reported as a CACFP expense.
 - b. Title XX documentation from DHS, if applicable.
 - c. *Building for the Future* fact sheet—proof of reproduction and distribution.
 - d. Women, Infants, and Children (WIC) brochure—posted in institution.
 - e. Health Department inspection.

5. **INVENTORY**

a. **MONTHLY RECORD OF INVENTORY (Optional)**

- Maintain monthly to reflect purchased foods remaining at the end of the month.
- Inventory only unopened items.
- Maintain in center at all times.

b. **MILK INVENTORY FORM (Optional)**

- Maintain monthly to reflect purchased milk remaining at the end of the month.
- Maintain in center at all times.

6. **FOOD PRODUCTION RECORDS/MENUS AS SERVED**

- Must follow the CACFP minimum meal pattern requirements for child/adult care institutions.
- Must record daily meals served, including total quantities served, counts by age group, date, etc. (as shown in *Food Production Records/Menus as Served* section).
- Must maintain in center at all times.
- Medical statements must be maintained and available for any meals that do not meet minimum meal pattern requirements due to medical or special dietary needs.
- Child Nutrition (CN) label or product formulation statement** must be maintained for any processed and/or combination food used.
- Contract Meal Service Delivery Receipt** must be maintained in lieu of the *Food Production Records/Menus as Served*, if applicable.

Note: All meals must be consumed on-site.

7. **TRAINING**

- Person designated by the institution as the program's trainer must conduct annual CACFP training and maintain documentation.
- Training of all personnel involved with the CACFP, including all shifts and new personnel, is the institution's responsibility. Documentation of all personnel training must be maintained.
- Documentation should include date, agenda, list of topics, and signatures of participants.
- Required training topics include meal patterns, reimbursement process, meal counting, claims submission, and record keeping.

Note: The State Agency provides on-site technical assistance upon request.

8. **CIVIL RIGHTS**

- . . . *And Justice for All* poster displayed at each facility.
- The nondiscrimination statement must be included on all CACFP materials developed by the institution provided to the public. (Reference FNS Instruction 113-1, Section IX, B, 4.)
- Civil rights complaint-filing procedure on file.

9. **COMPLIANCE MONITORING**

- Administrative Reviews—Reviews are conducted of each participating institution to ensure compliance with Performance Standards and all other requirements of the CACFP.
- Audits—Nonprofit or public institutions expending \$750,000 or more in total federal funds in the prior fiscal year are required to submit an organizationwide audit annually. These audits are due nine months after the end of the institution's fiscal year.

10. **INFANTS**

- Institutions must offer meals to all enrolled infants.
- Infant meals must follow Infant Meal Pattern requirements.
- Infant Meal Waiver must be maintained on every infant not receiving a reimbursable meal.
- Infant meals served must be documented on Infant Meals as Served form.

11. **CONTRACTING WITH OUTSIDE VENDOR (PUBLIC SCHOOLS, HEAD STARTS, OTHER FOOD SERVICE ENTITIES) FOR FOOD SERVICE**
Contract Meal Service Delivery Receipt form is required if institution is contracting with an outside entity that is not a public school.
12. **AT-RISK MEAL PROGRAM**
 - a. Eligibility.
 - b. Reimbursement.
 - c. Times of operation.
 - d. Record keeping.
13. **MULTISITED INSTITUTION ADDITIONAL REQUIREMENTS**
 - a. **REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION**
 - b. **PREAPPROVAL VISIT FORM**
 - c. **ON-SITE MONITOR REVIEW FORM**
 - d. **HOUSEHOLD CONTACT DOCUMENTATION**
 - e. **JOB DESCRIPTIONS MUST BE SUBMITTED**
 - f. **BUDGET REVISIONS RECORD FOR MULTISITED INSTITUTIONS, IF APPLICABLE**

All of the forms provided in this manual are to be used in the 2017 fiscal year **ONLY** (October 1, 2016, through September 30, 2017).

ELIGIBILITY DOCUMENTATION

COMPLETING ENROLLMENT FORM

The enrollment form must be completed on every child with his or her initial enrollment. The form must indicate the normal days and hours in care, the meals the child normally receives, the name of the parent/guardian and his or her address and telephone number, and be signed by the parent/ guardian. Enrollment forms must be updated **ANNUALLY** with the signature of the parent/guardian and the date. This pertains to all prior year enrollment forms.

This form **does not** replace the CACFP Meal Benefit Income-Eligibility Form, which must be distributed annually (every year).

Institutions participating **ONLY** in the CACFP At-Risk Meal Program, outside-school-hours care program, as adult day care institutions, or as emergency shelters are not required to complete enrollment forms.

NOTE: If a sponsoring organization (SO), copies of the enrollment form must be maintained at both the SO and the facilities.

EXAMPLE
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ENROLLMENT FORM

CHILD'S INFORMATION

1. Child's Name: FLORENCE SCOTT Date of Birth: 10/3/YY

2. Normal Days in Attendance:

	X	X	X	X	X	
SUN	MON	TUE	WED	THU	FRI	SAT

3. Head Start Facilities Only: Indicate session.
 A.M. P.M. All Day

4. Special Dietary Needs* Yes No

5. Normal Hours of Attendance: 7:00 to: 5:00
a.m./p.m. a.m./p.m.

6. Normal Meals Eaten:
 Breakfast Lunch Supper
 A.M. Snack P.M. Snack Late P.M. Snack

7. Signature of Parent/Guardian: FELECIA SCOTT Date: 10/3/4444

*Attach signed medical statement.

PARENT'S INFORMATION

Name of Parent/Guardian: FELECIA SCOTT

Address: 123 "A" STREET City: OKLAHOMA CITY Zip: OK

Home Telephone Number: 123-4567

RENEWAL UPDATES

If there are no changes to the above information, sign and date. If there are changes, a new enrollment form must be completed, signed, and dated.

Parent/Guardian Signature	Date
<u>FELECIA SCOTT</u>	<u>10/3/4444</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EXCEPTIONS FOR SPECIAL DIETARY NEEDS

Documentation must be on file and available for individual participants who are unable, because of medical or other special dietary needs, to consume certain foods. Substitutions due to medical needs shall be supported by a statement from a recognized licensed physician, physician's assistant, or nurse practitioner and should include recommended alternate foods. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. (SP-30-2015, SFSP-15-2015, CACFP-13-2015, March 30, 2015) If a medical statement is not available, meals lacking the required components/quantities cannot be claimed for reimbursement.

The facility must provide all required food components for the meals served in order to claim reimbursement. This includes any substitutions made to a meal served to a child with special dietary needs unless supported by the medical statement.

Facilities may consider ethnic and religious preferences when requested by a household. Food substitutions may be made, if requested by parents/guardians. Food items substituted must be a creditable item from the same food component if the meal is claimed for reimbursement. Variations on an experimental or continuing basis in the food components must have written approval from the United States Department of Agriculture (USDA).

MEDICAL STATEMENT

Part I (to be filled out by *institution* or *parent/guardian*)

Name of Student: John Doe, Jr. Age: 4

Name of Parent/Guardian: John Doe Telephone Number: 555-6789

Name of Institution: Toys N Noise

Part II (to be filled out by a *medical authority*)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):

Celiac Disease

List food(s) to be omitted from diet:

Anything that contains gluten

List food(s) that may be substituted (diet plan):

Any gluten-free products

Additional information:

This child has a disability as defined by the American Disability Act:

Yes

No

10/14/YYYY

Date

R. J. Hoffman, M.D.

Signature of State-Recognized Medical Authority

555-1212

Telephone Number

EXAMPLE MILK SUBSTITUTION REQUEST

Child's Name: Jude Johnson Age: 4

My child cannot consume milk for the following reason(s):

Cultural

Signature of Parent/Guardian: Mrs. Johnson

Date: 10/3/YYYY

INSTITUTION APPROVAL:

Signature: Ima Fishul Date: 10/5/YYYY

Nondairy Beverages

In the case of children who cannot consume fluid milk due to medical or other special dietary needs other than a disability, nondairy beverages may be served in lieu of fluid milk. Nondairy beverages must be nutritionally equivalent to milk and meet the Nutrient Standards found in cow's milk. Nondairy beverage nutrient requirements per cup include each of the following:

- Calcium 276 mg
- Protein 8 g
- Vitamin A 500 IU
- Vitamin D 100 IU
- Magnesium 24 mg
- Potassium 349 mg
- Phosphorus 222 mg
- Riboflavin 0.44 mg
- Vitamin B-12 1.1 mg

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request of the child's caretaker asking that a milk substitution be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. A copy of a request form is on **page 205**. *Such substitutions are at the option and the expense of the facility.* The requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a licensed physician, physician's assistant, or nurse practitioner remain unchanged.

APPROVING CACFP FAMILY-SIZE AND INCOME APPLICATIONS

Every application must be approved at face value. Institutions **must not** complete any part of the application for a household nor can an institution require a household to complete an application.

A. The application **MUST** provide the following:

1. ***For Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and/or Food Distribution Program on Indian Reservations (FDPIR) households:***

a. The name of each child for whom the application is made.

b. A SNAP, TANF, or FDPIR case number.

(1) SNAP*: A valid SNAP number may begin with the letter **A, B, C, D, H, J, or T** followed by six to nine digits. All valid numbers **MUST** be Oklahoma-issued. Some numbers could also include a dash, followed by two additional numbers. **NOTE: Centers cannot go to the EBT machine and write down the number on the application. The application must be totally completed by the parent/guardian.**

(2) TANF*: A valid TANF number is recognized by a six- to nine-digit number beginning with the letter **C or H**. All valid numbers **MUST** be Oklahoma-issued. This number could be followed by a dash with two additional numbers.

(3) FDPIR*: An FDPIR number may be any combination of letters and/or numbers. It has no identifiable format. **NOTE:** A number starting with **KK** should not be considered an FDPIR number.

* If an application contains a single case number for SNAP, TANF, or FDPIR, all enrolled children listed on the application must be approved for free meal benefits. Any income information on an application containing a **SINGLE/CORRECT** SNAP, TANF, or FDPIR case number should be disregarded. (Reference USDA Memo SP-38-2009.)

* If there is any doubt of the validity of a case number submitted on an application, the institution should contact the appropriate SNAP, TANF, or FDPIR official and document the findings. (This is only for numbers that are not formatted as Oklahoma numbers.)

c. The signature of an adult household member.

2. ***Foster children are now categorically eligible, and the required information for foster children is:***

a. The name of the child and the indication that the child is a foster child.

b. The signature of an adult household member.

3. ***For Other Households (Income Households):***

- a. The names of all household members, including all children for whom the application is made.
- b. The amount of gross income received by each household member and the source of the income.
- c. The last four digits of the social security number of the adult household member who signs the application or an indication that the household member does not have one.
- d. The signature of an adult household member.

B. Computation of Current Income

1. Each household ***MUST*** provide the amount of gross income received. Income ***MUST*** be identified with the individual who received it and the source of the income (such as wages or welfare). It is the responsibility of the institution representative to compute the household's total current income and compare the total amount to the Income-Eligibility Guidelines. (See **page 241**.)
2. Households may report incomes for different periods; e.g., one monthly, one every two weeks, one twice a month, and one weekly. The institution representative ***MUST*** convert all reported incomes to ***ANNUAL*** income to determine the total household income.
3. To compute annual income:
 - a. If income is received ***every week***, multiply the total gross income by 52 to determine the annual income.
 - b. If income is received ***every two weeks***, multiply the total gross income by 26 to determine the annual income.
 - c. If income is received ***twice a month***, multiply the total gross income by 24 to determine the annual income.
 - d. If income is received ***once a month***, multiply the gross income by 12 to determine the annual income.

NOTE: In situations where income is reported weekly, every two weeks, monthly, or twice a month, and the software has no provision for dealing with dollars and cents, calculations should be done manually to arrive at the most accurate annual or monthly income. (Reference All State Directors' Memo 2001-CN-8.) All computerized software must include both the dollar amount and the CENT amount, unless the cents are computed manually.

C. Application Approval or Denial

1. Households that submit an incomplete application cannot be approved. If any **REQUIRED** information is missing, the information **MUST** be obtained before an eligibility determination can be made. Institutions **must not** complete any part of the application for a household.
2. To get the required information, the institution representative may return the application to the household or contact the household either in person, by phone, or in writing. The institution representative must document the details of the contact and date and initial the entry. Applications missing the signature of an adult household member **MUST** be returned for signature.
3. Every reasonable effort should be made to obtain the missing information prior to determining the application is not eligible.
4. If there are any inconsistencies or questions concerning the required eligibility information provided, the household's application **MUST** be determined as not eligible unless the inconsistencies or questions are resolved. For instance, if it is unclear whether the household provided weekly or monthly income, this issue **MUST** be resolved before an eligibility determination can be made. The institutional representative may contact the household prior to determining the application is not eligible, document the details of the contact, and date and initial the entry.
5. ***Each CACFP FSIA must contain the approval signature of the institution representative and date the form was approved to be considered valid.***

NOTE: If the person who is approving the application has registered his/her signature with the State of Oklahoma, then a stamped signature is permissible.

Effective Date:

CACFP institutions have flexibility concerning the effective date of certification for program benefits. For the purposes of nonschool institutions, the date to be used to make this determination may be either the date the parent or guardian signed the income-eligibility form or the date on which the sponsor or independent center official signs the form to certify eligibility of the participant. However, if the date of parent signature is not within the month of certification or the immediately preceding month, the effective date must be the date of certification. Please note, the date of submission by the parent or guardian is not required to be recorded on the income-eligibility form. (Reference USDA Memo 01-2015)

D. Foreign Language Translations

Where a significant number or proportion of the population eligible to be served in the institution needs information in a language other than English, institutions **MUST** make reasonable efforts, considering the size and concentration of such population, to send appropriate non-English-language household letters or notices and application forms to such households. USDA provides copies of these applications, which include the following languages: Arabic, Cambodian, Chinese (Mandarin), Farsi, French, Greek, Haitian, Hindi, Hmong, Japanese, Korean, Kurdish, Loatian, Polish, Portuguese, Russian, Samoan, Serbo-Croatian, Somali, Spanish, Sudanese, Tagalog, Thai, Urdu, and Vietnamese. Log onto <http://www.fns.usda.gov/cnd/Care/Benefit_Forms/Translations.htm>

ELIGIBILITY DEFINITIONS

Determining Household Size

Adopted Child—An adopted child for whom a household has accepted responsibility is considered to be a member of that household. If the adoption is a **SUBSIDIZED** adoption (children who are difficult to place), the subsidy is included in the total household income.

Child Attending an Institution—A child who attends, but does not reside in, an institution is considered a member of the household in which he or she resides.

Child Away at School—A child who is temporarily away at school (e.g., attending boarding school or college) should be counted as a member of the household.

Child Living With One Parent, Relatives, or Friends—In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives, or friends of the family, the child is considered to be a member of the household with whom he or she resides. Children of divorced or separated parents are generally part of the household that has custody.

Emancipated Child—A child living alone or as a separate economic unit is considered to be a household of one. In some cases, an emancipated child may be living with relatives or friends, none of whom is an adult. If the household is one economic unit, all income and household members **MUST** be included to determine eligibility. Age is not a factor in defining an emancipated child.

Family Members Living Apart—Family members living apart on a **TEMPORARY** basis are considered household members. Family members not living with the household for an **EXTENDED** period of time are not considered members of the household for purposes of determining eligibility, but any money made available by them or on their behalf for the household is included as income to the household.

Foreign Exchange Student—A foreign exchange student is considered to be a member of the household in which he or she resides; i.e., the household hosting the student.

Foster Child—A foster child is a child whose care and placement is the responsibility of an agency that administers a state plan under Part B or E of Title IV of the Social Security Act or a foster child who a court has placed with a caretaker household. These provisions only apply to children formally placed in foster care by a state child welfare agency or a court. They do not apply to informal arrangements such as caretaker arrangements or permanent guardianship placements that may exist outside of or as a result of state- or court-based systems. Whether placed by the state child welfare agency or a court, in order for a child to be considered categorically eligible for free meals, the state must retain legal custody of the child. The household keeping the foster child **DOES** include the foster child in its family size, and it does include as part of the household income any monies the foster child receives. However, the household does not report any monies the foster parents are receiving for the care of the foster child. **NOTE: Because some adopted children were first placed in families as foster children, parents may not be aware that once a child is adopted, he or she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making an eligibility determination.**

Household/Economic Unit—A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit and who share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating expenses and maintaining economic independence from one another.

Institutionalized Child—An institutionalized child is a child who resides in a residential-type facility that the state has determined is not a boarding school. Such a child is considered a household of one.

Joint Custody—In cases where joint custody has been awarded and the child physically changes residence, determination should be based on the household where the child would receive the highest benefit.

Military Family Member—For the purpose of determining household size, deployed service members should be considered as family members living apart on a temporary basis. A school or an institution would instruct families to include the names and only that portion of the deployed service member’s income made available by the service member, or on his or her behalf, to the household where the children are staying should be counted as income for eligibility determination purposes.

Determining Household Income

Income is any money received on a recurring basis, including **GROSS** earned income, unless specifically excluded by legislation. Specifically, gross earned income means all money earned before deductions for employee’s income taxes, social security taxes, insurance premiums, bonds, savings programs, and/or other income deductions.

Income includes the following:

Adopted Child Subsidy—The subsidy a household receives for a child that has been adopted is counted as income.

Alimony and Child Support—Any money received by a household in the form of alimony or child support is considered as income to the receiving household. However, any money paid out for alimony or child support may not be deducted from that household’s reported gross income.

Child’s Income—The earnings of a child who is a full-time or regular part-time employee **MUST** be listed on the application as income. However, occasional earnings such as income from occasional baby-sitting or mowing lawns should not be listed on the application as income.

Current Gross Income—Households **MUST** report current income on a Family-Size and Income Application (FSIA).

Current income means income received by the household. If this income is higher or lower than usual and does not fairly or accurately represent the household’s actual circumstances, the household may project its annual rate of income.

Earnings From Work—Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and worker’s compensation.

Foster Child’s Income—A foster child is a child who is living with a household but who remains the legal responsibility of the welfare agency or court. The household keeping the foster child **DOES** include the foster child in its family size, and it does include as part of the household income any monies the foster child receives. However, the household does not report any monies the foster parents are receiving for the care of the foster child. **NOTE: Because some adopted children were first placed in families as foster children, parents may not be aware that once a child is adopted, he or she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making an eligibility determination.**

Garnisheed Wages and Bankruptcy—Income is the gross income received by a household before deductions. In the case of garnisheed wages and income ordered to be used in a specified manner, the total gross income **MUST** be considered, regardless of whatever portions are garnisheed or used to pay creditors.

Income for the Self-Employed—Self-employed persons may use last year’s income as a basis to project their current year’s net income, unless their current net income provides a more accurate measure. Self-employed persons are credited with net income rather than gross income. Net income for self-employment is determined by subtracting business expenses from gross receipts:

- (a) Gross receipts include the total income from goods sold or services rendered by the business.
- (b) Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid, and business taxes (not personal, federal, state, or local income taxes).
- (c) Nondeductible business expenses include the value of salable merchandise used by the proprietors of retail businesses.
- (d) For a household with income from wages and self-employment, each amount **MUST** be listed separately. When there is a business loss, income from wages may not be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero income.

Institutionalized Child's Income—Payments from any source directly received by the institution on a child's behalf are not considered as income to the child. Only the income a child earns from full-time or regular part-time employment and/or personally receives while in residence at the institution is considered as income.

Lump Sum Payments—When lump sum payments are put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

Military Benefits—Gross income, including base pay, regular housing allowance (BAH, VHA, BAQ), subsistence (BAS), clothing allowance, hazardous duty, hostile fire, flight pay, incentive, etc., must be included for military families. The only exceptions are as follows:

- (a) *U.S. Armed Forces Family Subsistence Supplemental Allowances (FSSA)*. (Reference All State Directors' Memo 2006-CN-10.)
- (b) *Privatized housing* refers to the Military Housing Privatization Initiative, a program operating at a number of military installations. This initiative puts the operation of military-owned housing under private contractors. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. It is important to note that this income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. (Reference All State Directors' Memos 2004-CN-06, 2004-CN-01, 2003-CN-17, 2003-CN-16.)
- (c) During Operation Enduring Freedom, where a household member is deployed to any location, regardless of the specific military operation, only the income made available to the household is to be counted and the deployed household member is to be counted as part of the household.

Additionally, USDA has provided clarification regarding household-size and income determination where both parents are deployed military and their children are staying with friends or relatives. Consistent with the above policy, the children would be counted as part of the household where they are staying; however, both parents would also be included in the household and only the funds provided to the household by the deployed military parents would be included in total household income. (Reference All State Directors' Memo 2003-CN-06.)

- (d) *Military Combat Pay*. This exclusion is authorized by the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010 (P.L. 111-80; October 21, 2009).

As set forth in the statute, Combat Pay is defined as an additional payment made under Chapter 5 of Title 37 of the United States Code, or as otherwise designated by the Secretary to be excluded, that is received by the household member who is deployed to a designated combat zone. Combat Pay is excluded if it is:

- Received in addition to the service member's basic pay.
- Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone.

AND

- Not received by the service member prior to his or her deployment to or service in the designated combat zone.

A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. As with other types of income commonly received by military personnel (such as the Basic Allowance for Housing or Basic Allowance for Subsistence payments), Combat Pay received by service members is normally reflected in the entitlements column of the military Leave and Earnings Statement (LES). Information regarding deployment to or service in a combat zone may also be available through military orders or public records on deployment of military units. Deployed service members are considered members of the household for purposes of determining income eligibility for the CNP. (Reference USDA Memo SP-06-2010.)

- (e) The Earned Income Tax Credit (EITC). (Reference All State Directors' Memo 2003-CN-13.)
- (f) Any payments made under the Agent Orange Compensation Exclusion Act.
- (g) Any payments made or any mandatory salary reduction related to the Veteran's Educational Assistance Act of 1964 (GI Bill).
- (h) Deployment Extension Incentive Pay (DEIP)

The exclusion of Combat Pay, as described in P.L. 111-80, is extended to DEIP. DEIP is given to active-duty service members who agree to extend their military service by completing deployment with their units without reenlisting. This exemption applies only until the service members return to their home station. Any additional DEIP payments provided to service members serving at their home station is considered income as they are no longer considered deployed. (Reference USDA Policy Memo SP-06-2011.)

Other Income—Net rental income; annuities; net royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to pay for the children's meals.

Pensions/Retirements/Social Security—Pensions, retirement income, social security, supplemental security income (SSI), and veterans' payments.

Seasonal/Temporary Workers—Seasonal workers such as migrants and others whose income fluctuates so that they usually earn more money in some months than in other months. In these situations, the household may project its annual rate of income and report this amount as its current income. If the prior year's income provides an accurate reflection of the household's current annual rate of income, the prior year may be used as a basis for the projected annual rate of income.

Welfare—Public assistance payments/welfare receipts (General Assistance, General Relief, etc.).

Income Exclusions

Income **NOT** to be reported or counted as income in the determination of a household's eligibility for free or reduced-price benefits includes:

Any cash income or value of benefits a household receives from any federal program that excludes such income by **legislative prohibition**, such as the value of food benefits provided under SNAP.

Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships, awarded to meet educational expenses and not available to pay for meals.

The foster parent does not include as part of the household income any monies the foster child receives **NOR** that the foster parent receives from the welfare agency for shelter and care.

LOANS, such as bank loans, since these funds are only temporarily available and **MUST** be repaid.

The value of **in-kind compensation** such as housing for clergy or any other noncash benefit.

Occasional earnings received on an irregular basis; e.g., nonrecurring, such as payment for occasional baby-sitting or mowing lawns.

Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that **MUST** be replaced, such as payment from an insurance company for fire damage to a house.

Any subsidy that a household receives through the prescription drug discount card program is not considered income. (Reference All State Directors' Memo 2004-CN-04.)

Earned Income Tax Credit: The federal earned income tax credit may be a refund of taxes withheld, a credit against taxes withheld, or a cash payment in excess of what was withheld. (Reference All State Directors' Memo 2003-CN-13.)

Payments made under the National Flood Insurance Act of 1968 for flood mitigation activities. (Reference All State Directors' Memo 2006-CN-04.)

**ABC Day Care
111 Main Street
Somewhere, OK 99999
LETTER TO THE HOUSEHOLD**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. (Name of Center) **ABC Day Care** offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to:** (Name of Center) **ABC Day Care** , (Address) **111 Main Street** , (Phone Number) **555-5555** .
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Children in households participating in WIC *MAY* be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. Your or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact (Name) **Somewhere DHS** , (Address) **1000 Center Avenue** , (Phone Number) **999-6666** .
9. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider and employer.

If you have other questions or need help, call (Phone Number) **555-5555** .

Sincerely,

(Signature) **Ima Fishul**

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**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Brother Q Public, Sister Q Public, John Q Public, Baby Q Public				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income
Daddy Q Public			<input type="checkbox"/>	<input type="checkbox"/>
Mommy Q Public			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Brother Q Public	4	6/30/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sister Q Public	3	2/20/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
John Q Public	2	3/16/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Baby Q Public	3 mo	8/3/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
PART 2. BENEFITS				
If any member of your household receives <i>SNAP, TANF</i> or <i>FDPIR</i> benefits, provide the name and case number for the <i>ONE</i> person who receives benefits. <i>If no one receives these benefits, skip to Part 3.</i>				
NAME: _____ CASE NUMBER: _____				
PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)				
<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input checked="" type="checkbox"/> Runaway				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, AFDC	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200 / weekly	\$ 100 / twice a month	\$ 100 / monthly	\$ _____ / _____
Daddy Q Public	\$ 3000 / mo	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

EXAMPLE
 VALID FREE
 INCOME
 CORRECTLY
 APPROVED

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Daddy Q Public Print Name: Daddy Q Public
 Date: 10/3/YYYY
 Address: 123 Somewhere Phone Number: 123-4567
 City: Nowhere State: USA Zip Code: 11111
 Last four digits of social security number: *** - ** - 5 5 5 5 I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:
 Asian
 White
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Black or African American

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. Institution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.
 I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each additional person:	7,696

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: 36,000 Per: Week ____ Every 2 Weeks ____ Twice a Month ____ Month ____ Year X
 Household Size: 6
 Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free X Reduced ____ Denied ____
 Reason: Income qualified
 Determining Official's Signature: Ima Fishul Date: 10/4/YYYY

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION (FSIA)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled children.
b. List all household members; including the enrolled children. For each enrolled child, include his/her age and birth date.
- Part 2:** List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- **If ALL children you are applying for are foster children or if you are only applying for benefits for the foster child:**

- Part 1:** a. List all enrolled foster children.
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

- **If some of the children in the household are foster children:**

- Part 1:** a. List all enrolled foster children.
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the *No Income* box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school, homeless liaison, or migrant coordinator*) _____. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
In Box 2, list the amount each person got for the month from welfare, child support, alimony.
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose.

Part 7: OTHER BENEFITS. You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

<p>ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:</p>
--

Part 1: a. List all enrolled children.

b. List all household members; for the enrolled children, list ages and birth dates. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the **No Income** box.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Column A—Name:** List only the first and last name of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.

In Box 1, list the **gross income**, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

In Box 2, list the amount each person got for the month from welfare, child support, alimony.

In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose.

Part 7: OTHER BENEFITS. You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

<p>PRIVACY ACT STATEMENT: This explains how we will use the information you give us.</p>

<p>NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.</p>
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**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Peter Phillips				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*	Check if NO Income
Peter Phillips	3	9/1/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Penelope Phillips			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**EXAMPLE
VALID SNAP
(CORRECTLY
APPROVED)**

PART 2. BENEFITS	
If any member of your household receives <i>SNAP, TANF, or AFDC</i> benefits, provide the name and case number for the <i>ONE</i> person who receives benefits. <i>If no one receives these benefits, skip to Part 3.</i>	
NAME: Penelope Phillips	CASE NUMBER: A113116002

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)
<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Penelope Phillips Print Name: Penelope Phillips

Date: 10/3/YYYY

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - ____ I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

- Health Insurance** Yes, I want health insurance for my children. Institution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each additional person:	7,696

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Per: Week _____ Every 2 Weeks _____ Twice a Month _____ Month _____ Year _____

Household Size: _____

Categorical Eligibility: X Date Withdrawn: _____ Eligibility: Free X Reduced _____ Denied _____

Reason: SNAP recipient

Determining Official's Signature: Ima Fishul Date: 10/5/YYYY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Mariah Olson				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*	Check if NO Income
			*If all children indicated below are foster children, skip to Part 5 to sign this form.	
Mariah Olson	3	7/31/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Owen Olson			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
PART 2. BENEFITS				
If any member of your household receives SNAP, TANF, or TDIPIR benefits, provide name and case number for the ONE person who receives benefits. <i>If no one receives these benefits, skip to Part 3.</i>				
NAME: <u>Owen Olson</u> CASE NUMBER: <u>555-66-7891</u>				
PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)				
<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200 / weekly	\$ 150 twice a month	\$ 100 / monthly	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

EXAMPLE
 TDIPIR NUMBER
 (CORRECTLY
 APPROVED)

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Owen Olson Print Name: Owen Olson
 Date: 10/3/YYYY
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of social security number: *** - ** - ____ I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:
 Asian
 White
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Black or African American

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. Institution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.
 I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,590
Each additional person:	7,696

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12
 Total Income: _____ Per: Week ____ Every 2 Weeks ____ Twice a Month ____ Month ____ Year ____
 Household Size: _____
 Categorical Eligibility: X Date Withdrawn: _____ Eligibility: Free X Reduced ____ Denied ____
 Reason: FDPPIR recipient
 Determining Official's Signature: Ima Fishul Date: 10/5/YYYY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Addie Butler, Thatcher Butler, Harrison Butler				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
Addie Butler	3	2/20/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Thatcher Butler	3	2/20/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Harrison Butler	9 mo	1/6/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sheila Butler			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives SNAP, TANF, or FDISR benefits, provide the name and case number for the ONE person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: **Addie Butler** CASE NUMBER: **M-157230 002**

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON OR MIGRANT COORDINATOR AT PHONE NUMBER

Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME: _____ GROSS INCOME AND HOW OFTEN IT WAS RECEIVED

(List only household members with income)	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200 / weekly	_____ / twice a month	\$ 100 / monthly	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

INVALID SNAPSHOT NUMBER CORRECTLY DETERMINED NOT ELIGIBLE

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Sheila Butler Print Name: Sheila Butler

Date: 9/30/YYYY

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - ____ I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian White American Indian or Alaska Native Native Hawaiian or other Pacific Islander Black or African American

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. Insitution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.

No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,647
Each additional person:	7,696

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To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

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DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Per: Week _____ Every 2 Weeks _____ Twice a Month _____ Month _____ Year _____

Household Size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied X

Reason: Invalid SNAP number

Determining Official's Signature: Ima Fishul Date: 10/3/YYYY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Cathy Thomas, Gary Thomas				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
Cathy Thomas	4	2/8/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gary Thomas	3	3/1/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rachel Thomas			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives SNAP, TANF, or FPIR benefits, provide the name and case number for the ONE person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: Gary Thomas CASE NUMBER: 6005 8902 2715 2239

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER

Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings from Work Before Deductions	Welfare, Child Support, Annuity	Pension, Retirement, Social Security, SSA Benefits	All Other Income
(Example) Jane Smith	\$ 20 / weekly	\$ 15 / twice a month	\$ 100 / monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

**EXAMPLE
INVALID
NUMBER
CORRECTLY AS
DETERMINED AS
NOT ELIGIBLE**

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS

a. Name(s) of Enrolled Child(ren) **Jodi Jensen, Amber Cashion**

b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
Charles Jensen			<input type="checkbox"/>	<input type="checkbox"/>
Jamie Cashion			<input type="checkbox"/>	<input type="checkbox"/>
Michael Jensen			<input type="checkbox"/>	<input type="checkbox"/>
Jodi Jensen	5	7/1/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amber Cashion	3	1/16/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives *SNAP, TANF, or FOPIN* benefits, provide the name and case number for the *ONE* person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: Jodi Jensen CASE NUMBER: S-423245

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER

Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED	C. Earnings From Work Before Deductions	D. Welfare, Child Support, Alimony	E. Pensions, Retirement, Social Security, SS, VA Benefits	F. All Other Income
(Example) Jane Smith	\$ 200 / week	\$ 100 / twice a month	\$ 10 / monthly	\$ _____ / _____	\$ _____ / _____
Charles Jensen	\$ 1500 / monthly	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Jamie Cashion	\$ 1000 / monthly	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Michael Jensen	\$ 400 / monthly	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

INVALID TANF NUMBER CORRECTLY BASED ON INCOME

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Charles Jensen Print Name: Charles Jensen

Date: 9/28/YYYY

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - 4 4 4 4 I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

- Health Insurance** Yes, I want health insurance for my children. Institution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: Charles Jensen Date: 9/28/YYYY

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,647
Each additional person:	7,696

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Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

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DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$2900 Per: Week _____ Every 2 Weeks _____ Twice a Month _____ Month X Year _____

Household Size: 5

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free X Reduced _____ Denied _____

Reason: _____

Determining Official's Signature: Ima Fishul Date: 10/3/YYYY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Frank Scott, Florence Scott				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*	Check if NO Income
			*If all children indicated below are foster children, skip to Part 5 to sign this form.	
Frank Scott	6 wk	8/16/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Florence Scott	5	10/3/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Felecia Scott			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
PART 2. BENEFITS				
If any member of your household receives SNAP, TANF, or WPIR benefits, provide the name and case number for the ONE person who receives benefits. <i>If no one receives these benefits, skip to Part 3.</i>				
NAME: _____ CASE NUMBER: _____				
PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)				
<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway				
PART 4. TOTAL HOUSEHOLD GROSS INCOME You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200 / weekly	\$ 150 twice a month	\$ 100 / monthly	\$ _____ / _____
Felecia Scott	\$ 1800 / monthly	\$ 400 / monthly	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

EXAMPLE PRICE
 REDUCED INCOME
 CORRECTLY APPROVED

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS

a. Name(s) of Enrolled Child(ren) Barbara Simonsky, Brenda Childs				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
Barbara Simonsky	5	9/18/YY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Brenda Childs	2	6/1/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tiffany Childs			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

EXAMPLE FOSTER CHILD AND OTHER CHILDREN (CORRECTLY APPROVED)

PART 2. BENEFITS

If any member of your household receives *SNAP, TANF*, or *OPIN* benefits, provide the name and case number for the *ONE* person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)

Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200 / weekly	\$ 150 twice a month	\$ 100 / monthly	\$ _____ / _____
Tiffany Childs	\$ 2800 / mo	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Tiffany Childs Print Name: Tiffany Childs
 Date: 9/30/YYYY
 Address: _____ Phone Number: 521-8888
 City: _____ State: _____ Zip Code: _____
 Last four digits of social security number: *** - ** - 9 9 9 9 I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:
 Asian
 White
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Black or African American

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. Insitution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each additional person:	7,696

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: \$2800 Per: Week _____ Every 2 Weeks _____ Twice a Month _____ Month X Year _____

Household Size: 3

(Barbara)

(Brenda)

Categorical Eligibility: X Date Withdrawn: _____ Eligibility: Free X Reduced X Denied _____

Reason: Barbara is a foster child—Brenda approved on income

Determining Official's Signature: Ima Fishul Date: 10/3/YYYY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS

a. Name(s) of Enrolled Child(ren) **Johnny McClain, Joanie McClain, David McClain, Chase McClain**

b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
Mike McClain			<input type="checkbox"/>	<input type="checkbox"/>
Gertrude McClain			<input type="checkbox"/>	<input type="checkbox"/>
Johnny McClain	5	4/24/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Joanie McClain		3/16/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
David McClain	3	5/22/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Chase McClain		3/7/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives SNAP, TANF, or FDIPIR benefits, provide the name and case number for the ONE person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER

Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pension, Retirement, Social Security, SSI, VA benefits	All Other Income
(Example) Jane Smith	\$ 200 / weekly	\$ 150 twice a month	\$ 100 / monthly	\$ _____ / _____
Mike McClain	\$ 1840.25 / monthly	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Gertrude McClain	\$ 1100.00 / monthly	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**EXAMPLE
INCOMPLETE
APPLICATION -
NO LAST
FOUR DIGITS
OF THE
SOCIAL
SECURITY
NUMBER**

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Mike McClain Print Name: _____

Date: 9/28/YYYY

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - ____ I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:
 Asian
 White
 American Indian or Alaska Native
 Native Hawaiian or other Pacific Islander
 Black or African American

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. Institution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: Mike McClain Date: 9/28/YYYY

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,647
Each additional person:	7,696

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: **\$2,940.25** Per: Week ____ Every 2 Weeks ____ Twice a Month ____ Month **X** Year ____

Household Size: 6

Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free ____ Reduced ____ Denied **X**

Reason: Incomplete—No SSN—May change to free if last 4 digits of SSN is obtained

Determining Official's Signature: Ima Fishul Date: 10/3/YYYY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Julie Douglas, Debbie Douglas, Steffy Douglas				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
Julie Douglas	2	6/20/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Debbie Douglas	3	7/6/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Steffy Douglas	1	4/17/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Dee Dee Douglas			<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
PART 2. BENEFITS				
If any member of your household receives SNAP, TANF, or FDC benefits, provide the name and case number for the ONE person who receives benefits. <i>If no one receives these benefits, skip to Part 4.</i>				
NAME: _____ CASE NUMBER: _____				
PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)				
<input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway				
PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200 / weekly	\$ 150 twice a month	\$ 100 / monthly	\$ _____ / _____
Dee Dee Douglas	\$ 0 / _____	\$ 0 / _____	\$ 0 / _____	\$ 0 / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

EXAMPLE APPLICATION (CORRECTLY APPROVED)

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: Dee Dee Douglas Print Name: _____

Date: 10/3/YYYY

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - 4 2 2 2 I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

Health Insurance Yes, I want health insurance for my children. Insitution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I *DO NOT* want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: Dee Dee Douglas Date: 10/3/YYYY

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each additional person:	7,696

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if the participant is eligible for free or reduced-price meals and for administration and enforcement of the Programs.

The United States Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form*, found online at <http://www.ascr.usda.gov/complaint_filing_cust.html>, or at any USDA office, or call 866-632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to USDA by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, by fax 202-690-7442, or e-mail at <program.intake@usda.gov>.

Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339 or 800-845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: 0 Per: Week _____ Every 2 Weeks _____ Twice a Month _____ Month _____ Year _____

Household Size: 4

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free X Reduced _____ Denied _____

Reason: Family has no income

Determining Official's Signature: Ima Fishul Date: 10/3/YYYY

AUTOMATIC ELIGIBILITY OF HEAD START CHILDREN

The Healthy Meals for Americans Act allows children who are **ENROLLED** in a federally funded Head Start Program to be automatically eligible for free meal benefits in the CACFP. (Reference CACFP 11-2013.)

In order to facilitate implementation of this provision, the following applies:

1. **DOCUMENTATION FOR HEAD START ENROLLEES:** The CACFP institution representative must obtain documentation of the Head Start participants in order to confirm automatic eligibility for free meals. (Refer to the Head Start Federally Funded Enrollment Information form. The documentation may be a list of the names of the Head Start participants. The documentation must also include the signature of a Head Start employee authorized to provide the certification on behalf of the Head Start office, as appropriate, and the date.*
2. **ANNUAL UPDATE:** At the beginning of each year, the institution representative must establish whether each child continues to be enrolled in Head Start.
3. **RECORD RETENTION:** The Head Start list of participants must be maintained on file and readily available for review by USDA, the State Agency, or other appropriate agencies for a minimum of three years from the end of the fiscal year to which the information applies or as otherwise specified in program regulations.

Note that while the automatic eligibility for free meals can be documented through the Head Start records, all other monthly records for the CACFP must be properly maintained.

* All Head Start children **MUST** have a completed enrollment form.

HEAD START FEDERALLY FUNDED ENROLLMENT FORM INSTRUCTIONS

1. Record fiscal year.
2. Record name of institution.
3. Record name of facility.
4. Once the above items have been completed, submit the form to the Head Start agency.
5. The Head Start agency should complete the form of the participants. This form must be signed and dated by the person authorized to provide certification and returned to the institution.
6. The children listed will then be recorded on the free roster.

CACFP ROSTER FOR REGULAR MEALS ONLY

The CACFP Roster for Regular Meals Only is used to determine monthly counts of *free*, *reduced-price*, and *not eligible* participation.

Suggested methods for use (if you use another method, indicate key):

- Use a separate roster for each category (*free*, *reduced-price*, and *not eligible*).
- List eligible children on the appropriate roster.
- Check under the **EF** column when the annual enrollment is obtained.
- Indicate the date the FSIA is approved.
- Record monthly an **X** for each child who was in attendance and received at least one reimbursable meal (participated) during that month.
- Use X_D to indicate that a child participated that month but was also dropped from enrollment during the month.
- Use X_{RE} to indicate that the child reenrolled and participated during that month.
- Use X_E to indicate that a child enrolled for the first time and participated during that month.
- Totals for each category are reported monthly on Item 3 on the claim for reimbursement.
- Use **I** to indicate an infant who does not participate in CACFP meals and has a signed Infant Meals Waiver on file.
- Use **NP** to indicate a child who does not participate in CACFP meals.

It is recommended that the rosters be maintained in a loose-leaf binder. Children's CACFP Meal Benefit Income-Eligibility Forms should be placed behind the roster on which they are listed.

NOTE: Any child eating at least one regular meal during the month **MUST** be included on the roster.

EXAMPLE
FREE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: Toys N Noise Fiscal Year: yyyy

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1. <i>Phillips, Peter</i>	X	10/3/yy	X												
2. <i>Simonsky, Barbara</i>	X	10/3/yy	X												
3. <i>Douglas, Steffy</i>	X	10/3/yy	X												
4. <i>Douglas, Julie</i>	X	10/3/yy	X												
5. <i>Douglas, Debbie</i>	X	10/3/yy	X												
6. <i>Smith, Kathy</i>	X	10/3/yy	NP												
7. <i>Robbins, Cindy</i>	X	10/3/yy	NP												
8. <i>Hawks, Tommy</i>	X	10/3/yy	NP												
9. <i>Public, Brother Q</i>	X	10/3/yy	NP												
10. <i>Public, Sister Q</i>	X	10/3/yy	NP												
11. <i>Public, John Q</i>	X	10/3/yy	NP												
12. <i>Public, Baby Q</i>	X	10/3/yy	NP												
13. <i>Olson, Mariah</i>	X	10/5/yy	X												
14.															
15.															
16.															
17.															
18.															
19.															
20.															
21.															
22.															
23.															
24.															
25.															
26.															
27.															
28.															
29.															
30.															
TOTAL			6												

*EF = Enrollment Form obtained

EXAMPLE
REDUCED CACFP ROSTER FOR REGULAR MEALS ONLY

Center: Toys N Noise Fiscal Year: yyyy

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1. Jensen, Jodi	X	10/3/yyy	X												
2. Cashion, Amber	X	10/3/yyy	X												
3. Sanders, Sue	X	10/3/yyy	I	I	I	I									
4. Sanders, Todd	X	10/3/yyy	X												
5. Childs, Brenda	X	10/3/yyy	NP												
6. Scott, Florence	X	10/27/yyy	X												
7. Scott, Frank	X	10/27/yyy	X												
8.															
9.															
10.															
11.															
12.															
13.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															
21.															
22.															
23.															
24.															
25.															
26.															
27.															
28.															
29.															
30.															
TOTAL				5											

NOTE: SUE SANDERS IS IDENTIFIED AS AN INFANT WHO DOES NOT PARTICIPATE. SEE INFANT MEAL WAIVER FORM ON PAGE 201.

*EF = Enrollment Form obtained

EXAMPLE
NOT ELIGIBLE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: Toys N Noise Fiscal Year: YYYY

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1. <i>Butler, Addie</i>	X	10/3/YYY	X												
2. <i>Butler, Thatcher</i>	X	10/3/YYY	X												
3. <i>Butler, Harrison</i>	X	10/3/YYY	X												
4. <i>Thomas, Cathy</i>	X	10/3/YYY	X												
5. <i>Thomas, Gary</i>	X	10/3/YYY	X												
6. <i>McClain, Johnny</i>	X	10/3/YYY	X												
7. <i>McClain, Joanie</i>	X	10/3/YYY	X												
8. <i>McClain, David</i>	X	10/3/YYY	X												
9. <i>McClain, Chase</i>	X	10/3/YYY	X												
10.															
11.															
12.															
13.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															
21.															
22.															
23.															
24.															
25.															
26.															
27.															
28.															
29.															
30.															
TOTAL			9												

*EF = Enrollment Form obtained

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RECORD KEEPING

As stated in the United States Department of Agriculture (USDA) regulation 7 CFR §226.6(b)(1)(xviii) for new institutions and 7 CFR §226.6(b)(2)(vii) for renewing institutions, to be approved for program participation, an institution is required to comply with three performance standards:

- Financial viability and financial management—An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. The institution can demonstrate financial viability through:
 - ♦ A budget or management plan in compliance with program regulations and that is reasonable, necessary, and allowable.
 - ♦ Adequate resources for daily operations—able to pay employees and suppliers during periods of program payment interruptions and when fiscal claims have been assessed, if applicable.
 - ♦ Audits or financial statements.
- Administrative capability—An institution must demonstrate the ability to manage operations in compliance with program regulations by ensuring:
 - ♦ The number of staff and type of qualified staff are adequate.
 - ♦ The number of monitoring staff in relation to the number of facilities is adequate.
 - ♦ Written policies and procedures fulfill program responsibilities and civil rights requirements.
- Program accountability—An institution must demonstrate the ability to ensure program accountability through:
 - ♦ Oversight through an operating governing board.
 - ♦ Written fiscal accountability systems to assure integrity for all funds, property, expenses, and revenues (i.e., accurate processing of claims), and that all expenses are for program-authorized purposes.
Record-keeping—maintains records of operations in compliance with program regulations.
 - ♦ Operations including training, monitoring, classifying, and ensuring administrative costs are within regulatory limits.
 - ♦ Meal pattern and meal service requirements, licensure, health inspections, record-keeping, and claiming only for eligible meals served.

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RECORD-KEEPING REQUIREMENTS

All participants in the Child and Adult Care Food Program (CACFP) must maintain adequate records to support the monthly claims for reimbursement. The State Department of Education (the *State Agency*) has provided sample forms to assist the center in maintaining the required records.

Refer to **pages 5-8** for a summary of basic responsibilities, which includes all record-keeping requirements.

All records are required to be maintained for three years after the year to which they pertain unless a review or audit is not resolved. In this case, records are required to be maintained until the review is resolved.

NOTE: A record-keeping system equal to or better than forms provided by the State Agency may be utilized if approved by your consultant.

DAILY ATTENDANCE RECORDS

Children must be enrolled and in attendance to be qualified as participants in the CACFP. Attendance records verify that children claimed as participants were actually in attendance.

A daily attendance record must be used by centers claiming reimbursement for three or less meal services per day. Instructions for use are:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.
- Indicate the center's name and the current month and year at the top of the page.
- List the full (first and last) name of each child left for care at the center.
- Daily, using the following key, check each child's status:
 - For a child not in attendance, use an **A** for ***absent***.
 - For a child in attendance, use an **X** or a check mark.
 - For a child who is no longer enrolled, use a **D** for ***dropped***.
- Identify children who are in attendance but do not receive reimbursable meals.
 - For an infant with a meal waiver form on file, use an **I** for ***infant***.
 - For a child who does not participate, use a **NP** for ***does not participate***.

EXAMPLE

- Regular Meals
- At-Risk Meals

DAILY ATTENDANCE RECORD

Name of Day Care Center: TOYS N NOISE Month: OCT Year: YYY

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Douglas, Steffy	X	X	X	X	A	A	X			X	X	X	X	X			X	X	A	A	X			X	A	X	X	X			X
Douglas, Julie	X	X	X	X	A	A	X			X	X	X	X	X			X	X	X	X	A			X	A	X	X	X			X
Douglas, Debbie	X	X	X	X	A	A	X			X	X	X	X	X			X	X	X	X	A			X	A	X	X	X			X
Phillips, Peter	X	X	X	X	X	X	X			X	A	A	X	X			X	X	X	X	A			X	X	X	X	X			X
Simonsky, Barbara	X	X	X	X	X	X	X			X	X	X	X	X			X	X	X	X	A			X	X	X	X	X			X
Olson, Mariah	X	X	X	X	A	X	X			X	X	X	X	X			X	X	X	X	A			X	X	X	X	X			X
McClain, Johnny	X	X	X	X	X	X	X			X	X	X	X	X			X	D	D	D	D			D	D	D	D	D			D
McClain, Joanie	X	X	X	X	X	X	X			X	X	X	X	X			X	D	D	D	D			D	D	D	D			D	
McClain, David	X	X	X	X	X	X	X			X	X	X	X	X			X	D	D	D	D			D	D	D	D			D	
McClain, Chase	X	X	X	X	X	X	X			X	X	X	X	X			X	D	D	D	D			D	D	D	D			D	
Scott, Florence	--	--	--	--	--	--	--			--	--	--	--	--			--	--	--	--			--	--	--	--	X			X	
Scott, Frank	--	--	--	--	--	--	--			--	--	--	--	--			--	--	--	--			--	--	--	--	X			X	
Jensen, Jodi	X	X	X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Cashion, Amber	X	X	X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Sanders, Sue-I	X	X	X	X	A	A	A			A	A	A	A	A			X	X	X	X	X			X	X	X	X	X			X
Sanders, Todd	X	X	X	X	A	A	A			A	A	A	A	A			X	X	X	X	X			X	X	X	X	X			X
Butler, Harrison	X	X	X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Butler, Addie	X	X	X	X	A	A	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Butler, Thatcher	X	X	X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Thomas, Cathy	X	X	X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Thomas, Gary	X	X	X	A	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES

Daily Arrival and Departure Times **OR** the *Daily Record of Meals Served* forms must be maintained if your center has been approved for more than three meal services (two main meals and one snack or two snacks and one main meal).

Instructions for using the Daily Attendance Record Arrival and Departure Times form include:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.
- Indicate name of center, current month and year at the top of the page.
- Enter the full name (first and last) of each child enrolled in the center.
- Each day a child is present, indicate on the first line the arrival time and on the second line the child's departure time. If a child is school-age and enters more than once, as well as leaves more than once, this must be indicated. If *absent*, indicate with an *A*.
- Identify children who are in attendance but do not participate by using an *NP*.

NOTE: It is highly recommended that both forms (Daily Arrival and Departure Times and Daily Record of Meals Served) be used when an institution is approved for more than three meal services. It is at the discretion of the State Agency to require both of these forms to be maintained if an institution is declared seriously deficient. Further, if the Daily Record of Meals Served form is not used, documentation must reflect which meal per day the child is not being claimed.

- Regular Meals
 At-Risk Meals

EXAMPLE
DAILY ATTENDANCE RECORD
ARRIVAL AND DEPARTURE TIMES

Name of Day Care Center: TOYS N NOISE Month OCTOBER Year: YYY

NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<i>Douglas, Steffy</i>			7:30	7:10	A	A	7:00			7:00	7:05	7:00	7:05	7:00		7:00	7:00	A	A	7:17	7:30			A	7:05	7:05	7:00	7:00			7:30
			5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00		5:25	5:00	A	A	10:05	5:30			A	5:00	5:15	5:15	5:15			5:00
<i>Douglas, Julie</i>			7:30	7:10	A	A	7:00			7:00	7:05	7:00	7:05	7:00		7:00	7:00	A	A	7:30	A			A	7:05	7:05	7:00	7:00			7:30
			5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00		5:25	5:00	A	A	5:30	A			A	5:00	5:15	5:15	5:15			5:00
<i>Douglas, Debbie</i>			7:30	7:10	A	A	7:00			7:00	7:05	7:00	7:05	7:00		7:00	7:00	A	A	7:30	A			7:00	7:05	7:05	7:00	7:00			7:30
			5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00		5:25	5:00	A	A	5:30	A			5:00	5:00	5:15	5:15	5:15			5:00
<i>Phillips, Peter</i>			7:30	7:10	7:16	7:40	7:45			A	A	A	7:20	7:10		7:11	7:25	A	A	7:20	A			7:10	7:20	7:30	7:20	7:30			7:30
			5:00	5:20	5:15	5:20	5:25			A	A	A	5:15	5:21		5:10	5:20	A	A	5:16	A			5:30	5:00	5:30	5:35	5:40			5:00

MEAL COUNT WORKSHEET

The CACFP Meal Count Worksheet is to be completed at the time of each meal service. An actual physical count must be taken at mealtime. The verified meal count for each meal service is recorded under each of the following categories of meals served:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.

Meals Served to Program Children are:

- Meals meeting minimum meal pattern requirements.
- Meals served to children enrolled for care in the center.

Meals Served to Program Infants are:

- Meals meeting minimum meal pattern requirements for infants.
- Meals served to infants enrolled for care in the center that do not have an Infant Meal Waiver on file.

Note: *Do not forget to add infant meal counts to the Meal Count Worksheet.*

For the shifts at breakfast, lunch, and/or supper meals, record the first shift number, then a slash mark, then the second shift number, or maintain a meal count worksheet for each shift unit.

Nonclaimable Meals Served:

- Meals over license capacity.
- Meals not meeting meal pattern requirements.
- Nonprogram adult meals.*
- Contract meals served to participants enrolled at another center.
- Any meals over the three meals per child per day limit.

The CACFP must be reimbursed for any nonclaimable meals served. Income must be documented for nonclaimable participants' meals because the cost of nonclaimable meals is not an allowable expense. Income from nonprogram meals must be reported on the Expenditure/Reimbursement Worksheet. The price charged for the meal must reflect at least the free rate of reimbursement for the applicable meal plus the value of commodities for lunch and supper meals.

Program adult meals may be served free of charge, and the cost of these meals is absorbed by the institution.

No adult meals, either **PROGRAM*** or **NONPROGRAM***, are allowed to be claimed for reimbursement.

* Nonprogram adults are those **NOT** involved in the preparation, service, and/or supervision of the participants during the meal service. Supervision means sitting with and eating the same meal served the participants. Therefore, program adults are those involved in the preparation, service, and/or supervision of the participants during the meal service.

- Regular Meals
 At-Risk Meals

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MEAL COUNT WORKSHEET

Agreement Number: DC- 55-999 Month: OCTOBER 20 YY

DATE	MEALS SERVED TO PROGRAM CHILDREN Aged 1 Through 12 Years							NUMBER MEALS SERVED TO PROGRAM INFANTS Aged 0 Through 12 Months				NUMBER NONCLAIMABLE MEALS SERVED*			
	Break-	Lunch	Supper	Snack			Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	
				A.M.—1	A.M.—2	P.M.—1									P.M.—2
1															
2															
3	19	16				18				1					
4	18	15				17				1					
5	12	10				12				1					
6	13	8				10				1					
7	17	13				15				1					
8															
9															
10	17	13				15				1					
11	18	12				14				1					
12	18	14				16				1					
13	18	14				16				1					
14	19	15				17				1					
15															
16															
17	19	14				16				1					
18	16	14				16				1					
19	13	10				12				1					
20	11	9				11				1					
21	11	8				8				1					
22															
23															
24	13	8				10				1					
25	13	7				9				1					
26	15	12				14				2					
27	17	13				15				2					
28	17	15				17				2					
29															
30															
31	17	11				15				2	1			15 (Fall Festival)	
TOTALS	331	251				293				22	24			25	

*Any nonclaimable or nonprogram meals must have income reported on the Expenditure/Reimbursement Worksheet and/or the center's summary of allowable costs.

DAILY RECORD OF MEALS SERVED

Centers approved to claim reimbursement for more than three meal services per day may maintain the *Daily Record of Meals Served*. When the form is used, the center is *NOT* required to maintain the *Meal Count Worksheet* for children's meals.

When the Daily Record of Meals Served is *NOT* used, the *Daily Attendance Record Arrival and Departure Times* or other arrival and departure time records must be used for all children enrolled in the center. The purpose is to verify that no more than three meal services (two main meals and one snack or one main meal and two snacks) were claimed per child per day. In addition, meal counts must be recorded on the Meal Count Worksheet.

Under either circumstance, reimbursement may only be claimed for three meals per child per day. Meals exceeding these limits are nonclaimable.

Instructions for using the Daily Record of Meals Served include:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.
- Record the name of each child who participates in the CACFP.
- At the time of each meal service, place a mark for the meal each child is receiving.
- Circle in red nonclaimable meals, and enter on expenditure worksheet.
- At the end of the month, total the number of meals by service for each child. (Red-circled meals must *NOT* be included.)
- Grand total all pages for each meal service, and record at the bottom of page 1 of the record.

For two shifts of any meal service, record the first-shift meals by indicating a *1* and second-shift meals by indicating a *2*.

NOTE: It is highly recommended that both forms (Daily Arrival and Departure Times and Daily Record of Meals Served) be used when an institution is approved for more than three meal services. It is at the discretion of the State Agency to require both of these forms to be maintained if an institution is declared seriously deficient.

FOOD-PURCHASING FORM

- A. When purchases are made from a food vendor (wholesale, retail, delivery service, etc.) who provides a fully itemized receipt, the Food-Purchasing Form is not required. A fully itemized receipt/invoice must include:
- Name of store/vendor
 - Store/vendor physical address
 - Store/vendor telephone number
 - Date of purchase
 - Specific items purchased
 - Quantity of units purchased
 - Weight and/or size of unit
 - Unit cost
 - Total cost
- B. If the receipt/invoice is not fully itemized, the *Food-Purchasing Form* should be completed for each purchase made for the center's child care food program. The form is divided into three categories. They are:
1. Food and Milk
 - Edible items served as part of a reimbursable meal
 2. Food-Related Supplies
 - Nonedible items used to provide meal service; i.e., paper products, cleaning supplies
 3. Nonreimbursable Items
 - Items used for personal or day care-related use only

The following information must be included on the form:

- Specific item purchased
- Quantity (number of units; e.g., 6 cans, 1 box)
- Weight and/or size of container (size of unit; e.g., 16 oz, dozen)
- Unit cost (cost of a single unit without tax)
- Total cost (number of units purchased multiplied by the unit cost)

A store receipt supporting the purchases must be attached to the form. The receipt must include:

- Name of store
- Correct date of purchase

NOTE: If the store name and/or date is not on the receipt, have the clerk write it in and initial.

- C. After all items on the receipt have been recorded on the form:
1. Total each category.
 2. Calculate the amount of tax to be charged to each category, and record on the form.
 3. Total each category (plus tax), and record in the lower right-hand corner.
 4. Grand total the form. This total must agree with the total on the receipt.

NOTE: Receipts denoting that SNAP was used to make the purchase will not be considered as CACFP expenses. If a center is found claiming such expenses, the center and practice will be reported by the State Agency to the Oklahoma Department of Human Services (DHS).

EXAMPLE FOOD-PURCHASING FORM

(To Be Completed for Each Purchase)

Store Name/Vendor*: Discount Grocery Center: TOYS N NOISE Date: October 5, YYYY

Attach receipt containing name of store and date of purchase.

Check #: 1091

FOOD AND MILK					FOOD-RELATED SUPPLIES							
Number Units	Unit Size	Items Used to Prepare Required CACFP Meals	Unit \$ Cost	Total \$ Cost	Number Units	Unit Size	Nonedible Items Used in Kitchen and Dining Areas; i.e., Paper Products, Cleaning Supplies	Unit \$ Cost	Total \$ Cost			
1	16 oz	Cranberry juice, 100% juice	1.75	1.75	1	50	Paper plates	2.49	2.49			
1	20 oz	Pineapple, tidbits	1.09	1.09	1	gal	Bleach	.99	.99			
1	10 oz	Cheese crackers	1.69	1.69	1	200 ft	Foil	3.59	3.59			
2	15 oz	Corn flakes	3.19	6.38	1	roll	Paper towel	1.59	1.59			
1	16 oz	Margarine	.69	.69								
1	1 lb	Ground beef, 80/20	2.39	2.39								
6	gal	Milk, 1%	2.43	14.58								
1	10 oz	Noodles	1.13	1.13								
1	1/2 lb	Longhorn cheese	1.89	1.89								
1	1/2 lb	Tomatoes	1.49	1.49								
1	8 oz	Cream cheese	1.29	1.29								
1	1 lb	Wheat bread	.89	.89								
1	.96 lb	Bananas	.50	.50			Food-Related Subtotal		8.66			
1	10 oz	Elbow macaroni	.63	.63			Food-Related Tax		.74			
1	4 oz	Pecan pieces	1.79	1.79			Total Food-Related Supplies		9.40			
1	6 oz	Shredded cheese, Cheddar	1.99	1.99	Number Units	Unit Size	Nonreimbursable Items	Unit \$ Cost	Total \$ Cost			
1	10 oz	Cinnamon rolls	1.15	1.15								
1	gal	Milk, whole	3.00	3.00	1	ltr	Root beer	1.89	1.89			
					1	6-pk	Toilet tissue	4.69	4.69			
					1	pack	Gum	1.39	1.39			
					1	bag	Popcorn	1.99	1.99			
							Nonreimbursable Subtotal		9.96			
							Nonreimbursable Tax		.85			
							Total Nonreimbursable Items		10.81			
		Food & Milk Subtotal		44.32	(Local Tax Rate = .0857)		Summary of Costs					
		Food & Milk Tax		3.80						Total Food and Milk	\$	48.12
		Total Food and Milk		48.12						Total Food-Related Supplies		9.40
					Total Nonreimbursable Items					10.81		
							Grand Total (Must Agree With Receipt)	\$	68.33			

*If you purchase from a food vendor or other delivery service, you may be provided with an itemized receipt and usage of this form may not be necessary. Check with your consultant.

RECORD OF DONATED PRODUCTS

Use one form for every food item donated. Donor must complete documentation.

1. Record the name of the product (i.e., milk).
2. Record the total amount of the item donated. Use gallons, quarts, pounds, etc.
3. Record the date the item was donated.
4. Record the name of the donor.
5. Record the telephone number of the donor.
6. Signature for certification statement.

EXAMPLE

RECORD OF DONATED PRODUCT

Use one form for every food item donated. Donor must complete documentation.

1. Product: *Bread*
2. Amount: *3 loaves*
3. Date Donated: *10/3/YYYY*
4. Name of Donor: *Sallie Smith*
5. Telephone Number: *444-555-6677*

CERTIFICATION STATEMENT:

I certify that the items listed above **WERE NOT** secured/received through any federal program (i.e., WIC, SNAP, FDPIR, commodities).

I further certify that all of the above information is true and correct.

Name: *Sallie Smith* Date: *10/3/YYYY*

EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP application and/or amendments.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

1. In Column 1: Record the date the specific cost was incurred.
2. In Column 2: Record the vendor or the first and last names of the food service personnel receiving payment.
3. In Column 3: Record the number of the check issued. (**NOTE:** Cash payments for labor are not acceptable.)

In Columns 4 through 11: Record the amount of the expenditure under the appropriate column. One entry may be broken down into more than one category.

4. Administrative Labor—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP. Gross cost must be reported. Documentation includes:
 - Canceled checks
 - Labor formulas broken down by pay period for hours worked on CACFP activity

NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 of the form.

5. Administrative Expenses—Cost related to the administration of the CACFP. Documentation includes itemized receipts.

Examples:

Postage, printing, office supplies

6. Food Service Salaries/Benefits—Cost of cooks', cook's assistants', and caregivers' time spent on menu planning, preparing, serving, cleaning up, supervising children while they eat, and/or completing of food production records. Gross cost must be reported. Documentation includes:
 - Canceled checks
 - Labor formulas broken down by pay period for hours worked on CACFP activity

Example:

6 hours x \$10.00/hour x 10 days = \$600

NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 of the form.

7. Food Service Rent/Utilities/Janitorial—Utilities, when documented by separate meter reading; pest control service; transportation reimbursement.

Example:

Kitchen space rent can be charged as long as documentation supports the prorated square footage.

8. Food Service Equipment—Equipment purchased for use in preparing meals with the acquisition cost of \$2,500 or more.
9. Food Purchases—Edible items used to prepare reimbursable meals and/or the monthly total from delivery receipt for contract meals. This would also include the cost of obtaining food. Documentation includes:
 - Itemized Food-Purchasing Forms
 - Itemized receipts and invoices
 - Invoice for contracted meals
10. Nonfood Purchases—Nonedible items needed to provide meal service. Documentation includes:
 - Itemized Food-Purchasing Forms
 - Itemized receipts and invoices

11. Miscellaneous—Cost related to the operation of the CACFP and not reported under any other category. Documentation includes itemized receipts.

NOTE: Do not include *nonreimbursable items* recorded on the Food-Purchasing Form.

12. Income—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals. Charges for the nonclaimable meals must equal the **FREE** reimbursement rate for the meal eaten plus the value of commodities for lunch and supper meals. In order for the CACFP to recover the total cost of these meals, all fractions must be rounded up.
13. Grand Totals: Total all expenditures in each column.
14. Net Costs: Calculate net costs by totaling Columns 4 through 11 and subtracting the total of Column 12.
15. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.
16. Operating Balance: Item 14 minus Item 15 indicates operating balance. This dollar amount can be a negative or positive number.

EXAMPLE
EXPENDITURE/REIMBURSEMENT WORKSHEET
INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Maintain with institution records.

Month: OCTOBER Year: YYYY

DATE	ITEMENTRY (Vendor or Personnel, Etc.)	CHECKNO.	OPERATING AND ADMINISTRATIVE COSTS (\$)											
			CACFP Administrative Labor (4) \$	CACFP Administrative Expenses (5) \$	Food Service Salaries/Benefits (6) \$	Food Service Rent/Utilities/Janitorial (7) \$	Food Service Equipment (8) \$	Food Purchases (9) \$	Nonfood Purchases (10) \$	Miscellaneous (11) \$	INCOME (Other than CACFP Reimbursement) (12) \$			
10/5	Discount Grocery	1091							48	12	9	40		
10/6	Herman's Foods	1096							198	76	20	17		
10/7	Star Grocery	CASH							209	00	12	09		
10/13	Dairy Mart	1102							112	96				
10/14	Food Way	1116							202	16				
10/10	Cook—Freda Fryer	1097			392	00	(7 hours x \$8 x 7 days)							
10/10	Teacher—L. Simon	1098			126	00	(2 hours x \$9 x 7 days)							
10/10	Teacher—C. Smith	1099			126	00	(2 hours x \$9 x 7 days)							
10/28	Cook—Freda Fryer	1151			784	00	(7 hours x \$8 x 14 days)							
10/28	Teacher—L. Simon	1152			252	00	(2 hours x \$9 x 14 days)							
10/28	Teacher—C. Smith	1153			234	00	(2 hours x \$9 x 13 days)							
10/28	Director—H. Brand	1154	264	00	(1 hour x \$12 x 22 days)									
10/28	Nonprogram Meals	\$ (free rate) + \$			(comm. rate) = \$	or \$	x 15 (adults) =							46
(13)	Grand Totals		264	00	1,914	00			564	09	41	66		46

(14) Net Costs (Total of Columns 4 through 11 minus Column 12) \$ 2,737.40
 (15) Reimbursement Received \$ 856.26
 (16) Operating Balance (Item 14 minus Item 15—see instructions) \$ 1,881.14

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

CLAIM FOR REIMBURSEMENT

Claims are to be submitted by the tenth of the month following the month covered by the claim for reimbursement. Claims submitted after 60 days cannot be paid. A copy must be maintained on file for a minimum of three years.

Institution: Record the name of institution.

Agreement Number: Record the number that has been assigned by the State Department of Education (SDE).

Month Covered: Record the month that the claim covers.

1. GENERAL DATA

- a. Report number of days in operation for the month.
- b. Report number of facilities participating for the month.
- c. (For Single Sites Only) Eligibility Data
 1. Report total enrollment.
 2. Report total license capacity.

2. For Regular Meals Only:

- a. **Participation Data:** Report current number of enrollees participating (who ate at least one regular meal) this month by *free, reduced-price, or not eligible*. All participants not meeting family-size and income guidelines for free or reduced-price meals plus any participants not having a completed, approved Family-Size and Income Application (FSIA) on file must be reported in the *not eligible* category. These figures can be obtained from the monthly count of free, reduced-price, and not eligible participation/CACFP Rosters.
- b. **Title XX/XIX Data: *TO BE COMPLETED BY SINGLE-SITED FOR-PROFIT INSTITUTIONS ONLY:***
 1. Number of Title XX (child care centers)/Title XIX (adult centers) or free and reduced-price.
 2. Percentage of Title XX/XIX or free and reduced-price.
- c. ***TOTAL REGULAR MEALS CLAIMED FROM MEAL COUNT WORKSHEET:***

Institutions having more than one regular meal service, by type, must report separately each meal service.

 1. Enter number of regular breakfasts served to participants by shift.
 2. Enter number of regular lunches served to participants by shift.
 3. Enter number of regular suppers served to participants by shift.
 4. Enter number of regular snacks served to participants by shift.
- d. **Cash-in-Lieu of Commodities Data:** To be completed *ONLY* by those institutions electing to receive cash-in-lieu of commodities. Enter total number of regular lunches and/or suppers served.

3. FOR AT-RISK MEALS ONLY:

- a. **Participation Data:** Report the number of enrollees who participated (who ate at least one At-Risk meal) this month.
- b. ***TOTAL AT-RISK MEALS CLAIMED (CHILD CARE CENTERS):***

Institutions having more than one meal service, by type, must report separately each meal service.

 1. Enter number of At-Risk breakfasts served to participants by shift.
 2. Enter number of At-Risk lunches served to participants by shift.
 3. Enter number of At-Risk suppers served to participants by shift.
 4. Enter number of At-Risk snacks served to participants by shift.
- c. **Cash-in-Lieu of Commodities Data:** To be completed *ONLY* by those institutions electing to receive cash-in-lieu of commodities. Enter total number of At-Risk lunches and/or suppers served.

SIGNATURE: One of the institution's approved authorized representatives must sign the claim.

PAYMENT NOTICE

The Office of State Treasurer and the Legislature established provisions to comply with the Cash Management Improvement Act (CMIA) Public Law 101-453—an electronic system for fund transfer of federal assistance program payments.

All participating CACFP institutions will receive **an electronic copy** of the Payment Notice reflecting the electronic deposit of the CNP reimbursement. Institutions must maintain the Payment Notice as a part of the permanent CACFP records.

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EXAMPLE

MONTHLY RECORD-KEEPING CHECKLIST

Month: OCTOBER Year: 4444

This form should be maintained on the outside or inside of each monthly folder. A check mark should be placed beside those items that are included in the monthly folder or by tasks that were completed. Some documents may not be immediately available and will be *checked off* as they are added to the folder.

- Copy of Claim for Reimbursement
- Report of Facilities Operating Under One Institution, if applicable
- Meal Count Worksheet
- Expenditure/Reimbursement Worksheet (Summary of All Allowable Operating and Administrative Costs)
- Monthly Profit/Loss Statement
- Food-Purchasing Forms/Itemized Receipts
- Record of Donated Product
- Title XX Documentation
- Canceled Checks (Documentation of CACFP Expenditures)
- Daily Attendance Records
- Daily Attendance Records—Arrival and Departure Times, if applicable
- Daily Record of Meals Served, if applicable
- Payment Notice (Electronic Deposit of Reimbursement)

ADDITIONAL TASKS THAT MUST BE COMPLETED PRIOR TO SUBMISSION OF A CLAIM FOR REIMBURSEMENT:

- Obtain enrollment forms and FSIA's on new participants and maintain with all other FSIA's/enrollment forms.
- Add new participants in attendance to the CACFP Roster for updated monthly count of *free, reduced-price*, and *not eligible*.
- Food Production Records/Menus as Served and CN labels and product formulation statements, if applicable, were maintained daily documenting meals being claimed for reimbursement *or Contract Meal Delivery Receipt for contract meal sites only*. Infant Feeding Record, if applicable.
- Recommended inventory was conducted and record completed at end of this month.
- Recommended milk inventory was conducted and record completed at end of this month.

KEEP ALL CORRESPONDENCE RECEIVED FROM THE STATE AGENCY IN A MONTHLY FOLDER OR IN A GENERAL CORRESPONDENCE FOLDER.

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OTHER REQUIRED RECORDS

PARENTAL NOTIFICATION OF CACFP BENEFITS

Building for the Future

Public Law 106-224, the Agricultural Risk Protection Act of 2000, requires all sponsoring organizations (SOs) and day care centers to reproduce the *Building for the Future* fact sheet and distribute it annually to all parents of participating children in their facilities. As new children are enrolled in these facilities, they must be given a copy of the *Building for the Future* fact sheet. ***Prior to copying the fact sheet, each SO and day care center must complete the section titled Contact Information Sponsoring Organization/Center.*** You will find a blank copy of the form on **page 271**.

The Oklahoma State Department of Education (the *State Agency*) has translations of the letter and the fact sheet in the following languages:

- Spanish
- Russian
- French
- Khmer
- Thai
- Portuguese
- Japanese
- Laotian
- Chinese
- Vietnamese
- Hmong
- Haitian Creole

Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (USDA) requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups)
Milk, 1% Fruit or Vegetable Grains or Breads	Milk Meat or Meat Alternate Grains or Breads Two different servings of fruits or vegetables	Milk, 1% Meat or Meat Alternate Grains or Breads Fruit or Vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed or approved private homes.
- **At-Risk Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Emergency Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas.

Contact

Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

Toys N Noise
1234 NW Block Street
Oklahoma City, OK 73124

State Department of Education
Child Nutrition Programs
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
405-521-3327

This institution is an equal opportunity provider.

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM INFORMATION

Child care centers participating in the CACFP are required to provide WIC information to the parents or guardians of children enrolled in their facilities. This requirement may be met by posting the WIC brochure in the child care center. Additional copies of the WIC brochure may be obtained by calling the local WIC office telephone number or the telephone number listed at the bottom of this page.

The goal of WIC is to give children the best possible start in life. This is done by providing nutrition education, breast-feeding support, healthy foods, and health care referrals during the critical stages of fetal and childhood development.

For questions about applying for WIC, call:

1-888-OKLAWIC
1-888-655-2942

WOMEN, INFANTS, AND CHILDREN (WIC) BROCHURE



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INVENTORY

MONTHLY RECORD OF INVENTORY (Optional)

An inventory system is a tool of management that is recommended for an efficient food service operation. The inventory provides a systematic method for taking and maintaining a complete inventory record of purchased food and milk and food-related supplies.

An incorrect inventory can mean the difference between profit or loss and will also reflect an incorrect food cost.

Inventory records are used to:

1. Prepare monthly orders for food and supplies.
2. Avoid being overstocked or understocked.
3. Assure that quantity of food needed to meet menu requirements is available.
4. Control any possible disappearance of food.
5. File insurance claims in case of fire or theft.
6. Support carry over of food/food-related supplies surplus.

INVENTORY INSTRUCTIONS

At the end of the month:

1. Enter the month and date, including the year, at the top of the page.
2. Record in the ***Amount on Hand*** column the number of units that are unopened for each item listed.
3. Record the name of the unopened items left on hand.
4. Record the amount left on hand of the unopened food and milk items.
5. Record the amount left on hand of the unopened food-related supplies.

EXAMPLE
END-OF-MONTH MILK INVENTORY

Fiscal Year: YYYY

MONTH	UNIT SIZE GALLONS/QUARTS/ HALF-PINTS	UNOPENED ON HAND
OCTOBER	<i>GALLON</i>	6
NOVEMBER		
DECEMBER		
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		

At the close of business on the last working day of the month, count and record the number of unopened containers of milk gallons/quarts/half-pints, etc., on hand.

TRAINING

INSERVICE TRAINING

All centers must designate a person as the Child and Adult Care Food Program (CACFP) trainer. The person designated by the institution as the program's trainer **MUST** conduct annual CACFP workshop training and maintain documentation of this training.

Training of all personnel involved with the CACFP, including all shifts and new personnel, is the institution's responsibility. Documentation of all personnel training must be maintained.

Inservice training documents must include:

- Date
- Location
- Agenda (topics covered)
- Signatures of participants (personnel in attendance)

Required topics, at a minimum, include:

1. CACFP meal patterns
2. Reimbursement process
3. Accurate meal counts
4. Claims submission
5. Record keeping

Acceptable training methods include:

1. Conference/meeting style
2. One-on-one
3. Online*
4. Self-paced curriculum*

* These methods must include documentation of posttraining test and benchmarks, e-mail confirmation, questions and answers, and sign-in/log-in records.

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM INSERVICE TRAINING AGENDA

Trainer—Jane Jones
October 3, YYYY

Toys N Noise
1234 NW Block Street
Oklahoma City, Oklahoma 73124

- Record-Keeping Requirements
 - I. Attendance
 - II. Meal Count Worksheet
 - III. Receipts/Expenses
- CACFP Meal Patterns
 - I. Child Care Meal Pattern—Breakfast, Lunch, and Snack Meal Components and Quantities for Teachers
 - II. Bread/Cereal Chart—Breakfast, Lunch, and Snack Items
- Food Production Records
 - I. Food Production Record—Emphasis on the Importance of Proper Documentation
 - II. Food Production Record Documentation Examples
- Reimbursement Process
- Accurate Meal Counts
- Claims Submission

SIGN-IN/Name and Position

Freda Fryer, Cook
L. Simon, Teacher
C. Smith, Teacher
Hilda Brand, Director

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CIVIL RIGHTS

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CIVIL RIGHTS

United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in the Child and Adult Care Food Program (CACFP).

A. Public Information Responsibilities

1. Ensure that all forms of communication and printed program information distributed include the following *nondiscrimination statement*.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form* (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

If material is too small to permit the full statement, *this institution is an equal opportunity provider and employer* will be included at a minimum in print size **no smaller than the text**.

2. Inform parents or guardians of children in sites participating in the CACFP, as well as local minority and grassroots organizations, of the availability of program benefits and services, the nondiscrimination policy, and all significant changes in existing requirements that pertain to program eligibility and benefits.

3. Display in a prominent place, where meals are served, the nondiscrimination poster developed by USDA. The poster is required to measure 11 by 17 inches.
4. Make available to the public, and to participants and potential participants upon request, information about program requirements and the procedures for filing a complaint in English and/or in the appropriate translation to non-English-speaking persons.

B. Data Collection

1. Develop a method for collection of data. Methods include determination of the information by the institution staff through observation, personal knowledge, or voluntary self-identification by an applicant on the Family-Size and Income Application (FSIA).
2. Maintain information on file for three years.
3. Establish procedures to ensure that the information is made available only to authorized state and federal personnel during reviews or as a part of federal- or state-approved surveys.

C. Civil Rights Complaints

1. All written or verbal complaints alleging discrimination on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, shall be processed within 90 days upon receipt in the manner prescribed by this instruction.
2. The Office of Minority Affairs (OMA) has been delegated the authority to determine the manner in which all civil rights complaints, investigations, preliminary inquiries, and compliance reviews are to be handled. Regardless of the administrative or operational level of the CACFP where a civil rights complaint is filed, it must be forwarded in accordance with Item D2 (below) to the Director, Civil Rights (CR) Division, for submission to the OMA. The OMA will prepare and issue letters of acknowledgment to the complainant(s).
3. A preliminary inquiry or an investigation will be conducted on all valid complaints to substantiate or refute the allegations.

D. Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint **within 180 days** of the alleged discriminatory action. Under special circumstances, this time limit may be extended by OMA.
2. **Acceptance:** All complaints must be in writing and signed by the complainant. All complaints shall be accepted by the CACFP institution, Oklahoma State Department of Education (the *State Agency*), or Food and Nutrition Service Regional Office (FNSRO). The complaints will be forwarded to the FNSRO (as applicable), and then forwarded at once to the CR Division. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed and to indicate the possibility of a violation. Please see a Civil Rights Complaint Form on **page 97**. The person who has allegedly been discriminated against must complete and sign.

PROGRAM DISCRIMINATION COMPLAINT FORM

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address (If You Have One): _____

Telephone Number, Starting With Area Code: _____

Alternate Telephone Number, Starting With Area Code: _____

Best Time of Day to Reach You: _____

Best Way to Reach You (Check One): Mail _____ Phone _____ E-Mail _____ Other: _____

Do you have a representative (lawyer or other advocate) for this complaint? Yes _____ No _____

If **Yes**, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary. Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _____

Please check (✓) the United States Department of Agriculture (USDA) agency below that conducts the program or provides federal financial assistance for the program (if known):

- | | |
|--|--|
| <input type="checkbox"/> Farm Service Agency | <input type="checkbox"/> Food and Nutrition Service |
| <input type="checkbox"/> Rural Development | <input type="checkbox"/> Natural Resource Conservation Service |
| <input type="checkbox"/> Forest Service | <input type="checkbox"/> Other: _____ |

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____
Month Day Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?

Address of location where incident occurred:

Number and Street, P O Box, or RD Number

City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs.) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my:

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court? Yes _____ No _____
If Yes, with what agency or court did you file? _____

When did you file? _____
Month Day Year

Signature: _____ Date: _____

Mail Completed Form to:

USDA
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW, Stop 9410
Washington, D.C. 20250-9410

Telephone Numbers:

Local Area: 202-260-1026
Toll-Free: 866-632-9992
Local or Federal Relay: 800-877-8339
Spanish Relay: 800-845-6136
Fax: 202-690-7442

E-Mail Address:
program.intake@usda.gov

United States Department of Agriculture (USDA)
Program Discrimination Complaint Form
Instructions

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter, it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint.

You may also send a complaint by fax or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your e-mail. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed no later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or e-mail will be considered filed on the day the complaint is faxed or e-mailed. Complaints filed after the 180-day deadline must include a *good cause* explanation for the delay. For example, you may have *good cause* if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period.
2. You were seriously ill or incapacitated.
3. The same complaint was filed with another federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs.)

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved. Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in the form to which this Notice is attached. The USDA's Office of the Assistant Secretary for Civil Rights requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed, you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is:

1. Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation.
2. Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations.
3. In response to a Congressional office if you have requested that the Congressional office inquire about your complaint.
4. To the United States Civil Rights Commission in response to its request for information.

REPRISAL (RETALIATION) PROHIBITED

No agency, officer, employee, or agent of the USDA, including persons representing the USDA or its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in any investigation or other proceeding raising claims of discrimination.

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all of the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. §552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410.

An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.

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CACFP MEAL PATTERNS
AND FOOD PRODUCTION
RECORDS

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OKLAHOMA CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

FISCAL YEAR YYYY

This Food Production Records/Menus as Served Form is provided for your use by the CACFP so that uniform menu records can be maintained throughout the state.

1. After carefully reading, use this form for planning, analyzing, documenting meals* served.
2. Program administrators and/or authorized representatives are responsible for overseeing the utilization of this form.
3. All facilities that prepare any type of meal on-site must properly maintain this form.
4. This form should be maintained on a federal fiscal year basis (October 1, YYYY, through September 30, YYYY).
5. This form is to be maintained on-site and kept intact for review.
6. This form is to be maintained with all other CACFP records for the required three years.

* Meals are defined as any meal served for reimbursement (i.e., breakfast, a.m. snack, lunch, p.m. snack, supper, late p.m. snack).

INTRODUCTION

Creditable Foods:

Foods that may be counted toward meeting the meal pattern requirements for a reimbursable meal.

- They are or they contain creditable foods as listed in the Food-Buying Guide (FBG).
- They are in compliance with regulations governing the Child Nutrition Programs (CNP) (in quantity requirements and/or by definition).
- They are in compliance with the U.S. Food and Drug Administration's (FDA) Standards of Identity.
- They are in compliance with the United States Department of Agriculture's (USDA) standards for meat and meat products (if applicable).
- They are in compliance with administrative policy decisions on the crediting of popular foods.

Noncreditable Foods:

Foods that do not count toward meeting meal pattern requirements because they do not meet criteria. Nevertheless, noncreditable foods often supply additional nutrients and calories that help meet the energy and nutritional needs of participants. For example, the service of a protein-rich food (such as eggs) at breakfast is not required but it contributes additional nutrients, improves the acceptability of meals, and satisfies appetites.

USDA reimburses child and adult care centers, family day care home (FDCH) sponsors, at-risk school snack programs, and homeless shelters participating in the Child and Adult Care Food Program (CACFP) for the meals served to young children or adult enrollees, not for individual foods. A meal is reimbursable if it contains those creditable foods in the amounts outlined in the CACFP meal patterns.

DEFINITIONS AND EXPLANATIONS

Alternate Protein Products (APP)

Food ingredients that may be used to substitute in part or *in full* for meat, poultry, or seafood. These products must meet the requirements for *Alternate Foods for Meals, Appendix A*, of the Code of Federal Regulations (CFR), Book 7, Part 226. These products **do not include tofu, surimi, seitan, or tempeh**. Before using APP products and claiming the meals for reimbursement, contact your Food and Nutrition Service Regional Office (FNSRO) and/or State Agency (SA). Please see the questions and answers in the meat/meat alternate section.

Child Nutrition (CN) Label

- A voluntary component of the federal labeling program for the CNP.
- Provides a warranty for CN-labeled products for auditing purposes if the product is used according to manufacturer's directions as printed on the approved CN label.
- Allows manufacturers to state a product's contribution to the meal pattern requirements on their labels.

What products are eligible for CN labels?

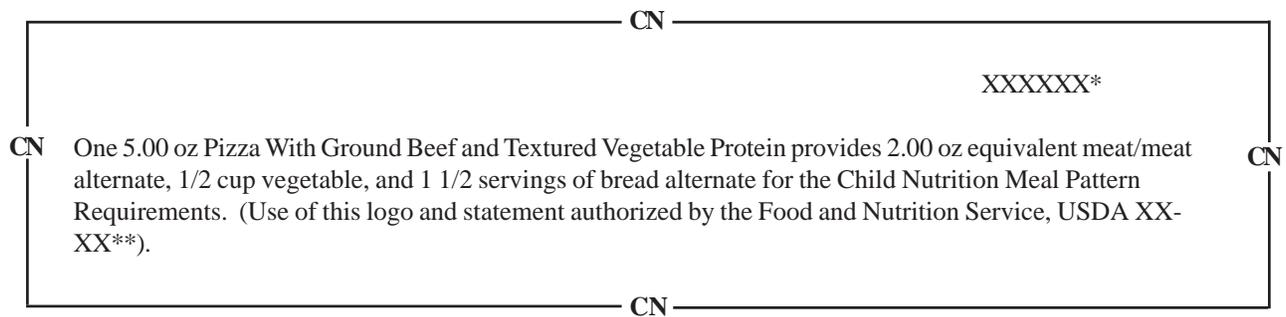
- Main dish products that contribute at least 1/2 ounce to the meat/meat alternate component of the meal pattern requirements. Examples include, but are not limited to, beef patties, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, breaded fish, and chicken portions.
- Juice and juice products containing at least 50 percent full-strength juice by volume. This includes such products as frozen juice drink bars and sherbet. One hundred percent juice products are **NOT** eligible for a CN label. Since 100 percent juice credits one fluid ounce per one fluid ounce, there is no need for a CN label.

How to identify a CN label:

A CN label will **ALWAYS** contain the following information:

- The CN logo, which is a distinct border.
- The meal pattern contribution statement.
- A unique six-digit product identification number (assigned by the USDA Agricultural Marketing Service), appearing in the upper right hand corner of the CN logo.
- The USDA/FNS authorization statement.
- The month and year of the original FNS Final Approval appearing at the end of the authorization statement.
- The remaining required label features: product name, inspection legend, ingredient statement, manufacturer's name, signature/address line, and net weight.
- **NOTE: The CN number on the following sample label is not an actual CN number. A valid CN label will never have XXXXXX as a CN number.**

Sample CN Logo:



*CN identification number

**Month and Year of original approval

For any CN-labeled product to be valid, the purchased product label must have the CN logo on it. A company may have a legitimate CN label approval, but unless the product is produced under inspection following all CN requirements and the CN logo is part of the printed label on the purchased product, it is not a CN-labeled product and is not warranted by USDA. A valid CN logo will never be a separate sticker. Printing a fact sheet or manufacturer's statement from a Web site does **NOT** document that the CN-labeled product was purchased. In addition, a fact sheet or other manufacturer documentation is never authorized to have the CN logo on it. Proper documentation of a CN-labeled product is an actual label on the purchased product carton.

For a detailed explanation of CN labeling regulations for the CACFP, see 7 CFR Part 226, Appendix C, or the FBG for the CNP, Appendix C. Program information is also available online at: <www.fns.usda.gov/cnd/cnlabeling>.

Child Nutrition Programs

Programs funded by USDA which include: CACFP, the National School Lunch Program (NSLP), the School Breakfast Program (SBP), the Special Milk Program (SMP), and the Summer Food Service Program (SFSP).

Combination Food

A single serving of a food item that contains two or more of the required meal components. Common examples of combination foods are pizza and chef salads. For more information on crediting combination foods, see [page 152](#).

Commercial Gelatin Dessert

Powdered or prepared gelatin is considered an **other food**. The gelatin itself is not a creditable food item. Under certain circumstances the fruits, vegetables, or juices used in gelatin products may be credited. For information regarding the crediting of vegetable/fruit and/or full-strength juice/juice concentrate added to gelatin, see [page 153](#). If you have participants who do not eat meat, check the ingredient listings since some gelatins, but not all, contain animal products.

Component

A food grouped in a certain category according to the CACFP meal pattern. These categories are milk, meat/meat alternate, vegetable/fruit, and grains/breads components.

Fish

USDA-inspected fish are creditable toward the meat/meat alternate component. Home- or self-caught fish are not creditable in the CACFP as they are not inspected and can be a safety hazard due to possible pollution and contamination.

Food Banks

Charitable organizations that distribute food to those who cannot purchase enough to avoid hunger. The CACFP does not have a policy regarding the use of food banks. If food banks are used, please check expiration dates since often foods are donated close to expiration. Foods that have passed the expiration date may not be used in CACFP.

Functional Foods

Foods formulated to provide additional health and nutritional benefits in addition to those occurring naturally. Examples include beverages with added ingredients claiming additional energy boosts. The CACFP does not review these claims nor does it determine the benefits of these products.

Game (Venison, Squirrel, Rabbit, etc.)

Meat that is hunted for food but not normally domesticated. For safety reasons, game is not creditable under the CACFP *unless it is inspected and approved by the appropriate state or federal agency*. During hunting season, game may be inspected by the appropriate state or federal agency for donation to food banks or soup kitchens. In these circumstances, groups such as Hunters Against Hunger donate their game and USDA inspectors donate inspection services.

Home-Canned Foods

Foods that are canned in the home or by institutions that are not under federal inspection. For safety reasons, home-canned foods are not allowed in meals reimbursed under the CACFP. *Clostridium botulinum* is dangerous and can produce a deadly toxin in canned food. This poison can be present even when there is no evidence of spoilage.

Honey

A sweetener that must not be given to, or used in foods for, children under one year of age, as it may contain *botulinum* spores. In addition, it is recommended that corn syrup and maple syrup not be given to, or used in foods for, infants since studies regarding their safety for this age group are still inconclusive.

Medical Exceptions

The FNS Instruction 783-2, Revision 2, requires menu planners to make substitutions for medical or dietary reasons for participants who are considered disabled as defined under 7 CFR Part 226 when supported by a statement signed by a licensed physician. It also permits substitutions for other participants who are not disabled but are unable to consume regular program meals because of medical or other special dietary needs when supported by a statement from a recognized medical authority. The medical statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted. More details may be obtained from your State Agency or sponsoring organization (SO).

Product Formulation Statement (Previously Called a Product Analysis Sheet)

An information sheet obtained from the manufacturer with a detailed explanation of what the product actually contains and the amount of each ingredient by weight. We strongly recommend that it contain the original signature of an authorized company representative, not that of a sales representative. A sample Product Formulation Statement for meat/meat alternate products and review checklist have been developed and are provided on **pages 173-174** of this publication. Additional product formulation templates may be accessed online at: fns.usda.gov/cnd/cnlabeling/foodmanufacturers.htm.

Reimbursement

Money received from USDA for serving creditable meals and snacks to eligible participants.

Serving Size

Described by the weight, measure, or number of pieces or slices. The serving size specified in the meal patterns can be credited toward meeting the meal pattern requirements.

Standards of Identity

Government standards for the content, preparation, and labeling of food before it is manufactured and sold in commerce. Standards of Identity set specific and optional ingredients that a food must contain when a product is to be labeled or identified by that product name. Standards for meat products are developed by USDA and for other food products by the FDA. For more details and the latest information on the status of any of these standards, contact the FNSRO and/or the State Agency.

Whole Grains

Identified as foods in which *whole grain is the primary ingredient by weight*; i.e., whole grain is listed first on the ingredient statement or the primary grain ingredient in a recipe or mixed dish (pizza or burrito). Whole grains or the foods made from them contain all the essential parts: the bran, germ, endosperm, and naturally occurring nutrients of the entire grain seed. Enriched (*white*) flour only contains the endosperm. If the first or heaviest grain ingredient is not a whole grain but there are multiple whole-grain ingredients in the product, obtain a Product Formulation Statement or standardized recipe showing that the total weight of whole grains is greater than the total weight of refined grains.

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Child and Adult Care Food Program

Meal Patterns for Children

Breakfast			
Select All Three Components for a Reimbursable Meal			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ¹
1 milk² fluid milk	1/2 cup	3/4 cup	1 cup
1 fruit/vegetable juice ³ , fruit and/or vegetable	1/4 cup	1/2 cup	1/2 cup
1 grains/breads⁴ bread or cornbread or biscuit or roll or muffin or cold, dry cereal or hot, cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup

Lunch or Supper			
Select All Four Components for a Reimbursable Meal			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ¹
1 milk² fluid milk	1/2 cup	3/4 cup	1 cup
2 fruits/vegetables juice ³ , fruit and/or vegetable	1/4 cup	1/2 cup	3/4 cup
1 grains/breads⁴ bread or cornbread or biscuit or roll or muffin or cold, dry cereal or hot, cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁵ or cheese or egg or cooked, dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁶ or yogurt ⁷	1 oz 1 oz 1/2 1/4 cup 2 Tbsp 1/2 oz 4 oz	1 1/2 oz 1 1/2 oz 3/4 3/8 cup 3 Tbsp 3/4 oz 6 oz	2 oz 2 oz 1 1/2 cup 4 Tbsp 1 oz 8 oz

¹ Children aged 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be lowfat (1 percent) or nonfat (skim) for participants aged 2 and older.

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁵ A serving consists of the edible portion of cooked, lean meat or poultry or fish.

⁶ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

⁷ Yogurt may be plain or flavored, unsweetened or sweetened.

Child and Adult Care Food Program

Meal Patterns for Children

Snack			
Select Two of the Four Components for a Reimbursable Snack			
Food Components	Ages 1-2	Ages 3-5	Ages 6-12 ¹
1 milk² fluid milk	1/2 cup	1/2 cup	1 cup
2 fruits/vegetables juice ³ , fruit and/or vegetable	1/2 cup	1/2 cup	3/4 cup
1 grains/breads⁴ bread or cornbread or biscuit or roll or muffin or cold, dry cereal or hot, cooked cereal or pasta or noodles or grains	1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/4 cup	1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/4 cup	1 slice 1 serving 3/4 cup 1/2 cup 1/2 cup
1 meat/meat alternate meat or poultry or fish ⁵ or cheese or egg or cooked, dry beans or peas or peanut or other nut or seed butters or nuts and/or seeds ⁶ or yogurt ⁷	1/2 oz 1/2 oz 1/2 1/8 cup 1 Tbsp 1/2 oz 2 oz	1/2 oz 1/2 oz 1/2 1/8 cup 1 Tbsp 1/2 oz 2 oz	1 oz 1 oz 1/2 1/4 cup 2 Tbsp 1 oz 4 oz

¹ Children aged 12 and older may be served larger portions based on their greater food needs. They may not be served less than the minimum quantities listed in this column.

² Milk served must be lowfat (1 percent) or nonfat (skim) for participants aged 2 and older.

³ Fruit or vegetable juice must be full-strength.

⁴ Breads and grains must be made from whole-grain or enriched meal or flour. Cereal must be whole-grain or enriched or fortified.

⁵ A serving consists of the edible portion of cooked, lean meat or poultry or fish.

⁶ Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the lunch or supper requirement.

⁷ Yogurt may be plain or flavored, unsweetened or sweetened.

MILK

CACFP regulations require that to be eligible for reimbursement, each program participant's breakfast, lunch, or supper must include fluid milk. Between the child's first and second birthday, whole milk should be served. Lower-fat milk should then be introduced after the child's second birthday. Only formula or breast milk should be served to infants.

Milk refers to pasteurized fluid types such as unflavored or flavored whole milk, lowfat milk, fat-free (skim) milk, or cultured buttermilk that meet state and local standards for such milk. All milk should contain vitamins A and D at levels specified by the FDA and must be consistent with state and local standards for such milk. Lactose-free and lactose-reduced milk may be offered as options for program participants who are lactose-intolerant.

For children, the breakfast meal pattern requires that a serving of fluid milk be served as a beverage or used on cereal, or used in part for each purpose. Both lunch and supper must contain a serving of fluid milk as a beverage. Refer to the CACFP meal patterns for the quantity requirements by age. If milk is one of the two components served for a snack, it must be fluid milk served as a beverage or used on cereal, or used in part for each purpose. For children, milk may not be credited for snacks when juice is served as the other component. Milk is not creditable when used in cooking for such foods as cooked cereals, custards, or puddings.

Please note that *yogurt may not be substituted as a milk serving* in the CACFP meal patterns. However, yogurt may credit toward the meat/meat alternate component.

MILK

Food	Creditable			Comments
	Yes	Maybe	No	
Acidified Milk, Kefir Milk, Acidophilus Milk	X			Acidified milk is a fluid milk produced by souring fluid whole, lowfat, or fat-free (skim) milk with an acidifying agent. Examples of acidified milk are <i>acidified</i> , <i>kefir milk</i> and <i>acidified, acidophilus milk</i> .
Buttermilk	X			Must be lowfat or fat-free for participants 2 years of age and older. Only commercially prepared buttermilk may be offered to program participants.
Certified Raw Milk			X	Regulations require the use of pasteurized milk.
Cultured Milk	X			Cultured milk is a fluid milk produced by adding selected microorganisms to fluid whole, lowfat, or fat-free (skim) milk under controlled conditions to produce a product with a specific flavor and/or consistency. Examples are cultured buttermilk, cultured kefir milk, and cultured acidophilus milk. Only commercially prepared buttermilk may be offered to program participants.
Flavored Milks (Chocolate, Strawberry, etc.)	X			Flavored milks must meet state and local standards for milk. Flavored milks may include flavorings, coloring agents, and sweeteners. Different flavors may contain differing levels of sweeteners.
Goat's Milk		X		Must meet state standards in order to be credited.
Lactose-Free Milk, Lactose-Reduced Milk	X			Lactose-free and lactose-reduced milks are fluid milks that have been modified by the addition of lactase enzymes. The lactose (milk sugar) in this milk has been broken down into simple sugars. Children or adults who cannot digest lactose may benefit from the use of lactose-free or lactose-reduced milk.
Lowfat Milk, Reduced-Fat Milk	X			Lowfat milk (1% fat) or fat-free milk should be served to participants 2 years of age and older.
Milk, Fluid (Unflavored)	X			The milk served as part of any meal or snack for the purpose of reimbursement must be fluid milk.
Fat-Free Milk, Nonfat Milk, Skim Milk	X			Should be served to participants 2 years of age and older.
Soy Beverages/Drinks			X	<i>Soy drinks</i> and <i>beverages</i> are not fortified and are not nutritionally equivalent to fluid milk.

MILK

Food	Creditable			Comments
	Yes	Maybe	No	
Soy or Soybean Milk, Fortified		X		Soybean milk may be served <i>as a milk substitute because of medical or other special dietary needs</i> . See FNS Instruction 783-2 Rev. 2. Nondairy beverages offered as fluid milk substitutes must be nutritionally equivalent to milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B ₁₂ . Use of this product must be requested by parents or supported by a statement from a recognized medical authority that includes recommended alternate foods.
UHT (Ultra High Temperature) Milk or Shelf Stable Milk	X			UHT is a Grade A pasteurized milk that has been heated to about 280°F for a few seconds then cooled and packaged. It can be stored without refrigeration until opened. Not all products are manufactured in the United States. Read labels to ensure the <i>Buy American</i> provision is met.
Whole Milk	X			Only serve to children between 1 and 2 years of age. See Question 7 on page 115 .
Dairy Products or Milk Substitutes:				
Almond Milk		X		See entry for soy or soybean milk. Most commercial almond milks are not nutritionally equivalent to milk and will not meet requirements.
Cheese			X	Cheese cannot be credited toward the milk requirement as it does not meet the definition of milk. Cheese may be credited toward the meat/meat alternate requirement.
Cocoa (Hot Chocolate)		X		Cocoa must be made with fluid milk; only the fluid milk portion is creditable.
Cream			X	Cream does not meet the definition of milk.
Cream Sauces			X	Cream sauces do not meet the definition of milk.
Cream Soups			X	Cream soups do not meet the definition of milk.
Custard			X	Custard does not meet the definition of milk.
Eggnog, Commercial			X	Commercially made eggnog is not creditable.

MILK

Food	Creditable			Comments
	Yes	Maybe	No	
Eggnog, Homemade		X		Only the fluid milk portion may be credited. Meat/meat alternate served in a beverage is not creditable; therefore, the egg component may not contribute to requirements. Homemade eggnog should be made from a cooked base that is brought to 160°F and rapidly chilled to 40°F or below. Eggnog made with uncooked eggs is not creditable due to the risk of foodborne illness. Please also note that alcoholic beverages are not suitable for program participants.
Evaporated Milk			X	Does not meet the definition of milk.
Frozen Yogurt			X	Frozen yogurt does not meet the definition of milk.
Half and Half			X	Half and half does not meet the definition of milk.
Ice Cream			X	Ice cream does not meet the definition of milk.
Ice Milk			X	Ice milk does not meet the definition of milk.
Imitation Milk			X	Imitation milk does not meet the definition of milk.
Milkshakes		X		May be used to meet the milk component of lunches, suppers, and snacks if they contain the minimum quantity of fluid milk per serving for the appropriate age group. Commercial milkshake powders added to milk by the program operator are acceptable. Only the volume of fluid milk is creditable. Refer to FNS Instruction 783-7, Rev. 1 and Question 6 on page 115 of this section.
Pudding			X	Pudding does not meet the definition of milk.
Pudding Pops			X	Pudding pops do not meet the definition of milk.
Reconstituted Dry Milk		X		Creditable under certain conditions of limited fluid milk availability. See Sections 226.20(e) and (f) of the CACFP regulations concerning the availability of fluid milk.
Rice Milk		X		See information for soy or soybean milk. Most commercial rice milks are not nutritionally equivalent to milk and do not meet requirements.
Sherbet/Sorbet			X	These products do not meet the definition of milk. See the section on vegetables/fruits for crediting information.
Sweetened Condensed Milk			X	Sweetened condensed milk does not meet the definition of milk.
Sour Cream			X	Sour cream does not meet the definition of milk.
Yogurt			X	Yogurt does not meet the definition of milk. Please refer to the crediting of yogurt under the meat/meat alternate component section.

MILK

Questions and Answers About Milk

1. Why is reconstituted dry milk not creditable as fluid milk?

Reconstituted milk is not included in the definition of milk in program regulations. It is not possible to ensure that the quantity of dry milk and water used are adequate to provide the nutritional equivalency of fluid milk. Reconstituted milk may only be used in an emergency situation where the availability of fluid milk has been affected. This provision is discussed in 7 CFR Part 226.20. In addition, Part 226.20 of the regulations also permits the ongoing use of dry milk only when the center is unable to obtain a supply of fluid milk on a continuing basis. In either of these situations, contact the FNSRO, the State Agency, or the SO, as applicable, for guidance prior to taking action.

2. If a participant cannot have milk, can I be reimbursed for breakfast and lunch?

Yes, you may be reimbursed if a child is unable to have milk for medical reasons or other special dietary needs when you obtain a written medical statement from a recognized medical authority or parent request stating that the participant should not be served milk. An appropriate substitution must be provided to the participant. Nondairy beverages offered fluid milk substitutes must be nutritionally equivalent to milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B₁₂.

3. If a participant cannot drink milk for religious or ethical reasons, can I be reimbursed for breakfast, lunch, or supper?

Children who do not consume milk for religious reasons must be covered by an exemption granted by the Department. Meals for Jewish participants have been granted an exemption from the service of fluid milk for lunches and dinners containing meat or poultry under FNS Instruction 783-13, Rev. 3. Please see this instruction for options and documentation requirements. The exemption requested (FNS Instruction 783-14, Rev. 1) for Seventh Day Adventist participants only covers the use of alternate protein products (APP) to meet the meat/meat alternate requirement. It is not an exemption from milk consumption. An exemption is not currently in place to exempt Muslim participants from other meal pattern requirements.

The religious exemptions cited above do not extend to ethical reasons such as vegetarian ethical dietary practices. Meals served without milk for ethical reasons are not reimbursable.

4. Can the milk used in the preparation of products such as puddings, cream sauces, and ice cream count toward the milk requirement?

No. Milk must be served as a beverage and/or poured over cereal in order to be credited toward the milk requirement.

5. Can milk be purchased directly from a farm?

Yes, as long as it is pasteurized fluid milk that meets state and local health standards. Also, it must include vitamins A and D at levels consistent with state and local standards.

6. Can commercial milkshakes be served to meet the milk requirement?

FNS Instruction 783-7, Rev. 1 permits the use of commercial milkshake powders added to fluid milk by the program operator; however, only the volume of fluid milk served is creditable toward the milk requirement. Since milkshakes tend to be filling, be aware that preschool children and some adult participants may not be able to consume sufficient quantities of milkshakes or, alternately, may choose not to consume other portions of the meal. This nutritional consideration should be a factor in your decision to serve milkshakes and under which circumstances.

7. Why is milk not permitted for children under 1 year of age and fat-free/lowfat/reduced-fat milk not recommended for children under 2 years of age?

Our regulations do not permit the use of cow's milk or evaporated milk before the age of 12 months. If whole milk is served prior to a child's first birthday, there must be a doctor's statement on file. This reflects the position of the American Academy of Pediatrics, which recommends that breast milk or iron-fortified formula be used for the entire first year.

Pediatric nutrition authorities agree that fat-free (skim) milk or lowfat milk should not be fed to children younger than aged 2. These milks contain insufficient quantities of fat (including linoleic acid) for children under aged 2.

8. I work with both the NSLP and the CACFP. I recently provided comments on proposed regulations for the NSLP and SBP concerning the use of alternate fluid milks. Does this proposal also include the CACFP?

No, this proposal does not include the CACFP. It is currently only an option for the NSLP and SBP.

MEAT/MEAT ALTERNATES

CACFP regulations require that a lunch or supper contain the required serving of meat/meat alternate specified in the meal patterns. The meat/meat alternate for lunch or supper must be served in the main dish or in the main dish and *one other menu item*.

When a meat/meat alternate is served as one of the two required components of a reimbursable snack, the amount specified in the snack pattern must be served.

There is no requirement that a meat/meat alternate be served as part of a breakfast, but it may be served as an optional component. A menu item must provide a minimum of 1/4 ounce of cooked, lean meat or its equivalent to be counted toward meeting any part of the meat or meat alternate requirement.

Meat and meat alternates include lean meat, poultry, fish, cheese, egg, yogurt, cooked dry beans or peas, nuts and seeds and their butters (except for acorn, chestnut, and coconut), or an equivalent quantity of any combination of these foods. Cooked, dry beans or peas that are counted as a meat alternate may not also be credited as a vegetable in the same meal. Please use appropriate serving sizes. Creditable portion sizes for beans used as vegetables and as meat alternates are found in the *Food-Buying Guide*. **Remember that facilities may use the cooked, canned form of dry beans in the CACFP and are not required to use dry beans or peas in a form that must be soaked prior to use.**

Crediting for shellfish has been included. However, when including shellfish in menus, you should consider cost factors, acceptability, and potential food intolerances in child day care populations.

APPs (formerly vegetable protein products) are processed from soy or other other vegetable protein sources and may be in a dehydrated granule, particle, or flake form. They are generally used as part of a formed meat patty or in a vegetarian patty, resembling a meat product. Meat/meat alternate products with a CN label or product formulation statement is present. Before using products containing APPs, contact your State Agency for information and assistance on the service and crediting of these products.

Nuts and seeds may fulfill **no more than one-half of the meat/meat alternate requirement for lunch/supper**. You also should be aware of potential food intolerances or allergies with some populations. In such circumstances, you should make appropriate accommodations under the medical substitution requirement. Soy nuts may be used as a meat/meat alternate but not as a vegetable. Nuts and seeds should be served to 2- to 3-year-olds with caution as they may cause choking. Always supervise participants during meals and snacks.

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Acorns			X	Acorns have a low protein content.
Bacon and Imitation Bacon Products			X	These products are considered fats with little protein. They are not creditable toward meal pattern requirements.
Bacon Rinds			X	These products do not qualify for the meat/meat alternate requirement.
Bacon, Turkey		X		Turkey bacon is creditable only if it (1) is CN-labeled or (2) has a Product Formulation Statement signed by an official of the manufacturer (not a sales person).
Beans, Dry or Canned	X			See pages 1-5 through 1-12 of the <i>Food-Buying Guide</i> . One-fourth cup cooked beans credits as 1-oz equivalent meat alternate.
Beans, Refried	X			See pages 1-12 of the <i>Food-Buying Guide</i> .
Beef Jerky			X	Beef jerky does not qualify for the meat/meat alternate requirement. This product has a high sodium content and is difficult to chew.
Bologna		X		Creditable when free of byproducts, cereals, or extenders, and/or when the product is CN-labeled. Examples of binders/ extenders are starch, cellulose, and nonfat dry milk. Examples of byproducts are glands, hearts, and other organ meats. See pages 1-36 of the <i>Food-Buying Guide</i> .
Canadian Bacon or Mild Cured Pork	X			One pound (16 oz) will yield eleven 1-oz servings of cooked, lean meat. See page 1-47 of the <i>Food-Buying Guide</i> , CN label, or Product Formulation Statement for crediting information.
Canned or Frozen Combination Foods: Stews, Beef-a-Roni, Chili Macaroni, Pizzas, Pot Pies, Raviolis		X		These products are creditable only if they have (1) a CN label or (2) a Product Formulation Statement signed by an official of the manufacturer (not a sales person). See pages 7 and 152-153 for more information on combination foods.
Canned, Pressed Luncheon Meat (Potted/ Deviled)			X	These products have a high salt and fat content. There is no Standard of Identity for these products, so there is no standard method of crediting.
Ceviche			X	Fish products must be fully cooked. Raw fish are a potential health hazard for vulnerable populations. See entry for sushi on page 123 .

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Cheese, Cottage or Ricotta	X			A 2-oz serving equals 1-oz meat/meat alternate. See <i>Food-Buying Guide</i> , page 1-24.
Cheese Foods, Cheese Food Substitutes, Cheese Spreads, and Cheese Spread Substitutes	X			A 2-oz serving equals 1 oz of meat alternate. See page 1-24 of the <i>Food-Buying Guide</i> .
Cheese, Imitation			X	Imitation cheese is not creditable toward meal pattern requirements.
Cheese Products			X	While cheese foods and spreads have a Standard of Identity, cheese products do not.
Cheese, Natural or Processed	X			One oz of hard cheese provides 1 oz meat alternate. See pages 1-23 and 1-24 of the <i>Food-Buying Guide</i> .
Chestnuts			X	Chestnuts have a low protein content.
Chicken Nuggets		X		Only the edible chicken portion is creditable as a meat. Commercial chicken nuggets must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person). See Question 11 on page 125 of this section. For breading/batter crediting, see the grains/breads section.
Chitterlings			X	Chitterlings are considered a fat and are not creditable toward meal pattern components.
Coconuts			X	Coconuts have a low protein content.
Corn Dogs, Corn Dog Nuggets	X			This product has a high fat and salt content. The cooked batter credits toward the grains/breads component using Group B of Exhibit A. Only the weight of the frankfurter credits toward the meat/meat alternate component. See pages 1-36 and 1-37 of the <i>Food-Buying Guide</i> .
Crab, Imitation			X	The processing of imitation crab washes away vitamins and some protein.
Cream Cheese			X	Cream cheese contains less protein and more fat than creditable cheeses.
Deviled Eggs	X			Only the whole egg portion of federally inspected eggs is creditable. Weight of added ingredients (i.e., relish, mayonnaise, etc.) cannot contribute to meal pattern requirements.

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Eggs, Liquid Substitutes			X	Only whole eggs are creditable.
Eggs, Whites Only			X	Only whole eggs are creditable.
Eggs, Whole, Fresh, Frozen, Dried, Liquid	X			Only eggs that have been cooked and <i>federally inspected are creditable</i> . See page 1-36 of the <i>Food-Buying Guide</i> .
Eggs, Yolks Only			X	Only whole eggs are creditable.
Falafel	X			Only the preground weight of beans is creditable as a meat alternate. See pages 1-5 through 1-12 of the <i>Food-Buying Guide</i> .
Fish, Commercial	X			Only fish purchased from licensed vendors are creditable.
Fish, Home Pickled			X	For safety reasons, home-pickled fish are not creditable.
Fish, Noncommercial, Home Caught			X	Home-caught fish are not creditable.
Fish Sticks or Portions	X			Only the edible fish portion credits toward the meat/meat alternate requirement. See pages 1-52 to 1-54 of the <i>Food-Buying Guide</i> . For breading/batter crediting, see the grains/breads section.
Frankfurters or Hot Dogs		X		See entry for bologna and pages 1-36 and 1-37 of the <i>Food-Buying Guide</i> . Only items that do not contain byproducts, cereals, or extenders are creditable. Remember to serve hot dogs in small pieces for those participants where choking is a potential hazard.
Game (i.e., Squirrel, Venison, etc.)		X		Game, for safety reasons, is only creditable in CACFP if it is inspected and approved by the appropriate state or federal agency.
Home-Slaughtered Meat			X	For safety reasons, home-slaughtered meat is not creditable in the CACFP.
Hummus	X			Only the volume of beans and other meat alternate per serving may credit toward the meat/meat alternate requirement. See <i>Food-Buying Guide</i> , pages 1-5 through 1-9, for beans and page 1-40 for nut/seed butters commonly used in hummus. Must be documented by a standardized recipe or a Product Formulation Statement signed by an official of the manufacturer (not a sales person).

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Kidney, Liver, Gizzards	X			See pages 1-16, 1-17, and 1-32 of the <i>Food-Buying Guide</i> .
Liverwurst		X		Creditable only if it is (1) CN-labeled or (2) has a Product Formulation Statement signed by an official of the manufacturer (not a sales person).
Luncheon Meats (Chicken, Turkey, Beef, Pork)		X		Only luncheon meats that are listed in the <i>Food-Buying Guide</i> or have a CN label are creditable.
Meat Sauce (Spaghetti or Brown)		X		Only the amount of cooked meat in the sauce is creditable toward the meat/meat alternate component. Commercial meat sauces must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person).
Meat Sticks (Summer Sausage)		X		Typically, these products are high in fat and are not creditable. Meat sticks in a jar that are made for toddlers are similar to Vienna sausages and must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person).
Neufchatel Cheese			X	This is a soft, unripened cheese similar to cream cheese.
Nuts	X			One oz nuts provides 1 oz-equivalent meat alternate. <i>Please keep in mind that nuts may count toward 1/2 of the meat/meat alternate requirement.</i> See pages 1-38 and 1-39 of the <i>Food-Buying Guide</i> . Nuts may be a potential choking hazard. See page 124 for more information.
Oxtails	X			See page 1-17 of the <i>Food-Buying Guide</i> .
Peanut Butter (and Other Nut/Seed Butters)	X			Two tablespoons provide 1 oz meat alternate. See page 1-40 of the <i>Food-Buying Guide</i> . It is suggested that nut/seed butters be served in combination with another meat/meat alternate since the required portion sizes may be too large for preschool children.
Peanut Butter (Reduced-Fat)		X		If product meets the FDA Standard of Identity for peanut butter with 90 percent peanuts or peanut flour, 2 tablespoons provide 1 oz meat alternate.
Peanut Butter Spreads			X	Peanut butter spreads do not meet FDA Standards of Identity and may not be credited.
Peas or Lentils, Dry	X			See pages 1-38 and 1-40 of the <i>Food-Buying Guide</i> . One-fourth cup cooked, dry beans or peas provides 1 oz meat alternate.
Pepperoni		X		Only CN-labeled pepperoni may be credited. This product is high in sodium and fat and should be used sparingly.

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Pig's Feet, Neck Bones, or Tails (Parts)			X	These products contain small amounts of meat and are high in fat.
Pimiento Cheese (Purchased)	X			A 2-oz serving equals 1 oz meat alternate. See the cheese spread entry in the <i>Food-Buying Guide</i> on page 1-24.
Pizza, Commercial		X		Only creditable if it has a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person). Only the meat or meat alternate components are creditable toward the meat/meat alternate requirement. See pages 124 and 125 for more information.
Pizza, Homemade	X			Only meat or meat alternate components are creditable to meat/meat alternate. See pages 124 and 125 for more information. The amounts of meat/meat alternate must be identified and documented by a standardized recipe.
Polish Sausage		X		Polish sausages must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person).
Pot Pies, Commercial		X		Must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person). These products typically contain inadequate amounts of meat. Only the meat or meat alternate components are creditable toward the meat/meat alternate requirement. See pages 124 and 125 for more information.
Pot Pies, Homemade		X		The meat in homemade pot pies is creditable if there is sufficient meat/meat alternate per serving and documented with a standardized recipe that is kept on file. See the grains/breads part of this section for crediting the crust portion. Only the meat or meat alternate components are creditable toward the meat/meat alternate requirement. See pages 124 and 125 for more information.
Potted or Deviled Meats			X	These products are high in sodium and include extenders and binders.
Powdered Cheese (in Boxed Macaroni and Cheese)			X	Powdered cheese mix is not creditable. The macaroni, if enriched or whole grain, may be credited toward the grains/breads requirement.
Queso Blanco, Homemade			X	See information for home-canned foods on page 106 . There are potential safety concerns with this product.
Queso Fresco, Homemade			X	See information for home-canned foods on page 106 .

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Quiche	X			See Recipes D-8 and D-8a of the <i>USDA Recipes for Child Care</i> . The meat/meat alternate components may be credited if there is at least 1/4 oz per serving. See crediting for crusts under the grains/breads section.
Salami		X		Must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person). This product is high in sodium and fat.
Salt Pork			X	This product is extremely high in fat.
Sausage		X		Items labeled <i>fresh pork sausage</i> or <i>fresh Italian sausage</i> may be credited as shown on page 1-45 of the <i>Food-Buying Guide</i> . Other sausage products must have a (1) CN label or (2) Product Formulation Statement signed by an official of the manufacturer (not a sales person).
Scrapple			X	Scrapple has insufficient meat content and is not creditable.
Seeds	X			1 oz of seeds = 1 oz-equivalent meat alternate. See entry for nuts on page 120 and page 1-59 of the <i>Food-Buying Guide</i> .
Shellfish	X			Shellfish must be fully cooked; only the edible fish portion is creditable. See pages 1-50 through 1-57 of the <i>Food-Buying Guide</i> and pages 116 and 119 of this section for more information.
Shellfish, Imitation			X	This product does not meet program requirements.
Soups, Commercial Bean or Pea	X			1/2 cup of soup = 1 oz meat equivalent. <i>Beans may credit as a vegetable or meat alternate, but not both in the same meal.</i> See page 1-12 of the <i>Food-Buying Guide</i> to credit as a meat alternate or page 2-74 to credit as a vegetable.
Soups, Commercial—Other			X	Commercial soups typically contain insufficient meat/meat alternate per serving.
Soups, Homemade With Meat or Meat Alternate	X			Only creditable toward meat/meat alternate component if there is at least 1/4 oz meat/meat alternate per serving. Must be identified and documented by a standardized recipe.
Soy Beans, Fresh (Edamame)			X	Only creditable as a vegetable in CACFP. See page 2-20 of the <i>Food-Buying Guide</i> .
Soy Nut Butter	X			Two tablespoons provide 1 oz-equivalent meat alternate. Soy nut butter may be a good alternative for participants who are allergic to peanut butter. See page 1-40 of the <i>Food-Buying Guide</i> and page 116 of this section.

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Soy Nuts	X			One oz of soy nuts credit as 1 oz meat alternate. <i>Nuts may only count toward 1/2 of the meat/meat alternate requirement.</i> Please keep in mind that nuts may pose a potential choking hazard. See page 124 of this section and page 1-39 of the <i>Food-Buying Guide</i> .
Spare Ribs	X			Contains a small amount of meat and high in fat. See page 1-46 of the <i>Food-Buying Guide</i> .
Sushi (Raw Seafood and Sashimi)			X	Raw fish are a potential health hazard for vulnerable populations and are not creditable.
Tahini Sesame Seed Butter	X			Credited as a seed or nut butter. Two tablespoons provide 1 oz meat alternate. See page 1-40 of the <i>Food-Buying Guide</i> and page 124 of this section.
Tempeh			X	Tempeh is fermented soybean. USDA has no Standard of Identity for this product.
Tofu			X	Tofu is soybean curd. USDA has no Standard of Identity for this product, and it is not creditable in CACFP.
Tripe	X			See page 1-21 of the <i>Food-Buying Guide</i> .
Vienna Sausage	X			This product is high in fat and sodium. Only creditable when free of byproducts, cereals, and extenders. See page 1-37 of the <i>Food-Buying Guide</i> .
Yogurt, Commercial Plain, Unflavored, Flavored, Sweetened	X			Must meet Standard of Identity for yogurt, lowfat yogurt, or fat-free yogurt. Four oz of yogurt equals 1 oz of meat/meat alternate. See Questions and Answers for yogurt on page 125 of this section for more information.
Yogurt, Homemade			X	There are potential safety concerns with this product.
Yogurt in a Tube	X			Must meet all requirements to be labeled as yogurt. A 2.2-oz size tube may be credited at 1/2 oz of meat/meat alternate. This product may be purchased frozen but may not be served frozen. See page 125 of this section.
<i>Yogurt, Liquid</i>			X	This product does not meet the definition of yogurt.
Yogurt Products Frozen Yogurt, Bars, Yogurt Covering on Fruit and/or Nuts			X	These are considered <i>other</i> foods which contain insufficient amounts of yogurt.

MEAT/MEAT ALTERNATES

Questions and Answers About Meat/Meat Alternates

1. Why are nuts, seeds, and nut/seed butters allowed as meat alternates?

Peanut butter has always been included as a meat alternate in the CNP because of its high protein content. Other nut and seed butters have become available and are also now creditable. Food consumption habits and preferences are influenced by many cultural, ethnic, economic, religious, and environmental factors. The use of these products as a meat alternate reflects current food consumption habits and nutrition information. *Nuts are not recommended for children under three years of age because choking may occur. Please also be aware that some individuals may have food intolerances or allergies to these foods.*

2. Are grated Romano and Parmesan cheeses creditable?

Yes; however, small amounts of these cheeses, when used as a garnish, a seasoning, or in a breading, should not be counted toward the meat/meat alternate requirement. For both Romano and Parmesan cheeses, 3/8 cup provides 1 oz of meat alternate.

3. Can pizza be credited as a meat/meat alternate?

Yes. Meats, cheeses, or other meat alternates on a pizza are creditable toward the meat/meat alternate requirement. The weights of the sauce, vegetables, and crust may contribute toward the vegetable/fruit and grains/breads requirements. Pizza should be either homemade with a standardized recipe on file, CN-labeled, or have a Product Formulation Statement that is signed by an authorized company representative (not a sales person). See the part on crediting combination foods, [page](#).

4. Can vegetarian meals be served in the CACFP?

Yes; however, these meals must meet meal pattern requirements. Examples of acceptable vegetarian meal alternates for the CACFP include natural and processed cheese, cheese foods, cheese spreads, cottage cheese, eggs, yogurt, cooked dry beans and peas, mustard seeds, nut and seed butters, or any combination of these. In planning for the use of products containing APPs, purchase CN-labeled products or contact your State Agency for crediting information. Remember that some participants may have allergies to certain ingredients, so the identification of products containing APP is critical. *Please be aware that items such as tofu, seitan, and tempeh are not creditable meat alternates in the CACFP.*

5. We have several participants who attend our center who cannot eat certain foods because of religious reasons. Can we claim these participants on the food program?

Yes. Substitutions may be made to accommodate religious dietary restrictions within existing meal pattern requirements. Please refer to FNS Instructions 783-13, Rev. 3, *Variations in Meal Pattern Requirements: Jewish Schools, Child Care Institutions, and Service Institutions* (March 27, 2013) and 783-14, Rev. 1, *Variations in Meal Pattern Requirements: Seventh Day Adventist Schools, Child Care Institutions, and Service Institutions* (April 29, 1992).

6. Must yogurt be offered in 4-oz portions in order to be credited?

Although yogurt is credited at a ratio of 4 oz of yogurt to 1 oz of meat alternate, this does not mean that programs are limited to offering yogurt in 4-oz or 8-oz servings.

7. What is the smallest amount of yogurt that may be credited toward the meat/meat alternate requirement?

Meal planners may use their discretion to vary the portion sizes in the reimbursable meal in a range from 2 oz (credited as 1/2 oz of meat alternate) to 8 oz (credited as 2 oz meat alternate).

8. How are cups of commercially prepared yogurt containing fruit credited? Does the volume of fruit have to be subtracted from the total weight of the containers?

Commercially prepared fruit and nonfruited yogurt products receive full crediting toward the meat/meat alternate required based on the portion size by weight/volume in the carton (i.e., 4 oz of fruited or nonfruited yogurt fulfill the equivalent of 1 oz of meat/meat alternate). It should be noted that the fruit in yogurt may be credited only when the provider adds sufficient quantities of fresh, frozen, or canned fruit to commercial yogurt.

9. Yogurt in a tube is usually frozen solid. Why won't the yogurt credit if I serve it frozen?

The regulations are very clear. Frozen yogurt may not be served as part of a reimbursable meal because there is no Standard of Identity for frozen yogurt. Yogurt tubes must be fully defrosted before they can be served.

10. If I buy regular yogurt and use it in a recipe for a smoothie, can the yogurt be credited?

No. Yogurt served in a drinkable form is not creditable toward meal pattern requirements.

11. Chicken nuggets, hot dog nuggets, and fish sticks are very popular in our center. How many nuggets or sticks should we serve to meet requirements?

These products vary in size and in the amount of meat and breading or batter used. Some states or sponsors may require the use of CN-labeled products for these foods. Check with your State Agency in this regard. If a CN label is not required, obtain a Product Formulation Statement to determine the number of pieces per serving and document that portions meet requirements. This documentation should be maintained on file and is especially important when serving novelty-shaped products.

12. We would like to use items containing APP for our children who do not choose to eat meat. We want to use products that meet regulatory requirements and provide the documentation needed to support our production records. Do you have guidance in this area?

Many vegetarian products are CN-labeled and should be documented in the same way as any other CN-labeled product. If the product does not have a CN label, you will need to obtain a manufacturer's Product Formulation Statement. Product Formulation Statements for meat/meat alternate products must contain the information in the sample form. The sample form starts on **page 173** and is formatted so that it can be photocopied and reused. A copy of each meat/meat alternate product used must be maintained on file. Please also review the Guidance for Reviewing Product Formulation Statements on **page 177**.

VEGETABLES AND FRUITS

A reimbursable breakfast shall contain a serving of vegetable(s) or fruit(s), full-strength vegetable or fruit juice, or an equivalent quantity of any combination of these foods. Both lunch and supper shall contain two or more different vegetables or fruits or a combination of both. The smallest creditable portion size is 1/8 cup or 2 tablespoons. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement at lunch or supper.

It is extremely important to read the product label. **Full-strength fruit or vegetable juice** is an undiluted product obtained by extraction from sound fruit. It may be fresh, canned, frozen, or reconstituted from concentrate and served in either liquid or frozen state or as an ingredient in a recipe. The name of the full-strength fruit or vegetable juice as it appears on the label must include the word(s) **juice** or **full-strength juice** or **single-strength juice** or **100 percent juice** or **reconstituted juice** or **juice from concentrate**. See FNS Instruction 783-11, Rev. 1 for more information on the use of juice and juice products.

Please note that, traditionally, cranberry juice cocktails were disallowed, as no commercial cranberry juice cocktails meet juice requirements. Currently, there are 100 percent juice blends, which include 100 percent cranberry juice in a blend with other 100 percent juices. If you wish to serve these products, please maintain a label on file for documentation purposes in the event of review. We also encourage you to specify that you are using a 100 percent juice or full-strength juice blend on your menus.

All fruit juices must be pasteurized. Some kinds of juice and cider have not been pasteurized and may contain harmful bacteria. Children and the elderly are particularly susceptible to these bacteria.

Two forms of the same fruit or vegetable served at the same meal cannot count toward the requirement of two or more different fruits and/or vegetables. For example, if apple juice and applesauce are served, an additional and different fruit and/or vegetable must be served. This requirement is intended to provide the variety of fruits and vegetables needed for healthful growth. A serving of vegetable or fruit may be credited as one component of the required two components of the snack pattern. However, juice may not be credited as one of the components of a snack when milk is served as the only other component.

Cooked, dry beans or peas may be counted either as a vegetable or as a meat alternate, but not as both in the same meal. Roasted soy nuts may be credited as meat alternate only. Fresh soy beans (edamame) may credit as a vegetable only.

Vegetables and fruits are credited as served. A minimum of 1/8 cup vegetable/fruit per serving is required. Small amounts (less than 1/8 cup) of fruits and vegetables used for flavorings or optional ingredients, such as garnishes, may not be counted to meet the vegetable/fruit requirement. Condiments and seasonings are not creditable food items; they serve as extras to enhance the acceptability of the meal.

Vegetables or fruits served as a combination item (e.g., fruit cocktail, succotash, peas and carrots, mixed vegetables, and vegetables used in soups or stews) may be credited to meet only one of the two required items for lunch and supper.

No home-canned fruit or vegetable products are allowed for service in the CACFP because of health and safety reasons.

Snack chips such as banana, fruit, vegetable, and potato chips may not be credited as a fruit or vegetable. However, 100 percent dried fruits or vegetables are creditable based on the volume served. See page 2-4 of the *Food-Buying Guide*. Please keep in mind that young children—especially aged 2 to 3 years—are at risk of choking on these foods. **Always supervise participants during meals and snacks.**

For additional information on produce food safety, please see the *Best Practices for Handling Fresh Product in Schools* Fact Sheet. It can be viewed or downloaded at <<http://www.nfsmi.org/ResourceOverview.aspx?ID=351>>.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Ade Drinks			X	These drinks do not contain sufficient amounts of full-strength juice.
Apple Butter			X	Condiments are not creditable toward meal pattern requirements.
Apple Cider	X			Cider must be pasteurized in order to be creditable.
Apple Fritters	X			Fritters must contain at least 1/8 cup of cooked fruit per serving to credit toward the fruit component. Must be supported by a standardized recipe. See section on Grains/Breads for crediting the dough portion.
Aspic (Fruit or Vegetable in)		X		Only the fruit or vegetable in the salad may be counted toward vegetable/fruit requirements. Must contain at least 1/8 cup fruit or vegetable per serving.
Banana in Bread			X	This product has less than 1/8 cup fruit per serving.
Banana Pudding (Fruit Added)		X		The banana in the pudding may credit toward fruit component if there is at least 1/8 cup banana (fruit) per serving.
Barbecue Sauce			X	Condiments are not creditable toward meal pattern requirements.
Beans, Canned or Dry	X			Cooked dry or canned beans or peas (kidney, garbanzo, black, etc.) may be credited as a vegetable but cannot be credited as a meat alternate in the same meal. To credit as a meat alternate, see page 117 of this section. See <i>Food-Buying Guide</i> pages 2-13 and 2-14 and 2-17 to 2-20 to credit as a vegetable.
Bean Sprouts, Cooked	X			For safety reasons, do not serve raw sprouts. See <i>Food-Buying Guide</i> page 2-21 for crediting information.
Berries (Frozen, Fresh, or Canned Whole), All Varieties	X			See specific crediting for the berry being used in the vegetables/fruits section of the <i>Food-Buying Guide</i> .
Carbonated Fruit (Fizzy Fruit)	X			Carbonated fruit resembles canned fruit, but it is perishable and must be handled as fresh fruit.
Cake Containing Fruit			X	There is an insufficient amount of fruit present.
Carrot Bread			X	There is an insufficient amount of vegetable/fruit present.
Catsup or Chili Sauce			X	These products are condiments and are not creditable.
Coconut			X	Not creditable toward meal pattern requirements.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Coleslaw	X			Only the vegetable/fruit portion is creditable. See Question 2 on page 133 .
Corn Chips			X	Corn chips are not classified as a vegetable/fruit. See the grains/breads crediting list.
Corn Syrup			X	Corn syrup is not a vegetable and is not recommended for children under 1 year of age.
Cranberry Juice Blend		X		One hundred percent cranberry juice (not cranberry juice cocktail) in a blend with another 100 percent juice is creditable (for example, cranberry juice mixed with apple juice). One hundred percent cranberry juice that is not in a juice blend is generally not commercially available.
Cranberry Juice Cocktail			X	Juice cocktails contain an insufficient amount of full-strength juice.
Cranberry Sauce or Relish	X			Sauces with whole or strained berries can be credited. See page 2-37 of the <i>Food-Buying Guide</i> .
Dehydrated Vegetables	X			See page 126 of this section.
Dried Fruit (i.e., Raisins, Apricots, Prunes, Cranberries)	X			Dried fruit credits on a volume basis only. A minimum portion of 1/8 cut is required. See page 126 for additional information.
Dry Spice Mixes			X	Spices do not contribute toward meal pattern requirements.
Fig Bars			X	The amount of figs per serving is insufficient to count toward the vegetable/fruit component.
French-Fried Potatoes	X			See pages 2-68 and 2-69 of the <i>Food-Buying Guide</i> .
Frozen Fruit-Flavored Bars			X	These bars contain insufficient amounts of fruit juice.
Frozen Fruit/Fruit Juice Bars		X		Each bar must contain at least 1/8 cup of fruit and/or full-strength fruit juice. Only the fruit or full-strength fruit juice portion may be counted toward the fruit requirement. Maintain a CN label, Product Formulation Statement, or standardized recipe on file for documentation purposes.
Fruit Cobblers/Crisps		X		Only the fruit portion may be credited toward fruit component. Must contain at least 1/8 cup of fruit per serving. The amount of fruit per serving must be documented through a standardized recipe or Production Formulation Statement signed by an official of the manufacturer (not a sales person).

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Fruit Juice Bases			X	Juice bases contain insufficient amounts of full-strength fruit juice per serving.
Fruit Juice Concentrates		X		May only be credited when reconstituted to the full-strength juice.
Fruit Drinks			X	Drinks contain less than 50 percent full-strength juice.
Fruit-Flavored Powders and Syrups			X	Fruit-flavored powders and syrups do not meet the definition of fruit or juice.
Fruit-Flavored Punch			X	This product contains insufficient amounts of full-strength juice.
Fruit-Flavored Waters			X	Fruit-flavored waters contain insufficient amounts of full-strength juice.
Fruit Sauces		X		These products are high in sugar. Must contain at least 1/8 cup fruit or full-strength fruit or vegetable juice per serving. Generally, commercial sauces have insufficient fruit content. Maintain a standardized recipe or Product Formulation Statement signed by an official of the manufacturer (not a sales person) on file. See Question 13 on page for more information.
Fruit Snacks (i.e., Bars, Roll-Ups, Wrinkles)		X		Labels or product literature must document at least 1/8 cup of fruit as served. Many of these products do not contain sufficient amounts of fruit per serving.
Gelatin With Fruit/Fruit Juice and/or Vegetables		X		The vegetable/fruit in gelatin salads or desserts may be credited if each serving contains a minimum of 1/8 cup fruit, vegetable, or full-strength fruit or vegetable juice.
Gravy Base			X	This is not a vegetable/fruit.
Hominy			X	Hominy is not a vegetable or a fruit item. It falls in the <i>other foods</i> group. See page 5-4 of the <i>Food-Buying Guide</i> .
Honey			X	Honey is a sweetener, not a fruit, and is not creditable. <i>For food safety reasons, it should not be served to children less than 1 year of age.</i>
Ice Cream, Fruit Flavors			X	Ice cream does not contain a sufficient amount of fruit to credit toward meal pattern requirements.
Jam			X	This is a condiment and is not creditable.
Jelly			X	Jelly is a condiment and is not creditable.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Juice Bars	X			See frozen fruit/fruit juice bars (commercial or homemade), as appropriate.
Juice Blends— <i>All Fruit</i>		X		Only fruit juice blends that are combinations of full-strength juices may be credited.
Ketchup (Catsup)			X	Condiments are not creditable toward meal pattern requirements.
Kiwi Fruit	X			See page 2-45 of the <i>Food-Buying Guide</i> .
Lemonade			X	For lemonade to be palatable, the lemon juice must be diluted to the point that there is insufficient full-strength juice per serving.
Lemon Pie Filling			X	Lemon pie filling contains an insufficient amount of fruit per serving.
Macaroni Salad (Also Pasta Salads)		X		Only the documented amount of vegetables in the salad may be credited if at least 1/8 cup per serving is present. The macaroni or pasta may be credited toward the grains/breads requirement if at least 1/4 serving is provided.
Maple Syrup			X	Maple syrup is a sweetener, not a fruit.
Mayonnaise, Salad Dressing, Margarine, Salad Oil, and Butter			X	Mayonnaise, margarine, butter, salad oils, and salad dressings are condiments, not fruits or vegetables.
Muffins With Fruit			X	Fruit and vegetable breads contain insufficient amounts of vegetable/fruit for crediting.
Mustard			X	Condiments are not creditable toward meal pattern requirements.
Mustard Greens	X			See pages 2-47 and 2-48 of the <i>Food-Buying Guide</i> .
Nectars		X		Only creditable for lunch and snacks. Must contain greater than 50 percent full-strength fruit juice. Maintain a formulation statement or product label stating the percent of full-strength juice on file.
Onion Rings		X		Creditable if homemade or with a Product Formulation Statement signed by an official of the manufacturer (not a sales person). Must have at least 1/8 cup of cooked onion per serving. This product is high in fat.
Olives	X			Must have at least 1/8 cup per serving. High salt content should be noted.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Pickle Relish			X	Pickle relish is considered a condiment and is not creditable.
Pickles	X			Must have at least 1/8 cup per serving. High salt content should be noted. See page 2-61 of the <i>Food-Buying Guide</i> .
Pie Filling: Fruit, Sweet Potato, Pumpkin		X		These products have a high sugar and fat content. Must be accompanied by a Product Formulation Statement or recipe that indicates there is at least 1/8 cup vegetable/fruit per serving.
Pineapple Upside-Down Cake		X		Fruit portion is creditable if there is at least 1/8 cup fruit per serving. In most cases, a serving size containing 1/8 cup fruit is too large for a child to consume. See grains/breads section for crediting cake portion.
Pizza Sauce	X			Pizza sauce may be credited if at least 1/8 cup (2 Tbsp) per serving is provided. One-eighth cup of pizza sauce = 1/8 cup of vegetable.
Popsicles® (Frozen Fruit-Flavored Ice on a Stick)			X	These products are not creditable. They do not contain fruit or fruit juice.
Pop Tart® Filling			X	There is not enough fruit present. See Toaster Pastries in the grains/breads section for crediting information.
Posole			X	Posole is another name for hominy and is not creditable toward meal pattern requirements.
Potato Chips			X	Potato chips are a snack food and are not creditable.
Potatoes and Potato Skins	X			See pages 2-68 through 2-70 of the <i>Food-Buying Guide</i> .
Potatoes, Dehydrated	X			See page 2-68 of the <i>Food-Buying Guide</i> .
Preserves			X	Preserves are considered a condiment and are not creditable.
Puddings With Fruit, Commercial			X	Commercial puddings have insufficient fruit per serving and are not creditable.
Puddings With Fruit, Homemade		X		At least 1/8 cup of fruit per serving must be present. Document with a standardized recipe.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Pumpkin in Bread			X	This product has less than 1/8 cup vegetable per serving. See entry in grains/breads section.
Raisins	X			A minimum portion of 1/8 cup serving is required. Fruits that are served dehydrated are credited on an actual volume basis. See page 126 for additional information.
Rice, Whole-Grain or Enriched			X	Rice is not a vegetable. See rice in the grains/breads section for crediting information.
Salsa	X			Creditable if the recipe documents that there is 1/8 cup of vegetable/fruit per serving. In commercial products containing <i>all vegetable/fruit ingredients</i> plus minor amounts of spices or flavorings, 100 percent of the product is counted toward the volume. In products containing nonvegetable ingredients like gums, starches, stabilizers, water, or vinegar, only the vegetable/fruit ingredients may contribute toward the requirement. Obtain a Product Formulation Statement signed by an official of the manufacturer (not a sales person) or standardized recipe. See pages 2-72 and 2-73 of the <i>Food-Buying Guide</i> .
Sherbet or Sorbet, Commercial		X		Only Sherbets/Sorbets with a CN label may be credited.
Sherbet or Sorbet, Homemade	X			Only the fruit or full-strength fruit juice portion is creditable. Must have at least 1/2 cup fruit or juice per serving. Maintain a standardized recipe on file.
Soups, Canned, Condensed, or Ready-to-Serve (Minestrone, Tomato, Tomato With Other Basic Components Such as Rice and Vegetable, and Vegetable With Basic Components Such as Meat and Poultry)	X			One cup of reconstituted or ready-to-serve soup will yield 1/4 cup vegetable. See pages 2-73 and 2-74 of the <i>Food-Buying Guide</i> . Caution: Serving enough condensed soup to count as a 1/4-cup vegetable may result in an excessive volume for young children.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Soup Mixes, Dehydrated	X			Must have at least 1/8 cup vegetable per serving. Determine the volume by rehydrating the soup according to manufacturer's instructions. Heat and then separate the vegetables from noodles, rice, etc., and measure volume. Measurements must be recorded for each brand and type of soup and maintained on file.
Soups, Homemade		X		Must contain at least 1/8 cup vegetable per serving. Only the quantities of vegetables in the recipe may credit toward vegetable/fruit requirements. Document with a standardized recipe.
Soy Nuts			X	<i>May be credited as a meat alternate only.</i> See entry in meat/meat alternate section on page 116 .
Spaghetti Sauce (Tomato Sauce)	X			Spaghetti sauce is credited as tomato sauce if 1/8 cup per serving is provided. See page 2-84 of the <i>Food-Buying Guide</i> .
Syrup (Fruit-Flavored)			X	Syrup is considered a condiment and is not creditable.
Toaster Pastries With Fruit (Example: Pop Tarts®)			X	Creditable only toward the grains/breads component for breakfast and snack. There is insufficient fruit content.
Vegetable Juice Blends (e.g., V-8 Juice®)	X			Full-strength vegetable juice and full-strength vegetable/fruit juice blends are creditable toward the vegetable/fruit component.
Yogurt, Commercial (Fruit Added by Provider)	X			Must contain at least 1/8 cup added fruit per serving. Only the volume of fruit added may credit toward the fruit component.
Yogurt With Fruit, Commercial			X	Commercial fruit yogurt has less than 1/8 cup fruit per serving and may not be counted to meet the fruit requirement. See the meat/meat alternate section for crediting. These items have a high sugar content.
Zucchini Bread (Squash in Bread)			X	This product has less than 1/8 cup vegetable/fruit per serving.

VEGETABLES AND FRUITS

Questions and Answers About Vegetables/Fruits

1. Are foods like potato salad and Waldorf salad creditable?

Yes; the fruit and vegetable ingredients in these items all count toward meeting the vegetable/fruit requirement. However, other ingredients such as mayonnaise and marshmallows are not creditable and their weight/volume must be excluded when crediting a serving of any of these foods. Thus, a 1/4-cup serving of potato salad containing noncreditable ingredients would not equal 1/4 cup of vegetable/fruit. Use the amount of vegetable/fruit contained as ingredients in the standardized recipe to determine credit.

2. How is coleslaw credited?

If the coleslaw mixture is made with all vegetable/fruit ingredients (cabbage, carrot, onion, raisins) before the dressing is added, then 1/4 cup of prepared coleslaw will credit as 1/4 cup of vegetable/fruit. Keep in mind that when you add dressing to the vegetables, the overall volume of vegetables will be less than what you started with. When portioning, do not include excessive amounts of dressing.

3. Can combination items such as fruit cocktail, mixed vegetables, or peas and carrots be used to meet the requirement of serving two or more vegetables/fruits at lunch and supper?

No. Combination items are considered as only one item for crediting purposes.

4. How are fruits and vegetables counted in combination dishes such as beef stew?

Only one vegetable/fruit component can be counted in a combination dish. For example, if the beef stew served contains stew meat, potatoes, carrots, and onion, the stew could only count for one vegetable/fruit component and an additional fruit or vegetable would need to be served. However, a chef salad or a fruit salad (with a meat/meat alternate) may be creditable as two servings of fruit or vegetable because the two or more fruits or vegetables are identifiable as individual servings and are served as part of an entrée. See page 2-2 of the *Food-Buying Guide*.

5. How do I prepare a homemade pizza so that it is creditable as a vegetable/fruit component?

Vegetables on a homemade pizza may be counted as one vegetable/fruit component. In order to meet this requirement, the pizza should include pizza sauce **AND** vegetable or fruit toppings. The amount of sauce on a commercial pizza is not sufficient to count as a vegetable unless the pizza is CN-labeled. See **page** for more information on crediting combination foods.

6. How much tomato paste, tomato puree, or tomato sauce would be needed to equal 1/4 cup vegetable for each child at lunch or supper?

Tomato paste: 1 tablespoon = 1/4 cup vegetable
Tomato puree: 2 tablespoons = 1/4 cup vegetable
Tomato sauce: 4 tablespoons = 1/4 cup vegetable

VEGETABLES AND FRUITS

7. Are the raisins in homemade rice or bread pudding creditable?

Yes; however, at least 1/8 cup (2 Tbsp) must be present in each serving. Most recipes do not contain enough raisins to meet this requirement. A standardized recipe must be maintained on file to document that there is at least 1/8 cup raisins per serving.

8. How can I tell if juice is 100 percent full-strength juice?

The label will state *juice, full-strength juice, single-strength juice, 100% juice, reconstituted juice, juice from concentrate, or juice concentrate*. Juices that have the words cocktail, beverage, or drink are not 100 percent juice. The statements *natural* or *organic* do not indicate that the juice is full-strength.

9. Can we purchase homemade juices such as apple cider from local farm stands?

Yes; however, due to significant safety problems of unpasteurized ciders and juices, only pasteurized juice and juice products may be served.

10. Can the fruit in pudding or the vegetable, fruit/fruit juice in gelatin be counted toward the vegetable/fruit requirements?

Yes; however, at least 1/8 cup vegetable/fruit or fruit juice must be present in each serving. A standardized recipe must document that sufficient juice or vegetable/fruit was served. Gelatins or puddings *made with water* and without fruits or vegetables do not contribute to CACFP meal pattern requirements.

11. Can juice concentrate in its concentrated form be used to meet the vegetable/fruit requirement?

Yes; this policy was updated in FNS Instruction 783-11, Rev. 1. However, this practice is discouraged as the Dietary Guidelines for Americans now list juice concentrate as added sugar. When a juice concentrate is used in its concentrated form, it may be credited on a reconstituted basis. For example, a gelatin product containing 1 Tbsp of orange juice concentrate per serving could receive 1/4 cup vegetable/fruit credit since the orange juice could be reconstituted on a ratio of 1 part concentrate to 3 parts water (1 Tbsp concentrate + 3 Tbsp water = 4 Tbsp full-strength reconstituted juice or 1/4 cup credit). Please note that the amount of juice concentrate used cannot credit for more than the total volume served.

12. Are edible wild plants such as dandelion greens, burdock, lambs quarters (pig weed), and seaweed creditable?

Yes, they are considered to be vegetables. However, caution should be used. Wild plants are considered by some individuals to be weeds; therefore, toxic pesticides may have been sprayed upon these plants. Safeguards in the use of wild plants should be developed.

VEGETABLES AND FRUITS

13. Are fruit sauces such as orange sauce made with orange juice or blueberry sauce made with canned/frozen blueberries creditable?

Yes; however, only the fruit or full-strength fruit juice portion of the sauce (i.e., the orange juice or blueberries) is creditable. At least 1/8 cup of fruit must be present in each serving. Therefore, to determine the creditable portion size, divide the total amount of fruit used by the number of servings prepared.

14. Are dehydrated vegetables creditable?

Yes, dehydrated vegetables are creditable. Check the *Food-Buying Guide* for dehydrated vegetables commonly used in CNP. **For all others, the crediting is based on the rehydrated volume, not the fresh volume that may be stated on the container.** Keep in mind that rehydration data on the container often vary from brand to brand. This variation means that the following procedure must be used for each brand of dehydrated product. A minimum of 1/8 cup of rehydrated vegetables must be present to be creditable.

Determine the rehydrated volume as follows:

- a. Rehydrate (add water or liquid to) a purchase unit of the dehydrated vegetable according to manufacturer's directions. If the directions are not on the container, request rehydration directions from the manufacturer.
- b. Measure the rehydrated volume.
- c. Measure the number of 1/4-cup servings of rehydrated product that one purchase unit provides.
- d. Keep records obtained as required by the State Agency, FNSRO, or sponsor as verification. Records should include information on the size of the purchase unit, the number of 1/4-cup servings of rehydrated product per purchase unit, the name of the manufacturer, and the manufacturer's directions for how to rehydrate the product.

15. The information you have given explains how to determine yields for dehydrated vegetables. Suppose that I would like to serve dried fruit. How do I do this?

Yield information for all vegetables/fruits is based on volume, not weight. This includes dry or dehydrated fruits and vegetables. Go to the vegetables/fruits section of the *Food-Buying Guide* and look for the correct fruit and the specific form of that fruit you wish to use. Dehydrated apricots are listed on page 2-10. Column 4 (Serving Size per Meal Contribution) shows that 9 medium dehydrated halves is a 1/4-cup serving of fruit. This is different from the 1/4-cup volume of the fresh apricot as listed on page 2-8.

Remember that some dehydrated fruits have different names than their fresh fruit form. For example: raisins and prunes. Check under both names since raisins are listed separately but prunes are listed as dehydrated plums.

VEGETABLES AND FRUITS

Serving Size and Yield for Selected Fresh Vegetables and Fruits

Please note that the serving sizes and yields are approximate. This chart is intended as a reference only. These serving sizes are listed in the *Food-Buying Guide*. Double check to ensure that your portion sizes meet meal pattern requirements.

Vegetable	Serving Size and Yield
Carrot Sticks	1 stick is 4 inches long and 1/2 inch wide •3 sticks = 1/4 cup
Cauliflower	1 medium head = about 6 cups florets •Serving = 1/4 cup cooked or raw florets
Celery Sticks	1 stick is 4 inches long and 3/4 inches wide •3 sticks = 1/4 cup
Cucumber Sticks Pared or Unpared	1 stick = 3 inches long and 3/4 inch wide; 1 cucumber = 12 sticks •3 sticks = 1/4 cup
Radishes	7 radishes (small) = 1/4 cup
Medium Tomato Slices	2 1/8 - 2/14-inch diameter tomato: 5 slices, 1/8-inch thick
Cherry Tomatoes	•5 half cherry tomatoes = 1/4 cup •3 whole cherry tomatoes = 1/4 cup

GRAINS/BREADS REQUIREMENTS (BREAD/BREAD ALTERNATE)

The meal patterns for breakfast, lunch, or supper each contain a bread or bread alternate requirement in the amount specified for each age group. A bread or bread alternate may also be served as one of the two components of a snack.

FNS Instruction 783-1, Rev. 2 updates the criteria used to determine minimum portion sizes, qualifying criteria, and examples of food that qualify as bread/bread alternates. The instruction also redefines the bread/bread alternate requirement as the grains/breads requirement. Currently, both of these terms are used interchangeably. The term *grains/breads requirement* will be used in this section for easy referral to the instruction.

Grains/breads products are important dietary sources of iron, thiamin, niacin, riboflavin, and often fiber in the diet. The 2010 *Dietary Guidelines for Americans* encourage that at least half of daily grain servings be whole-grain for all ages at each caloric level. Therefore, additional varieties of whole grains consumed by various populations have been added to this revision.

There is a religious exemption granted under FNS Instruction 783-13, Rev. 2 from the enrichment portion requirements of the CNP during the religious observance of Passover. Unenriched matzo may be substituted during that period of time only. Enriched or whole-grain matzo used as a grain must be served at all other times of the year.

Grains/breads served in the CACFP must meet the following criteria:

Grains/breads must be whole-grain, enriched, or made from whole-grain or enriched meal or flour. Cereal products must be whole-grain, enriched, or fortified. Bran and germ are credited the same way as enriched or whole-grain meals or flours.

The product label must indicate that the product is enriched or whole-grain; made from enriched or whole-grain meal, flour, bran, and/or germ; or is fortified. If a grains/breads product is enriched, it must meet FDA Standards of Identity for enriched bread, macaroni and noodle products, rice, or enriched cornmeal. Serving sizes for items listed on the charts in this section were calculated based upon FDA Standards of Identity and adjusted to meet program requirements.

French, Vienna, Italian, Syrian, and other specialty breads are commercially made and sometimes prepared with unenriched flour. Check the ingredient statement, or contact the manufacturer to be sure that the product is made with enriched or whole-grain flour/meal, bran, or germ.

For commercial products, the information on the package food label (including such products as individually packaged granola bars, coffee cakes, etc.) as to ***weight per serving size*** compared against the applicable group in Exhibit A serves as documentation of the serving size. A sample label should be maintained on file. ***Do not use the serving size on the Nutrition Facts label. Use the serving sizes listed in the Food-Buying Guide, Exhibit A (and pages 139-140 of this section).*** Also document the number of servings being given. For example, the weight of one slice of bread may be the serving size listed on the food label, but if two slices are being served, you would double this amount.

Grains/breads must be provided in the quantities specified in the regulations. One-quarter of a serving is the smallest amount that can be credited toward the minimum quantities of grains/breads specified in program regulations.

Sweet foods such as toaster pastries, coffee cake, doughnuts, sweet rolls, cookies, and cakes are permitted when made with enriched or whole-grain meal or flour and served ***as described in the Food-Buying Guide, Exhibit A (also pages 139-140 of this section).*** Toaster pastries (*Pop Tarts*®), coffee cakes, doughnuts, sweet rolls, and fruit-grain/granola bars are allowed for breakfast and snacks. Cookies, dessert pies, cakes, and brownies may be served as snacks only. Sweet snack foods should not be served more than twice a week.

The contribution weight listed for wontons or egg roll wrappers (Group B) and the crust portion of pies, turnovers, and dessert pies (Group C) listed in Exhibit A is for the crust portion of these products only. The weights of the products vary widely with differences in the amount of fillings so that standard total weights cannot be established. If you wish to use these products, document the contributions by obtaining a Product Formulation Statement with the filling and crust contributions listed separately. If the product is made from a standardized recipe, maintain a copy on file.

For the types of food items listed in Groups A-G of Exhibit A to count as one full serving, each portion must contain no less than 14.75 grams (0.52 oz) of enriched or whole-grain meal and/or flour, bran, or germ. Cornmeal by FDA standards is not a whole grain, and thus items made with enriched cornmeal also must contain no less than the 14.75 grams of enriched cornmeal per serving.

The weights listed in each group of Exhibit A reflect the total weight of the product needed so that the 14.75 grams of whole-grain meal and/or flour, bran, or germ (along with the other ingredients) are included in the serving.

As of July 1, 2008, corn grain products must be labeled as whole corn (or other whole corn designations such as whole-grain corn, whole-ground corn, or whole-corn flour) or enriched corn (or other enriched corn designations such as enriched yellow cornmeal, enriched corn flour, or enriched corn grits).

The crediting of a grains/breads serving is determined using the weights provided in Exhibit A or by dividing the total grams of enriched or whole-grain meal and/or flour, bran, or germ in the recipe by the total number of portions that the recipe yields and then dividing by 14.75 grams.

Program operators are no longer required to use quick bread/muffin recipes or products that list flour as the primary ingredient by weight. This change permits products that more closely resemble standard quick breads and muffins that are typically more acceptable to participants.

Please note that in the calculation of grains/breads, the use of flavorings and spices such as cinnamon and nutmeg do not significantly affect weight for crediting purposes and thus are not indicated as specific products. There is insufficient space in a publication to list all different flavors of each grains/breads product. For the types of food items listed in Groups H and I of Exhibit A to count as one full serving, the weights and volumes listed in the applicable group must be used.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Exhibit A—Grains/Breads for the Food-Based Menu-Planning Alternatives in the Child Nutrition Programs^{1,2}

GROUP A	MINIMUM SERVING SIZE FOR GROUP A
<ul style="list-style-type: none"> • Bread-type coating • Breadsticks (hard) • Chow mein noodles • Crackers (saltines and snack crackers) • Croutons • Pretzels (hard) • Stuffing (dry) <p><i>NOTE: Weights apply to bread in stuffing.</i></p>	<p>1 serving = 20 gm or 0.7 oz</p> <p>3/4 serving = 15 gm or 0.5 oz</p> <p>1/2 serving = 10 gm or 0.4 oz</p> <p>1/4 serving = 5 gm or 0.2 oz</p>
GROUP B	MINIMUM SERVING SIZE FOR GROUP B
<ul style="list-style-type: none"> • Bagels • Batter-type coating • Biscuits • Breads (white, wheat, whole-wheat, French, Italian) • Buns (hamburger and hot dog) • Crackers (graham crackers—all shapes, animal crackers) • Egg roll skins • English muffins • Pita bread (white, wheat, whole-wheat) • Pizza crust • Pretzels (soft) • Rolls (white, wheat, whole-wheat, potato) • Tortillas (wheat or corn) • Tortilla chips (wheat or corn) • Taco shells 	<p>1 serving = 25 gm or 0.9 oz</p> <p>3/4 serving = 19 gm or 0.7 oz</p> <p>1/2 serving = 13 gm or 0.5 oz</p> <p>1/4 serving = 6 gm or 0.2 oz</p>
GROUP C	MINIMUM SERVING SIZE FOR GROUP C
<ul style="list-style-type: none"> • Cookies² (plain) • Cornbread • Corn muffins • Croissants • Pancakes • Pie crust (dessert pies³, fruit turnovers⁴, and meat/meat alternate pies) • Waffles 	<p>1 serving = 31 gm or 1.1 oz</p> <p>3/4 serving = 23 gm or 0.8 oz</p> <p>1/2 serving = 16 gm or 0.6 oz</p> <p>1/4 serving = 8 gm or 0.3 oz</p>
GROUP D	MINIMUM SERVING SIZE FOR GROUP D
<ul style="list-style-type: none"> • Doughnuts⁴ (cake and yeast-raised, unfrosted) • Granola bars⁴ (plain) • Muffins (all except corn) • Sweet roll⁴ (unfrosted) • Toaster pastry⁴ (unfrosted) 	<p>1 serving = 50 gm or 1.8 oz</p> <p>3/4 serving = 38 gm or 1.3 oz</p> <p>1/2 serving = 25 gm or 0.9 oz</p> <p>1/4 serving = 13 gm or 0.5 oz</p>

¹ The following foods are whole-grain or enriched or made with enriched or whole-grain meal and/or flour, bran, and/or germ.

² Some of the following foods or their accompaniments may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.

³ Allowed only for desserts and snacks served under the CACFP.

⁴ Allowed for desserts, breakfasts, and snacks served under CACFP.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Exhibit A continued

GROUP E	MINIMUM SERVING SIZE FOR GROUP E
<ul style="list-style-type: none"> • Cookies³ (with nuts, raisins, chocolate pieces, fruit purees) • Doughnuts⁴ (cake and yeast-raised, frosted or glazed) • French toast • Grain fruit bars⁴ • Granola bars⁴ (with nuts, raisins, chocolate pieces, and/or fruit) • Sweet rolls⁴ (frosted) • Toaster pastry⁴ (frosted) 	1 serving = 63 gm or 2.2 oz 3/4 serving = 47 gm or 1.7 oz 1/2 serving = 31 gm or 1.1 oz 1/4 serving = 16 gm or 0.6 oz
GROUP F	MINIMUM SERVING SIZE FOR GROUP F
<ul style="list-style-type: none"> • Cake³ (plain, unfrosted) • Coffee cake⁴ 	1 serving = 75 gm or 2.7 oz 3/4 serving = 56 gm or 2 oz 1/2 serving = 38 gm or 1.3 oz 1/4 serving = 19 gm or 0.7 oz
GROUP G	MINIMUM SERVING SIZE FOR GROUP G
<ul style="list-style-type: none"> • Brownies³ (plain) • Cake³ (all varieties, frosted) 	1 serving = 115 gm or 4.0 oz 3/4 serving = 86 gm or 3.0 oz 1/2 serving = 58 gm or 2.0 oz 1/4 serving = 29 gm or 1.0 oz
GROUP H	MINIMUM SERVING SIZE FOR GROUP H
<ul style="list-style-type: none"> • Barley • Breakfast cereals^{5,6} (cooked) • Bulgur or cracked wheat • Macaroni (all shapes) • Noodles (all varieties) • Pasta (all shapes) • Ravioli (noodle only) • Rice (enriched white or brown) 	1 serving = 1/2 cup cooked (or 25 gm dry)
GROUP I	MINIMUM SERVING SIZE FOR GROUP I
<ul style="list-style-type: none"> • Ready-to-eat breakfast cereal^{5,6} (cold, dry) 	1 serving = 3/4 cup or 1.0 oz, whichever is less

⁵ Refer to program regulations for the appropriate serving size for meals served to children aged 1 through 5 in the CACFP. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

⁶ Cereals may be whole-grain, enriched, or fortified.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Food	Creditable			Comments
	Yes	Maybe	No	
Amaranth	X			Crediting is based on the finished food item being served. See Groups A through I of Exhibit A.
Bagel	X			See Group B of Exhibit A.
Bagel Chips	X			See Group B of Exhibit A. These products are high in fat and sodium. They should be served with caution due to potential choking hazards.
Banana Bread	X			Homemade breads must contain 14.75 grams of creditable grain to count as one serving. Commercial quick breads are credited in the same group as muffins (other than corn). See Group D of Exhibit A. There is not enough banana per serving to credit toward fruit component.
Barley	X			Crediting is based on the finished food item being served. See Groups A through I of Exhibit A. Pearled barley should not be considered a whole grain as some of the bran has been removed.
Bean Noodles (Also Cellophane Noodles)			X	Beans do not meet the definition of a grain.
Biscuits	X			See Group B of Exhibit A.
Boston Brown Bread	X			See Group F of Exhibit A.
Bread Pudding, Homemade	X			The bread in bread pudding may be credited for snacks only. Sweet snack foods should be served no more than twice per week. Each portion must contain a minimum of 1/4 serving of bread. See Group B of Exhibit A for the weight of bread required.
Breading/Batter	X			See Groups A and B of Exhibit A for weights of prepared breading or batter coatings. Purchasing CN-labeled items is recommended for such products as commercial fish sticks, chicken, or fish nuggets.
Brownies	X			Sweet snack foods should not be served more than twice a week. See Group G of Exhibit A.
Buckwheat	X			Crediting is based on the finished food item being served. See Groups A through I of Exhibit A.
Bulgur	X			Crediting is based on the finished food item being served. See Groups A through I of Exhibit A.
Cakes	X			Sweet snack foods should not be served more than twice a week. For unfrosted, see Group F; for frosted, see Group G of Exhibit A.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Food	Creditable			Comments
	Yes	Maybe	No	
Caramel Corn			X	This product does not meet the definition of a grains/breads product.
Carrot Bread	X			See Group D of Exhibit A. Also, refer to entry for banana bread. Does not contain a sufficient amount of carrots to credit toward vegetable component.
Cereal Bars (Ready-to-Eat)		X		Creditable for breakfast and snack. Three-fourths cup of ready-to-eat cereal is creditable as one grains/breads serving. Maintain a standardized recipe or Product Formulation Statement signed by an official of the manufacturer (not a sales person) on file.
Chips, Corn/Cornmeal	X			Must be made from whole-grain or enriched flours. See Group B of Exhibit A.
Chips, Potato			X	These are considered <i>other</i> foods. Fruit and vegetable chips are not creditable.
Chow Mein Noodles	X			See Group A of Exhibit A. Many chow mein noodles are not enriched or whole-grain. Check to ensure products meet requirements.
Coffee Cake, Cinnamon/ Danish Rolls	X			Creditable for breakfast and snack only. Sweet snack foods should be served no more than twice per week. See Group F of Exhibit A.
Cookies	X			Sweet snack foods should be served no more than twice a week. For plain cookies, see Group C of Exhibit A. For cookies with nuts, raisins, chocolate pieces, or fruit pieces, see Group E of Exhibit A.
Cornbread	X			See Group C of Exhibit A. Must be made from enriched or whole cornmeal.
Commeal	X			Must be enriched or whole-grain cornmeal. One serving equals 14.75 grams.
Cornpone	X			See Group C of Exhibit A. This product is similar to cornbread without milk or eggs. Must be whole-grain or enriched.
Couscous	X			Must be enriched or whole-grain. See Group H of Exhibit A.
Crackers (Saltines and Snack Crackers)	X			For saltine and snack crackers, see Group A of Exhibit A. For graham and animal crackers, see Group B of Exhibit A. Please also refer to page 139 of this section.
Cream Puff Shells Chous Paste (Dessert)	X			Creditable for snack only. Sweet snack foods should not be served more than twice per week. See Group C of Exhibit A.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Food	Creditable			Comments
	Yes	Maybe	No	
Crepes	X			For the required serving size, see Group C of Exhibit A—pancakes.
Croissants	X			Croissants are high in fat. See Group C of Exhibit A.
Croutons	X			See Group A of Exhibit A.
Cupcakes	X			Sweet snack foods should not be served more than twice a week. For unfrosted cupcakes, see Group F; for frosted, see Group G, Exhibit A.
Danish Pastries	X			Creditable for breakfast and snack only. Sweet snack foods should not be served more than twice per week. See Group E of Exhibit A.
Doughnuts	X			May be credited for breakfast and snack only. Sweet snack foods should not be served more than twice a week. See Group D of Exhibit A for unfrosted, or see Group E for frosted doughnuts.
Dumplings	X			See Group B of Exhibit A (biscuits).
Egg Roll/Wonton Wrappers	X			See Group B of Exhibit A.
Emmer/Farro (Wheat)	X			Crediting based on finished food item. See Groups A-I of Exhibit A.
English Muffins	X			See Group B of Exhibit A.
Fig Bars	X			This item is credited the same as cookies with fruit, snack only. Sweet snack foods should not be served more than twice per week. See Group E of Exhibit A.
French Bread		X		<i>Pleaes note some French breads may not be made with enriched or whole-grain flour</i> ; document compliance and maintain on file. See Group B of Exhibit A.
French Toast	X			See Group E of Exhibit A, the product CN label, or manufacturer’s Product Formulation Statement signed by an official company representative.
Fried Bread	X			Can be high in fat. Crediting is determined by the amount of enriched or whole-grain flour, meal, bran, or germ in the recipe divided by the number of servings. Then divide the total by 14.75 grams per serving.
Gingerbread	X			May be served for snack only. Sweet snack foods should not be served more than twice per week. See Group D of Exhibit A.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Food	Creditable			Comments
	Yes	Maybe	No	
Granola Bars	X			Creditable only for breakfast and snack. See Groups D and E of Exhibit A. Homemade granola bars must be documented by a standardized recipe. Sweet snack foods should not be served more than twice a week.
Grits		X		This product must be whole-grain or enriched. <i>Check packaging very carefully, and maintain ingredient labels on file. Most grits do not meet requirements.</i>
Hominy			X	Hominy is not made from the whole kernel of corn.
Hush Puppies	X			This product is credited in Group C, Exhibit A.
Ice Cream Cones		X		Typically contains insufficient amounts of flour to meet requirements. However, may be credited for snack if manufacturer provides documentation showing that each portion contains at least 1/4 grains/breads serving. Sweet snack foods should not be served more than twice per week.
Ice Cream Sandwich Wafers		X		The wafers may be credited as a serving of cookies for snacks if requirements for weight and enrichment are met. Documentation must be maintained on file. See Group C of Exhibit A. Sweet snack foods should not be served more than twice per week.
Italian Bread	X			See Group B of Exhibit A.
Jerusalem Artichoke Flour			X	Does not meet the definition of enriched or whole-grain flour.
Johnny Cake	X			See Group C of Exhibit A. Sweet snack foods should not be served more than twice per week.
Kasha	X			Kasha refers to buckwheat groats that have been roasted. See Group H of Exhibit A.
Millet	X			Crediting is based on the finished food item being served. See Groups H through I of Exhibit A.
Muffins	X			See Group C of Exhibit A for corn muffins. For all others, see Group D.
Nachos	X			Tortilla chips may be credited as a grains/breads serving when made from whole-grain or enriched meal or flour. See Group B of Exhibit A.
Noodles (Wheat)	X			Must contain enriched or whole-grain flour, meal, bran, or germ. See Group H of Exhibit A.
Noodles in Canned Soup	X			Crediting is based on the weight of the noodles alone without other ingredients. See Group H of Exhibit A.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Food	Creditable			Comments
	Yes	Maybe	No	
Pie Crust (Meat/Meat Alternate or Vegetable)	X			Crust portion may contribute to grains/breads serving when used to accompany the main dish, as in beef or chicken pot pies. For the weight of the crust alone, see Group C of Exhibit A.
Pie Crust (Dessert Crust)	X			The crust portion may be credited as grains/breads item for snack only. For the weight of the crust alone, see Group C of Exhibit A. Sweet snack foods should not be served more than twice a week.
Pineapple Upside Down Cake	X			Creditable for snack only. Obtain documentation or use a standardized recipe showing grams of creditable grain per serving. Sweet snack foods should not be served more than twice per week. See vegetable/fruit section to credit fruit portion if at least 1/8 cup fruit per serving is present.
Pitas	X			See Exhibit A, Group B.
Pizza Dough	X			See Exhibit A, Group B.
Polenta				See Group H of Exhibit A.
Popcorn			X	Popcorn is a snack food and is not creditable. It provides fiber but little nutritional value. There is also a potential choking hazard for preschool populations.
Popover	X			See entry for puff pastry and Group C of Exhibit A.
Potatoes			X	Potatoes are not grains/breads. See the vegetables/fruits section for crediting.
Potato Flour			X	Potato flour is not a grains/breads product.
Potato Pancakes			X	Potato pancakes contain a minimal quantity of creditable flour.
Pound Cake	X			Creditable for snack only. Sweet snack foods should not be served more than twice per week. See Group F of Exhibit A.
Pretzels, Soft	X			See Group B of Exhibit A.
Pretzels, Hard	X			See Group A of Exhibit A.
Puff Pastry	X			This product is high in fat. Only the crust portion is creditable toward the grains/breads requirement. See Group C of Exhibit A. May be credited for snack only when used as a dessert. Sweet snack foods should not be served more than twice per week.
Pumpernickel Bread	X			See Group B of Exhibit A.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Food	Creditable			Comments
	Yes	Maybe	No	
Pumpkin Bread	X			Creditable for breakfast or snack. Must contain at least 14.75 grams of creditable grain per serving. See Group D of Exhibit A. Sweet snack foods should not be served more than twice per week.
Quinoa	X			A cereal-like plant product derived from an herb, creditable as a whole grain. Typically served like rice, but crediting is based on the finished food item being served. See Group H of Exhibit A for cooked quinoa grain or cereal. See other groups for products containing quinoa flour.
Raisin Bread	X			This product is credited in the same way as breads without raisins. See Group B of Exhibit A. Contains an insufficient amount of fruit to credit toward fruit component.
Rice (Either Enriched, White, or Brown)	X			See the <i>Food-Buying Guide</i> , pages 3-29 and 3-30 with FY2003 pen and ink changes. Also See Group H of Exhibit A.
Rice Cakes		X		See <i>Food-Buying Guide</i> , page 3-30.
Rice Flour	X			Must be enriched or whole-grain. Crediting is based on the finished product. See Groups A-I of Exhibit A.
Rice in Pudding (Homemade)		X		Rice must be enriched or whole-grain. Standardized recipe must document at least 1/4 serving per portion. Only the amount of rice per portion may credit toward the grains/breads component.
Rye	X			Must be enriched or whole-grain. Crediting is based on the finished product. See Groups A-H of Exhibit A.
Sopapillas	X			Credited in the same group as doughnuts. See Group D of Exhibit A. Creditable for breakfast or snack only. Sweet snack foods should be served no more than twice per week.
Sorghum	X			Must be enriched or whole-grain. Crediting is based on the product that this grain is used in. See Groups A-H of Exhibit A.
Soy Flour			X	Soy flour is credited as a meat/meat alternate, not a grains/breads item. Obtain State Agency approval, and maintain the APP documentation form on file for each APP that is used. See information on APPs, page 173 .
Spelt	X			Must be enriched or whole-grain. Crediting is based on the product that this grain is used in. See Groups H through I of Exhibit A.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Food	Creditable			Comments
	Yes	Maybe	No	
Spoon Bread	X			Credited in the same group as cornbread. See Group C of Exhibit A.
Squash or Zucchini Bread	X			Quick breads are credited in the same group as muffins (other than corn). See entry for banana bread and Group D of Exhibit A.
Stuffing, Bread, Dry	X			See Group A of Exhibit A. Weights apply only to the dry bread in the stuffing.
Sweet Rolls/Buns	X			Creditable for breakfast and snack only. For unfrosted, see Group D of Exhibit A. For frosted, see Group E. Sweet snack foods should not be served more than twice a week.
Tapioca			X	Tapioca is not a grain and is therefore not creditable.
Taco or Tortilla Shells	X			See Group B of Exhibit A. Must be whole-grain or enriched.
Taco Chips	X			See Group B of Exhibit A. Must be whole-grain or enriched.
Toaster Pastries (i.e., Pop Tarts®)	X			Creditable for breakfast or snack only. Sweet snack foods should not be served more than twice per week. See Groups D and E of Exhibit A. There is insufficient fruit present to credit toward fruit/vegetable requirement.
Triticale	X			Must be enriched or whole-grain. Crediting is based on the product that this grain is used in. See Groups A-H of Exhibit A.
Turnover Crust	X			The crust portion of fruit turnovers is creditable for breakfast and snacks. Sweet snack foods should not be served more than twice per week. The crust portion of entrée turnovers is creditable for breakfast, lunch, or dinner. See Group C of Exhibit A.
Wafers, Vanilla	X			Creditable for snack only. Sweet snack foods should not be served more than twice per week. See Group C of Exhibit A.
Waffles	X			See Group C of Exhibit A.
Wheat Berries	X			Wheat berries are whole-wheat kernels. See Group H of Exhibit A.
Wheat Germ/Bran	X			Bran and germ are credited in the same manner as whole-grain meal or flour. See Groups A-I of Exhibit A for finished product being served.
Wild Rice	X			Use information from pages 3-31 and 3-32 of the <i>Food-Buying Guide</i> , not the rice entries on 3-29 .

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Questions and Answers About Grains/Breads

1. Can nut or seed meal or flour be used to meet the grains/breads requirement?

No. Nuts and seeds are not grains and cannot contribute toward the grains/breads component.

2. Can pie crusts, crisps, turnovers, and cobblers be credited as grains/breads items?

Dessert pies, crisps, and cobblers can be served only for snacks. Fruit turnovers may be served for snacks and breakfasts. Only the weight of the crust (see Group C, Exhibit A) or the grams of enriched flour/meal, whole grain, bran, or germ (at least 14.75 grams per serving) may credit toward the grains/breads requirement. Sweet snack foods should be served no more than twice per week.

3. Are granola bars acceptable grains/breads equivalents?

Yes; however, they may be credited for breakfast and snacks only. If commercial granola bars are served, then the serving sizes for plain granola bars would be found in Group D of Exhibit A. Serving sizes for those granola bars with nuts, raisins, chocolate pieces, and/or fruit purees would be found in Group E. For homemade granola bars, calculate the amount of whole-grain or enriched flour per serving by dividing the total enriched/whole grain in the recipe by the number of portions; divide by 14.75 to get the grains/breads servings per portion. Sweet snack foods should be served no more than twice per week.

4. Is granola cereal an acceptable grains/breads item?

Yes; commercial and homemade granola cereals are acceptable when made with enriched or whole-grain flour, meal, bran, or germ. In determining the serving size, only the grain portion of the cereal is creditable toward the grains/breads requirement. In other words, any nuts, seeds, coconut, dried fruit, etc., are not to be included when determining the serving size.

5. Can crackers be served as a grains/breads item?

Yes, both sweet and nonsweet (savory) crackers can be served as a grains/breads equivalent for breakfast, lunch, supper, or snack. Children who are aged 1 to 5 require 1/2 serving for any of these meals. Children aged 6 through 12 require one serving.

Saltines and snack cracker serving sizes are listed under Group A.

- One serving of Group A equals 20 grams or 0.7 oz. One-half of a serving of Group A equals 10 grams or 0.4 oz.

Graham and animal crackers are listed under Group B. The number of crackers served for either group would depend upon the total number of crackers by weight that would be required to meet the portion size requirements.

- One serving of Group B equals 25 grams or 0.9 oz. One-half of a serving of Group B equals 13 grams or 0.5 oz.

6. Rather than use the gram weight listed on the commercial packaging for a comparison to the gram weight portion sizes listed in Exhibit A for determining serving size, can't I just use the Nutrition Facts serving size as a basis for calculation?

No; the Nutrition Facts label calculates serving sizes differently than the USDA meal pattern requirements. The serving sizes for the Nutrition Facts label are based on the portion sizes customarily consumed by *ADULTS*. CACFP serving sizes are calculated with consideration to the specific nutritional needs of our target population: children. Therefore, the grams per serving on the Nutrition Facts label frequently differ from the number of grams in the Exhibit A serving size groups.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Sample Worksheet for Calculating Grains/Breads Contribution

The following worksheet takes food service personnel through the steps needed to determine the number of creditable servings in a homemade product. *Please note that the sample recipe uses both enriched flour and whole-grain cereals. Please also note that in determining the contribution, decimals are always rounded down. However, in determining amounts to prepare, decimals are always rounded up. This policy determination was made to preclude the possibility that servings would be short on weight to meet portion sizes due to rounding.*

Sample: Oatmeal Cookies—Provides 100 Cookies

All-purpose enriched flour	1 lb 13 oz	Butter or Margarine
Baking soda		Large eggs
Salt		Vanilla
Rolled oats	1 lb 4 oz	Raisins, plumped (optional)
Brown sugar		
Ground cinnamon		
Ground nutmeg		
Shortening		

Step One: Convert pound to grams

Flour 1 lb 13 oz $1.81 \text{ lb} \times 453.6 \text{ grams (453.6 grams per pound)} = 821.016 \text{ grams}$
Oats 1 lb 4 oz $1.25 \text{ lb} \times 453.6 \text{ grams} = 567.00 \text{ grams}$

Step Two: Add the total grams of each grain together

$821.016 \text{ grams of flour} + 567.00 \text{ grams of oats} = 1388.016 \text{ total grams of creditable grain}$

Step Three: Divide total grams by the proposed number of servings in the recipe

$1388 \div 100 = 13.88 \text{ grams of grain per serving}$

Step Four: Divide the actual grams by the standard grams for one serving

$13.88 \div 14.75 = .941 \text{ servings of grain}$

Step Five: Round down to the nearest 1/4 serving

.941 rounds down to .75 or 3/4 of a bread serving

You may also calculate using ounces instead of pounds.

GRAINS/BREADS REQUIREMENT (Bread/Bread Alternate)

Weights of Commonly Used Grains

When using a recipe with smaller yields for grains/breads, ingredients are listed in cups or portions thereof. This list provides the number of grams per cup. Use of this chart saves smaller programs the additional step of converting recipes from cups to pounds to grams. Of course, remember to divide or multiply the number of grams to reflect the number of cups or portions of cups required in your recipe.

Food Item	Description	Weight of 1 Cup in Grams
Cereals	All Bran®	30
	Bran Buds®	30
	Corn Chex®	31
	Corn Flakes®, whole	28
	Cheerios®	28
	Rice Krispies®	28
	Rice Chex®	27
	Wheaties®	27
Flour, All-Purpose	Unsifted, spooned	125
Bread Flour	Unsifted, spooned	137
Whole-Wheat Flour	Unsifted, spooned	120
Oats	Uncooked	80
Wheat Germ	Spooned	115

Source: USDA National Nutrient Data Base for Standard Reference

CREDITING COMBINATION FOODS

You may credit some combination foods for a total of three different meal components:

1. Meat/meat alternate
2. Grains/breads
3. Vegetable/fruit (count as one component only)

Combination items such as pizzas vary greatly as to how they may be credited. Crediting for pizza typically includes the crust, the cheese and/or meat, and vegetable/fruit. This crediting will vary by pizza. Use items that have a CN label, Product Formulation Statement, or a standardized recipe. Maintain a copy of the documentation on file for review. Examples for crediting other combination foods are listed below.

Example 1: Hamburger on a bun with lettuce and tomatoes.

Credit as:

Meat/meat alternate	Hamburger (at least 1/4 oz per serving)
Grains/breads	Hamburger bun (at least 1/4 serving)
Vegetable/fruit	Lettuce and tomatoes (at least 1/8 cup per serving)

Example 2: Chef salad with hard-boiled egg, turkey, cheese, lettuce, tomato, celery, cucumber.

Credit as:

Meat/meat alternate	Egg, turkey, cheese (at least 1/4 oz per serving)
Vegetable/fruit	Lettuce, tomato, celery, cucumber (at least 1/8 cup total per serving)

Example 3: Fruit salad with cottage cheese, peaches, pineapple, pears, bananas, blueberries. In this case, the fruits are not mixed together and are separately identifiable. For example, peach or pear halves set on a platter with pineapple rings in comparison with bits of peaches, pears, and pineapple mixed in a fruit cocktail.

Credit as:

Meat/meat alternate	Cottage cheese (at least 1/4 oz per serving)
Vegetable/fruit	A combination of the separate pear or peach halves, pineapple rings/chunks, banana slices, or blueberries (at least 1/8 cup total)

Example 4: Banana/strawberry smoothie (with banana, strawberries, and milk).

Combination foods in beverage form made from milk and solid fruits (or juice concentrates) may be credited at all meals and snacks as meeting the following meal components. However, the amounts served must meet meal pattern requirements.

Credit as:

Milk	Milk (at least 1/2 cup per serving)
Vegetable/fruit (count as one component only)	Bananas and strawberries (at least 1/8 cup total per serving)

CREDITING COMMERCIAL FROZEN OR CANNED PRODUCTS

The *Food-Buying Guide* lists a number of standard commercially prepared foods. These are foods for which there is a federal Standard of Identity. The name on the product label must exactly match the *Food-Buying Guide* description in the *Food as Purchased* column. Check the *Food-Buying Guide* to determine if the combination product has a federal Standard of Identity, and use the *Food-Buying Guide* yield information. See page 1-3 of the *Food-Buying Guide* for clarification. If a product is not listed, it does not have a consistent Standard of Identity.

When crediting such products as chili-macs, pizzas, pot pie, sloppy joes, and raviolis toward the meat/meat alternate component, the amount of meat/meat alternate per serving (not the total portion size) is the determining factor for crediting purposes. Because of the uncertainty of the actual amount of meat/meat alternate contained in these products, they should not be used unless (1) they are CN-labeled or (2) you obtain a Product Formulation Statement signed by an official of the manufacturer (not a sales person) that shows how the crediting has been determined. Remember that only a CN-labeled product carries a warranty that protects against financial audit claims. See the sample formulation statement on **page 173** with required information and documentation.

Based on the USDA Meat and Poultry Product Standards for these commercial products, the user may need to serve a very large portion in order to meet requirements. For example, a 15-oz serving of canned ravioli is needed to provide the 1.5 oz of the required meat/meat alternate while the same amount of ravioli greatly exceeds the grains/breads requirement. As a result, a smaller portion of ravioli may need to be served with a second meat/meat alternate in order to meet this requirement without serving an excessive amount of grains/breads.

CREDITING OF POPULAR FOODS

Snack/Party Mixes, Trail Mixes (Sometimes Also Called *Bird Seed*)

These are snack food mixtures with a variety of items, including nuts, cereals, seeds, or dried fruits. These items cannot be credited unless there is an explanation of the creditable ingredients included in the mix on the menu.

Peanut Butter and Jelly Sandwich

When a peanut butter and jelly sandwich is served as the only meat alternate, the sandwich must contain three tablespoons of peanut butter for children aged 3 to 5 to meet the minimum portion size. However, three tablespoons of peanut butter is often too much to be consumed by a preschool child. We strongly suggest that a second meat/meat alternate (such as cheese cubes or 1/2 of a hard-boiled egg) be served along with a smaller serving of the peanut butter.

Pickle Slices

Since pickles are high in sodium and low in nutrients, sponsors are encouraged to serve them as a garnish in combination with other fruits and/or vegetables.

Popcorn

Popcorn is not creditable in the CACFP because of its low nutritive value. *The use of popcorn as an other food is also discouraged because of the potential risk of choking with preschoolers.*

Quiche

Quiche may be credited toward the meat/meat alternate component if it contains sufficient egg, cheese, and meat to meet portion size requirements. Please note that bacon is considered an **OTHER** food and is not creditable. The crust may be credited toward the grains/breads requirement if it is a recognizable, integral part of the main dish or served as an accompaniment to the main dish. If program operators decide to use processed meats, they will need to be CN-labeled or accompanied by a manufacturer's formulation statement. A sample Product Formulation Statement is located on [page 173](#).

Raisins

We recommend that smaller portions of raisins be served, such as 1/8 cup (2 Tbsp). *This smaller portion size must be supplemented with another fruit or vegetable to meet at least the minimum portion size required by age and meal pattern requirements. The pattern permits a combination of two fruits and/or vegetables. This combination is permitted even when only one portion is required. As always, there is a minimum portion size of 1/8 cup for the smaller portion of the two vegetables/fruits.* This recommendation is made because preschoolers may not be able to digest larger portions of dried fruit. In addition, since raisins have a sweet, sticky consistency, potentially increasing the risk of dental caries, the menu planner may wish to consider adding a crunchy item to the menu to help preclude this concern. Please note that dried cherries, cranberries, and blueberries are credited in the same manner as raisins.

Seasonings, Garnishes, and Condiments

Condiments, garnishes, and seasonings such as mustard, ketchup, and mayonnaise are not creditable food items. They serve to enhance the acceptability of the meal.

GENERAL GUIDANCE FOR MENU PLANNING

Each snack must include at least two full food components of the four options: fluid milk, vegetable/fruit, grains/breads, meat/meat alternate. For children, juice cannot be used as the second component if milk is the only other component for the snack.

When serving two vegetables/fruits at the same meal, two forms of the same product cannot be served. For example: oranges and orange juice, applesauce and apple slices, grapes and raisins.

The menu should document what was served. It should include the foods actually served and the serving size(s). If the meal, as planned, differs from the meal served, the file copy of the menu should document the change(s) made. There are a number of valid reasons why menus can and/or should change. These include unavailability of the planned items, the unanticipated availability of a quality product at a reasonable price, various kitchen emergencies, nondelivery of orders, replacements for spoiled or out-of-condition foods, and labor shortages. Whatever the reason, the records should accurately reflect the actual meal service. In addition, the corrected menu serves as an excellent planning tool as to feasible alternatives when the menu, as planned, must be adjusted.

Be flexible and adventurous in taking advantage of an especially good buy and in planning specific menus for field trips, holidays, and special occasions.

Use a menu format that allows adequate space for listing the menu items and for noting adjustments as needed. The format should be clear and easy to follow.

The use of cycle menus is encouraged to allow for ease in planning and for effective purchasing. These cycle menus should be reviewed on a regular basis since conditions affecting the meal preparation may change. A less popular, more costly, and labor-intensive menu should be revised, deleted, replaced, or scheduled on a less frequent basis. We also encourage the use of seasonal menu cycles to provide increased variety and to take advantage of local seasonal fruits and vegetables.

SAMPLE CYCLE MENU

BREAKFAST	LUNCH	SNACK
Cereal Fresh strawberries and bananas 1% white milk	Toasted cheese sandwich Celery w/peanut butter Fresh carrots Pineapple 1% white milk	Cinnamon roll 1% white milk
Buttered toast Apple juice 1% white milk	Chicken pot pie* Peas and carrots Fruit cup Yeast biscuits 1% white milk	Oatmeal cookies Orange juice
Biscuits Grapefruit juice 1% white milk	Fish sticks* Oven fries Green beans Stewed apples 1% white milk	Cheese toast Water
French toast Apples 1% white milk	Pinto beans Glazed carrots Fresh fruit Mexican cornbread 1% white milk	Cherry muffin Orange juice
Whole-wheat pancakes Blueberries 1% white milk	Tacos Tossed salad Peaches Spanish rice 1% white milk	Oatmeal cookies 1% white milk

*If commercially prepared, a CN label or product formulation statement must be maintained.

SAMPLE CYCLE MENU

BREAKFAST	LUNCH	SNACK
Danish roll Sliced peaches 1% white milk	Baked ham Baked sweet potatoes Corn Wheat rolls 1% white milk	Peanut butter cookies Orange juice
Toast Orange wedges 1% white milk	Salisbury steak* Broccoli w/cheese sauce* Pear halves Bread 1% white milk	Graham crackers 1% white milk
Biscuits Apricots 1% white milk	Chicken nuggets* Green beans Mashed potatoes Hot rolls 1% white milk	Cheese & apples Water
Waffles Orange juice 1% white milk	Turkey w/cornbread dressing English peas Mixed fruit 1% white milk	Cookies 1% white milk
Cold cereal Fresh bananas 1% white milk	Cheeseburger* on bun Crinkle fries Lettuce/tomato Pickle spear 1% white milk	Spice cake (unfrosted) 1% white milk

*If commercially prepared, a CN label or product formulation statement must be maintained.

SAMPLE CYCLE MENU

BREAKFAST	LUNCH	SNACK
English muffin Orange juice 1% white milk	BBQ beef sandwich* Green beans Carrot sticks 1% white milk	Sugar cookie 1% white milk
Toasted oat cereal Apple juice 1% white milk	Lasagna* Green salad w/tomato Pear halves 1% white milk	Crackers Cheese Orange juice
Toast Potato cakes 1% white milk	Meat loaf Mashed potatoes Broccoli Rolls 1% white milk	Banana bread 1% white milk
Rice Orange slices 1% white milk	Chicken strips* Mixed veggies Applesauce Cornbread 1% white milk	Cinnamon toast Grape juice
Bran muffins Mixed fruit 1% white milk	Hot dog on bun Oven fries Cole slaw 1% white milk	Peanut butter sandwich 1% white milk

*If commercially prepared, a CN label or product formulation statement must be maintained.

SAMPLE CYCLE MENU

BREAKFAST	LUNCH	SNACK
Oatmeal Orange juice 1% white milk	Hamburger pizza* Peas and carrot coins Apple wedges 1% white milk	Sugar cookies 1% white milk
Waffles Grapes 1% white milk	Vegetable beef soup* Cheese and crackers Peaches 1% white milk	Dry cereal mix Orange juice
Blueberry muffin Pineapple juice 1% white milk	Pig in a blanket Potato rounds w/cheese Spinach 1% white milk	Apples 1% white milk
English muffin Cantaloupe 1% white milk	Fish nuggets* Coleslaw Mixed fruit Hush puppies 1% white milk	Crackers/cheese Grape juice
Biscuits Sliced peaches (fresh) 1% white milk	Spaghetti w/meat sauce* Tossed green salad Pears 1% white milk	Oatmeal-raisin cookies 1% white milk

*If commercially prepared, a CN label or product formulation statement must be maintained.

SAMPLE CYCLE MENU

BREAKFAST	LUNCH	SNACK
<p>Cereal Orange juice 1% white milk</p>	<p>Cheese macaroni* w/franks Broccoli Apple slices 1% white milk</p>	<p>Chocolate chip cookies 1% white milk</p>
<p>Cinnamon toast Pineapple tidbits 1% white milk</p>	<p>Oven-fried chicken Mashed potatoes Green beans Rolls 1% white milk</p>	<p>Applesauce muffins Mixed juices</p>
<p>Corn flakes Orange juice 1% white milk</p>	<p>Hamburger on bun Potato salad Baked beans 1% white milk</p>	<p>Soft pretzels Cheese sauce* Water</p>
<p>Cinnamon roll Cantaloupe 1% white milk</p>	<p>Turkey tetrazzini Mixed vegetables Watermelon, cubed 1% white milk</p>	<p>Peanut butter and crackers Orange juice</p>
<p>Biscuits w/gravy Orange juice 1% white milk</p>	<p>Corn chip chili pie* Pears Spinach salad 1% white milk</p>	<p>Graham crackers Apple juice</p>

*If commercially prepared, a CN label or product formulation statement must be maintained.

MENU CHECKLIST

Use this checklist as a reminder when planning menus. Remember that menus must meet the CACFP meal requirements in order to be reimbursed.

- Prepare each type of food in different ways. For instance, instead of always serving mashed potatoes, try scalloped potatoes, oven-baked potatoes, etc.
- Offer more fresh fruits and vegetables.
- Offer a variety of fruits or vegetables such as kiwi or jicama, which may be considered unusual. Remember that children may need more than one exposure to these fruits and vegetables.
- Serve special menus for holiday and theme days, or serve cultural or ethnic foods for a change.
- Serve foods with a variety of colors, textures, shapes, flavors, and food temperatures.
- If you are using cycle menus, review for change periodically. Use seasonal foods.
- Make creative use of USDA Foods. For instance, instead of always serving cheese cubes, try serving a cheese dip or using cheese in cooking.
- Serve a variety of meat or meat alternates during the week. For example, during one week serve fish, dried beans, chicken, beef, and pork. Do not plan a menu with hamburger, meat loaf, and sloppy joes in the same week.
- Take advantage of standardized recipes for your use in planning menus that both meet program requirements and have been taste-tested for acceptance by children.
- Serve foods lower in salt.
- Serve foods lower in fat.
- Serve a variety of foods from the grains/breads group, including whole grains.
- For breakfast, try cereals lower in sugars.
- Enhance flavors with spices, herbs, or lemon juice instead of with fat.
- When serving canned or frozen fruit, use fruit packed in its own juice, light syrup, or water rather than fruit packed in heavy syrup.
- Only serve dried fruits (such as raisins, prunes, and apricots) occasionally since they tend to stick to children's teeth and can promote tooth decay). When you serve dried fruits, consider offering something crunchy at the same time.
- Reduce the frequency of serving highly processed foods such as hot dogs and bologna, which are high in fat, salt, and sugar.
- Bake, broil, or steam foods instead of pan-frying or deep-frying them.
- Serve lean meats, trim visible fat, and drain grease from meat.
- The HealthierUS School Challenge for schools participating in the NSLP and SBP can serve as an excellent template for preparing healthful meals for your children. While participation in the Challenge is limited to school programs, the checklist and accompanying guidance provide excellent suggestions for healthful meal preparation. We have included a modified checklist with age-appropriate suggestions for your consideration.

More ideas for healthy food choices can be found in *Nutrition and Wellness Tips for Your Children: Provider Handbook for the Child and Adult Food Program* available at: teamnutrition.usad.gov/Resources/nutrition_and_wellness.html.

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HOW TO CALCULATE NUMBER OF SERVINGS

Before determining the quantity of food to purchase or prepare, it is necessary to first calculate the amount of food or number of servings required.

Step 1: Determine the number of children per age group who normally participate in each meal service. You may use the Meal Count Worksheet to assist in determining the average counts. The Minimum Meal Pattern Requirements chart may also need to be referenced.

Step 2: For each component, multiply the number of children in each age group by the minimum quantity requirement for the age group:

- For the approved fluid milk type, use the number of fluid ounces.
- For grains/breads: Quantities for aged 1-5 are calculated on a serving size of 1/2 serving per child. Quantities for aged 6-12 and adults are calculated on a serving size of 1 serving per child/adult.
- For fruit/vegetable, use the number of 1/4-cup servings.
- For meat/meat alternate, use the number of 1-ounce servings required.

Step 3: Total the age group quantities for each component.

The quantities per meal component can now be used with the CACFP Food-Buying Guide to determine the amount of food to purchase and prepare to meet meal pattern requirements.

EXAMPLE
BREAKFAST
HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

Children Present: 3 (Aged 1 through 2)
 5 (Aged 3 through 5)
 2 (Aged 6 through 12)

Number of Children/Adults Served

MILK (Only Approved Types Allowed)

Aged 1 through 2	3	x	4 fluid oz (1/2 cup)	=	<u>12</u>
Aged 3 through 5	5	x	6 fluid oz (3/4 cup)	=	<u>30</u>
Aged 6 through 12	2	x	8 fluid oz (1 cup)	=	<u>16</u>
Program Adults*	0	x	8 fluid oz (1 cup)	=	<u>0</u>
					58
					Total Number of Fluid Ounces Needed

There are 128 ounces of milk in one gallon.

FRUIT/VEGETABLE

Aged 1 through 2	3	x	1 (1/4 cup)	=	<u>3</u>
Aged 3 through 5	5	x	2 (1/4 cups)	=	<u>10</u>
Aged 6 through 12	2	x	2 (1/4 cups)	=	<u>4</u>
Program Adults*	0	x	2 (1/4 cups)	=	<u>0</u>
					17
					Total Number of 1/4 Cups

GRAINS/BREADS

Aged 1 through 2	3	x	1 (1/2 serving)	=	<u>3</u>
Aged 3 through 5	5	x	1 (1/2 serving)	=	<u>5</u>
					8
					Total 1/2 Servings Needed
Aged 6 through 12	2	x	1 full serving	=	<u>2</u>
Program Adults*	0	x	1 full serving	=	<u>0</u>
					2
					Total Full Servings Needed

* Adult meals on this form are calculated using the 6- through 12-year-old serving size.

EXAMPLE
LUNCH AND SUPPER

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

Children Present: 12 (Aged 1 through 2) 32 (Aged 3 through 5) 9 (Aged 6 through 12)

Number of Children/Adults Served

MILK (Only Approved Types Allowed)

Aged 1 through 2	12	x	4 fluid oz (1/2 cup)	=	<u>48</u>
Aged 3 through 5	32	x	6 fluid oz (3/4 cup)	=	<u>192</u>
Aged 6 through 12	9	x	8 fluid oz (1 cup)	=	<u>72</u>
Program Adults*	0	x	8 fluid oz (1 cup)	=	<u>0</u>
					312

There are 128 ounces of milk in one gallon.

Total Number of Fluid Ounces
Needed

FRUIT/VEGETABLE

Aged 1 through 2	12	x	1 (1/4 cup)	=	<u>12</u>
Aged 3 through 5	32	x	2 (1/4 cups)	=	<u>64</u>
Aged 6 through 12	9	x	3 (1/4 cups)	=	<u>27</u>
Program Adults*	0	x	3 (1/4 cups)	=	<u>0</u>
					103

Total Number of 1/4 Cups

MEAT/MEAT ALTERNATE

Aged 1 through 2	12	x	1.0 oz	=	<u>12</u>
Aged 3 through 5	32	x	1.5 oz	=	<u>48</u>
Aged 6 through 12	9	x	2.0 oz	=	<u>18</u>
Program Adults*	0	x	2.0 oz	=	<u>0</u>
					78

Total Ounces Needed

GRAINS/BREADS

Aged 1 through 2	12	x	1 (1/2 serving)	=	<u>12</u>
Aged 3 through 5	32	x	1 (1/2 serving)	=	<u>32</u>
					44
					Total 1/2 Servings Needed
Aged 6 through 12	9	x	1 full serving	=	<u>9</u>
Program Adults*	0	x	1 full serving	=	<u>0</u>
					9
					Total Full Servings Needed

* Adult meals on this form are calculated using the 6- through 12-year-old serving size.

EXAMPLE

SNACK

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

(Choose two of the four food components.)

Children Present: 15 (Aged 1 through 2)
63 (Aged 3 through 5)
12 (Aged 6 through 12)

Number of Children/Adults Served

MILK (Only Approved Types Allowed)

Aged 1 through 2	15	x	4 fluid oz (1/2 cup)	=	<u>60</u>
Aged 3 through 5	63	x	4 fluid oz (1/2 cup)	=	<u>252</u>
Aged 6 through 12	12	x	8 fluid oz (1 cup)	=	<u>96</u>
Program Adults*	0	x	8 fluid oz (1 cup)	=	<u>0</u>
					408
There are 128 ounces of milk in one gallon.					Total Number of Ounces Needed

FRUIT/VEGETABLE

Aged 1 through 2	15	x	2 (1/4 cups)	=	<u>30</u>
Aged 3 through 5	63	x	2 (1/4 cups)	=	<u>126</u>
Aged 6 through 12	12	x	3 (1/4 cups)	=	<u>36</u>
Program Adults*	0	x	3 (1/4 cups)	=	<u>0</u>
					192
					Total Number of 1/4 Cups

GRAINS/BREADS

Aged 1 through 2		x	1 (1/2 serving)	=	<u> </u>
Aged 3 through 5		x	1 (1/2 serving)	=	<u> </u>
					Total 1/2 Servings Needed
Aged 6 through 12		x	1 full serving	=	<u> </u>
Program Adults*		x	1 full serving	=	<u> </u>
					Total Full Servings Needed

MEAT/MEAT ALTERNATE

Aged 1 through 2		x	.5 oz	=	<u> </u>
Aged 3 through 5		x	.5 oz	=	<u> </u>
Aged 6 through 12		x	1.0 oz	=	<u> </u>
Program Adults*		x	1.0 oz	=	<u> </u>
					Total Ounces Needed

* Adult meals on this form are calculated using the 6- through 12-year-old serving size.

FOOD PRODUCTION RECORDS/MENUS AS SERVED

The food production record is to begin on October 1 of each fiscal year and end on September 30. Make copies of the *Menus as Served* original on **page 288** for your records.

All meal services offered each day are recorded on the same page. In addition, it is required that the following information be recorded:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box
- Comments Box: Note any comments or special dietary needs
- Date of meal service
- Meal counts of:
 - * Total children served
 - * Children served per age group
 - * Program adults served
- Menu as served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)
- Leftovers—All leftovers should be listed in this column and how they will be used.

The Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the State Agency, the Food Production Records/Menus as Served Book is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area consultant for review of the alternate form.

NOTE: A facility must provide all required food components under the minimum meal pattern requirements in order to claim the meal for reimbursement unless supported by a medical statement stating otherwise.

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MENUS AS SERVED
EXAMPLE

Regular Meals
 At-Risk Meals

Comments/Special Dietary Needs:

Date: 10/4/yyyy

Meal Type	Menu	Qty. Served: Meat/Meat Alternate	Qty. Served: Grains/Breads	Qty. Served: Fruit/Veg/Juice	Qty. Served: Milk	Leftovers
BREAKFAST Total children served: <u>17</u> Number of children served: 1-2: <u>0</u> 3-5: <u>7</u> 6-12: <u>10</u> Program Adults: <u>0</u>	Corn flakes Bananas 1% White Milk		1 32-oz box Corn flakes	7# Bananas, unpeeled	1 gallon	
A.M. SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
LUNCH Total children served: <u>15</u> Number of children served: 1-2: <u>0</u> 3-5: <u>15</u> 6-12: <u>0</u> Program Adults: <u>0</u>	Spaghetti sauce w/ ground beef Spaghetti noodles Green beans Peaches 1% White Milk	2# 20% fat Ground beef	Spaghetti noodles, 1#	Green beans, 2/15-oz cans, cut, drained, heated Peaches, freestone, sliced, 2/15-oz cans Tomato sauce, 2/15-oz cans	3/4 gallon	
P.M. SNACK Total children served: <u>17</u> Number of children served: 1-2: <u>0</u> 3-5: <u>7</u> 6-12: <u>10</u> Program Adults: <u>0</u>	Vanilla wafers Orange juice		1 1-lb box Vanilla wafers	1 gallon orange juice		
SUPPER Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
EVENING SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						

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CHILD NUTRITION LABELS AND PRODUCT FORMULATION STATEMENTS

Child Nutrition (CN) Labeling

1. Items that can be CN-labeled: Food products that contribute significantly to the meat/meat alternate component and are served in main dishes.
2. Yield data from the *Food-Buying Guide for Child Nutrition Programs* (FBG, Program Aid 1331) is used for calculating a CN-labeled product's contribution toward meal pattern requirements. (Using yields from the FBG will help ensure that various meat/meat alternate items, regardless of cooking methods used or the addition of other ingredients, will be nutritionally equivalent.)
3. CN-labeled product will have the following information printed on the principal display panel of the label:
 - Product name
 - Ingredient listing in descending order of predominance by weight for all ingredients
 - Inspection legend for the appropriate inspection
 - Establishment number (for meat, poultry, and seafood items only)
 - Manufacturer's or distributor's name and address
 - CN label statement
4. CN label statement must be an integral part of the product label and must include the following information:
 - CN logo, which is a distinctive border around the CN statement
 - A six-digit product identification number that will appear in the upper right-hand corner of the CN label statement
 - The statement of the product's contribution toward meal pattern requirements for the CNP
 - A statement specifying that the use of the logo and CN label statement is authorized by the FNS
 - The month and year the label was approved in final by the FNS
5. Advantage of using CN-labeled products: The product carries a USDA warranty. If an institution purchases such a product and *uses it according to directions*, the institution will not have an audit claim filed against it should state or federal reviewers find that the CN-labeled product does not actually meet the meal pattern requirements claimed on the label.
6. What a CN label does *NOT* do:
 - Guarantee that the *FULL* requirement will be met (the product's contribution toward meal pattern requirements is specified in the CN label statement)
 - Assure that a product is *good for children*
 - Assure that children will like the product
 - Suggest that products without a CN label are inferior (or that CN-labeled products are superior)
7. Institution responsibilities:
 - Assure that product received meets specifications and has correct CN number (provide site managers with appropriate information; e.g., copy of label, dates product will be used)
 - Provide facilities with serving sizes/crediting information
8. Effective September 1, 2007, all CN numbers older than six months for which FNS has not received an application for review have expired. Once a CN number is expired/rescinded, the CN number may not be used in the CN labeling program.

SAMPLE CN LABEL STATEMENT

	CN		000000
CN		Five 0.68-oz fully cooked, breaded chicken breast pattie chunks with rib meat provide 2.00 oz equivalent meat/meat alternate and 1 serving of bread alternate for Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 05-14.)	CN
	CN		

Product Formulation Statement

1. A product formulation statement is a statement prepared and certified by a manufacturer of a prepared product declaring appropriate ingredient and crediting information. If a company provides a product formulation statement, an institution may wish to use the product to meet USDA meal pattern requirements. However, USDA does not monitor product formulation statements for compliance with the product formulation or the CACFP meal pattern requirements. The product formulation statement does not carry a USDA warranty, and should state and federal reviewers find that the product did not actually meet meal pattern requirements, an audit exception can be taken. Signed product formulation statements could provide the institution legal recourse with the company should the product contribution be challenged or found to be in error. See example on next page.
2. CNP institutions should not let their desire to offer children a commercially prepared product outweigh their need to obtain proper documentation for the product. If vendors understand that the program will not purchase a product without proper documentation, they will be more accommodating in providing sufficient information.
3. Institutions should be careful not to mistake vendor advertising literature for a product formulation statement. Advertising literature provided by a company may contain valuable information, but it may not be used to support the contribution that a product makes toward the CACFP meal pattern requirements.
4. A product formulation statement must satisfy the following requirements:
 - Be on the company's letterhead.
 - Company must use the USDA Food-Buying Guide to assist with the certification of the product.
 - Provide the product name, as written on the label, and provide other identifying information, such as product code number, portion size/weight, pack case weight.
 - Contain a crediting statement; i.e., a declaration of the contribution of one portion of the cooked product toward meeting USDA meal pattern requirements. This may be combined with the certification statement.
 - Contain a certification statement (for example: the certification/crediting statement may read: "I certify that the above information is true and correct and that a 3.25-ounce serving of the above product [ready for serving] contains 2 ounces of cooked lean meat/meat alternate when prepared according to product directions.").
 - Provide sufficient information for purchaser to determine the reasonableness of the crediting statement.
 - Be signed and dated by a legally authorized representative of the company.
5. Institution Responsibilities:
 - CNP institutions must use the reviewer checklist for evaluating the certification and yield statements provided by the manufacturer.
 - Prior to purchase, carefully review the product formulation statement to determine the reasonableness of information provided by the manufacturer. There is no easy way to verify the accuracy of information on a product formulation statement.
 - Ensure that product received meets specifications and has correct code number (provide facilities with appropriate information; e.g., copy of label, dates product will be used).
 - Provide facilities with serving sizes/crediting information.

EXAMPLE

PRODUCT FORMULATION STATEMENT FOR MEAT/MEAT ALTERNATE AND ALTERNATE PROTEIN PRODUCT CALCULATIONS

JOJO'S GOOD TIME TREATS, INC.
 2211 Savory Taco Drive
 Flower Shop, Texas 75000
 1-800-555-9999

Provide a copy of the label in addition to the following information on company letterhead signed by an official representative of the company.

Product Name: Treat Time Combination Burrito® Code Number: 123456

Manufacturer: Treat Time Case/Pack/Count/Portion/Size: 72 Ct/6.61 OZ

I. Meat/Meat Alternate (M/MA)

Please fill out the chart below to determine the creditable amount of Meat/Meat Alternate.

Description of Creditable Ingredients Per Food-Buying Guide	Ounces Per Raw Portion of Creditable Ingredient	Multiply	Food-Buying Guide Yield	Creditable Amount*
Beef, ground, frozen, 30% fat	1.25 OZ	X	.70	.875 OZ
Beans, pinto, dry, Canned	1 OZ	X	1	1.00 OZ
Cheese, Cheddar, natural	.19 OZ	X	1	.19 OZ
A. Total Creditable Amount¹				2.065 OZ

*Creditable Amount—Multiply ounces per raw portion of creditable ingredient by the Food-Buying Guide yield.

II. Alternate Protein Product (APP)

If the product contains APP, please fill out the chart below to determine the creditable amount of APP. If APP is used, you must provide documentation as described in Attachment A for each APP used.

Description of APP, Manufacturer's Name, and Code Number	Ounces Dry APP Per Portion	Multiply	% of Protein As-Is*	Divide by 18**	Creditable Amount APP***
		X	%	÷ by 18	
		X	%	÷ by 18	
		X	%	÷ by 18	
B. Total Creditable Amount¹					
C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest 1/4 oz)					

*Percent of protein As-Is is provided on the attached APP documentation.

**18 is the percent of protein when fully hydrated.

***Creditable amount of APP equals ounces of dry APP multiplied by the percent of protein as-is divided by 18.

¹ Total Creditable Amount must be rounded **DOWN** to the nearest 0.25 oz (1.49 would round down to 1.25 oz meat equivalent). Do **NOT** round up. If you are crediting both M/MA and APP, you do not need to round down in Box A until after you have added the creditable APP amount from Box B.

Total weight (per portion) of product as purchased: 6.61 OZ

Total creditable amount of product (per portion): 2.065 OZ
 (Reminder: Total creditable amount cannot count for more than the total weight of product.)

I certify that the above information is true and correct and that a 6.61-ounce serving of the above product (ready for serving) contains 2 ounces of equivalent meat/meat alternate when prepared according to directions.

I further certify that any APP used in the product conforms to the Food and Nutrition Service (FNS) Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation (Attachment A).

Signature: Happy Empanada Title: Regulatory Compliance Manager

Printed Name: Happy Empanada Date: 6/24/YYYY Phone Number: 999-555-5555

EXAMPLE PRODUCT FORMULATION STATEMENT

I. Meat/Meat Alternate (M/MA)

Description of Creditable Ingredients Per Food-Buying Guide	Ounces Per Raw Portion of Creditable Ingredient	Multiply	Food-Buying Guide Yield	Creditable Amount*
Beans, black (turtle), dry, canned, whole	1.0 oz	X	27.8/110	0.252
Beans, black (turtle), dry, canned, whole, drained (Column 6 conversion)	1.0 oz	X	27.8/62.0	0.44
Beans, kidney, dry, whole	1.0 oz	X	24.8/16	1.55
Beef, ground (not more than 18% fat), raw	1.0 oz	X	0.74	0.74
Beef brisket, without bone, practically free of fat, raw	1.0 oz	X	0.69	0.69
Cheese, Mozzarella	1.0 oz	X	16/16	1.0
Cheese, cottage	1.0 oz	X	8/16	0.5
Chicken, boneless, fresh	1.0 oz	X	0.70	0.7
Chicken, drumstick with bone, fresh, skin on	2.0 oz	X	0.49	.098
Egg, frozen whole, pasteurized, liquid	1.0 oz	X	18/16	1.125
Egg, whole, dried	0.25 oz	X	64/16	1.0
Fish, fillet, fresh	1.0 oz	X	0.70	0.7
Ham, water added	1.0 oz	X	0.82	0.82
Nuts, almonds	1.0 oz	X	16/16	1.0
Peanut butter	1.0 oz	X	14.4/16	0.9
Pork, ground (not more than 30% fat)	1.0 oz	X	0.70	0.7
Tuna, chunk-style, water-packed	1.0 oz	X	51.2/66.5	0.769
Tuna, chunk-style, drained (Column 6 conversion)	1.0 oz	X	51.2/51.2	1.0
Turkey, cooked diced, light and dark meat in natural proportions (no skin, wing meat, neck meat, giblets, or kidneys)	1.0 oz	X	16/16	1.0
Turkey ham, fully cooked	1.0 oz	X	0.70	0.7
Turkey ham, 15% water added	1.0 oz	X	0.59	0.59
Yogurt, plain	1.0 oz	X	8/32	0.25

*Creditable amount—multiply ounces per raw portion of creditable ingredient by the Food-Buying Guide yield.

II. Alternate Protein Product (APP)

Products containing APP must also provide the documentation described in Attachment A.

Description of APP, Manufacturer's Name, and Code Number	Ounces Per Dry APP Per Portion	Multiply	% of Protein As-Is*	Divide by 18**	Creditable Amount APP***
Soy flour, ABComp 1234	0.25 oz	X	52.0*	÷ by 18	0.72
Soy protein concentrate, ABComp 45	0.25 oz	X	64.8*	÷ by 18	0.9
Soy protein isolate, XYComp 333	0.25 oz	X	85.0*	÷ by 18	1.18
Whey protein concentrate, Dairy 3	0.25 oz	X	45.0*	÷ by 18	0.625
Nonfat dry milk, Dairy 789	0.25 oz	X	21.0*	÷ by 18	0.29

*Percent of protein As-Is is provided on the attached APP documentation.

**18 is the percent of protein when fully hydrated.

***Creditable amount of APP equals ounces of dry APP multiplied by the percent of protein as-is divided by 18.

EXAMPLE

PRODUCT FORMULATION STATEMENT FOR PREPARED GRAINS/BREADS

JOJO'S GOOD TIME TREATS, INC.
2211 Savory Taco Drive
Flower Shop, Texas 75000
1-800-555-9999

Product Name: Treat Time Combination Burrito® Code Number: 123456

Case/Pack/Count/Portion/Size: 72 Ct/6.61 oz

Total Weight (Grams or Ounces) of One Ready-to-Eat Serving of Product: 1.2 oz

List the exact types and weights of each enriched and/or whole-grain meal, flour, bran, or germ per product serving:
Enriched wheat flour tortilla (1.2 oz)—made from enriched bleached wheat flour (flour, niacin, reduced iron, thiamine mononitrate, riboflavin), water, vegetable shortening (partially hydrogenated soybean and/or cottonseed oils). Contains 2 percent or less of: leavening (baking soda, sodium aluminum sulfate, cornstarch, monocalcium phosphate, and/or sodium acid pyrophosphate), salt, dough conditioners (fumaric acid, sodium metabisulfate), calcium propionate, and sorbic acid (preservatives).

I certify that the above information is true and correct and that one 6.61 oz (specify serving weight) ready-to-eat serving of the specified product contains 1 serving(s) of Grains/Breads* for the USDA Child Nutrition Programs.

Happy Empanada Regulatory Compliance Manager
SIGNATURE TITLE

Happy Empanada 6/24/YYYY 999-555-5555
PRINTED NAME DATE TELEPHONE NUMBER

*For crediting as a Grains/Breads component, FNS Child Nutrition Programs require (1) all grains/breads items must be enriched or whole grain, made from enriched or whole-grain flour. If using a cereal, it must be whole grain, enriched, or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour; (2) the exact or minimum amount of creditable grains must be documented to assure that 14.75 grams of creditable grains equals one grains/breads serving. Grains/breads may be credited in 1/4-serving increments. See FNS Instruction 783-1, Rev. 2, to equal 1 serving Grains/Breads or FNS Food-Buying Guide, revised November 2001.

PRODUCT FORMULATION STATEMENT FOR PREPARED FRUIT/VEGETABLE

Product Name: Code Number:

Case/Pack/Count/Portion/Size:

Volume and Weight of One Serving of Product:

- Weight of Total Product Per Batch:
Number of Portions/Servings Per Batch:

N/A

I certify that the above information is true and correct and that one serving (specify serving volume/weight) of the above product (ready to eat) contains servings of fruit/vegetable** for the Child Nutrition Programs.

SIGNATURE TITLE

PRINTED NAME DATE TELEPHONE NUMBER

* CNP requires 14.75 grams of whole-grain or enriched flour or meal, bran or germ, or an equivalent amount of cereal as provided in FNS Instruction 783-1, Rev. 2, to equal 1 serving Grains/Breads. Grains/Breads may be credited in 1/4-serving increments.
**CNP requires a minimum of 1/8 cup fruit/vegetable to equal 1 serving fruit/vegetable.

EXAMPLE ATTACHMENT A

Company Name: SOY COMPANY X

APP Product: SOY PROTEIN CONCENTRATE

- A. Soy Company X certifies that soy protein concentrate meets all requirements for APP intended for use in foods manufactured for Child Nutrition Programs as described in Appendix A of 7 CFR 210, 220, 225, and 226.
- B. Soy Company X certifies that soy protein concentrate has been processed so that some portion of the nonprotein constituents have been removed by fractionating. This product is produced from soybeans by removing the majority of the soybean oil and some of the other nonprotein constituents _____.
- C. The Protein Digestibility Corrected Amino Acid Score (PDCAAS) for soy protein concentrate is 0.99. It was calculated by multiplying the lowest uncorrected amino acid score by true protein digestibility as described in the Protein Quality Evaluation Report from the Joint Expert Consultation of the Food and Agriculture Organization/World Health Organization of the United Nations, presented December 4-8, 1989, in Rome, Italy. The PDCAAS is required to be greater than 0.8 (80 percent of casein).
- D. The protein level of soy protein concentrate is at least 18 percent by weight when fully hydrated at a ratio of 2.43 parts water to one part product.
- E. The protein level of soy protein concentrate is certified to be at least 61.8 on an As-Is basis for the As-Purchased product. *Note: Protein is often provided on a moisture-free basis (MFB), which is not the information Food and Nutrition Service (FNS) requires.*

All of the above information is required for APP.

NOTE: It is also helpful to have the ingredients statement for the APP product. For example, if the product is uncolored and unflavored, the ingredients statement might be *soy protein concentrate* or if the product is colored and textured, the ingredients statement might be *textured vegetable protein (soy flour, caramel color)*.

Reviewer Checklist for Evaluating Manufacturer-Completed Product Formulation Statements for Meat/Meat Alternate (M/MA) Products and Alternate Protein Product Products

Circle Y or N	Steps for Evaluation Page 1
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GENERAL INFORMATION

(Y)	N	<p>A copy of the product label is attached.</p> <p>The label should have the product name, ingredients statement, net weight, manufacturer/distributor name and address, and for meat/poultry products, an inspection legend. The Nutrition Facts panel is voluntary for institutional product labels unless a nutrition or health claim is made.</p>
(Y)	N	Product Name is provided and matches the name on the product label.
(Y)	N	Product Code Number is provided and matches the code number on the product label.
(Y)	N	Manufacturer name is provided.
(Y)	N	Case/pack/count/portion/size are included as applicable.

MEAT/MEAT ALTERNATE

(Y)	N	<p>I have my copy of the Food-Buying Guide for Child Nutrition Programs (FBG), and it has the written in corrections as noted in the Pen and Ink Changes document provided by FNS.</p> <p style="text-align: center;">Available at <http://teamnutrition.usda.gov/Resources/foodbuyingguide.html></p>
(Y)	N	<p>The food items in Section 1. Meat/Meat Alternate match a description in Column 1 (Food As Purchased) of the FBG.</p> <p>Example: <i>Beans, Kidney, dry</i> matches a description in Column 1 of the FBG, but <i>Kidney Beans</i> does not match a description in Column 1 of the FBG (you do not know if the kidney beans are dry, canned, or frozen).</p>
(Y)	N	<p>The description does not match Column 1, but it does match a description in Column 4 (Serving Size Per Meal Contribution) or Column 6 (Additional Information) of the FBG.</p> <p>If the answer is Y, then you will need to convert the yield data from Column 6.</p>

Circle Y or N	Steps for Evaluation Page 2
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MEAT/MEAT ALTERNATE continued

(Y)	N	<p>The FBG Yield (servings per purchase unit) provided aligns with the correct description in Column 1, the description of how the food is served in Column 4, and the correct unit for the serving size in Column 4 to provide answers in units of 1 ounce. For meat/poultry, use the percent yield in Column 6.</p> <p>Example 1: A burrito is being evaluated. <i>Kidney beans, dry, canned, whole (pages 1 through 7, FBG)</i> matches a description in Column 1, the product is served heated which matches a description as served in Column 4; therefore, the FBG yield that should be used is 38.9 1/4-cups heated beans for 108 oz No. 10 can (38.9/108). The yield for drained beans (which is unheated) should not be used. For dry beans/legumes/peas/lentils, keep in mind that 1/4 cup cooked, drained beans/legumes/peas/lentils is equivalent to 1.0 oz meat alternate.</p> <p>Example 2: A sandwich is being evaluated. <i>Peanut butter (pages 1 through 40, FBG)</i> matches a description in Column 1, and 2 Tbsp (1 oz meat alternate) matches the unit we want our answer in. For this example, there are three acceptable yield ratios: (1) 97.5 1-oz servings per 108 oz, (2) 28.8 1-oz servings per 28 oz, or (3) 14.4 1-oz servings per 16 oz. When purchase units are 1 lb, always use 16 oz in the yield ratio. Do not use the yield ratios for 3 Tbsp peanut butter, since this will put the answer in units of 1 1/2 oz.</p> <p>Example 3: A chicken patty is being evaluated. <i>Chicken, boneless, raw (pages 1 through 31, FBG)</i> matches a description in Column 1, cooked matches a description in Column 4. The yield in Column 6 is 70 percent (you will multiply using the decimal form which is 0.70).</p>
(Y)	N	<p>The answer provided in the Creditable Amount column for each separate ingredient has been verified using a calculator, and the answer was not rounded up.</p>
(Y)	N	<p>The total creditable amount for the meat/meat alternate section, Total A, is correct, and the answer was not rounded up.</p>
(Y)	N	<p>All of the creditable ingredients listed on the form match ingredients listed in the ingredients statement on the product label.</p> <p>Example: It is not acceptable for the documentation to list <i>ground beef (not more than 30 percent fat)</i> if the label only lists <i>beef</i>. This means that the manufacturer does not have to actually use ground beef (not more than 30 percent fat), but can use any type of beef. <i>Beef</i> is not creditable since there is no one single FBG yield that can cover all beef items. Because the correct description is not on the label, the product cannot be accepted with the documentation.</p>

Circle Y or N	Steps for Evaluation Page 3
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ALTERNATE PROTEIN PRODUCT (APP)

Y NA	N	<p>The APPs listed are single ingredients such as soy flour, soy protein concentrate, soy protein isolate, whey protein concentrate, and nonfat dry milk.</p> <p>Examples of ingredients that do not meet the APP requirements are: wheat proteins, tofu, surimi, soy burgers, soy crumbles.</p>
Y NA	N	<p>The product itself is an entrée item or an integral part of an entrée item.</p> <p>Example: entrée items ARE sandwich patties, meat fillings or crumbles, pizzas, burritos, etc. Entrée items are NOT drinks, smoothies, desserts, muffins, cakes, protein bars, bread, chips, etc.</p>
		Documentation (Refer to Attachment A)
Y NA	N	<p>The APP documentation is on letterhead of the manufacturer that actually makes the APP.</p> <p>Documentation should not be accepted on distributor letterhead or from the food company making your purchased product (except in the rare case that the food company making the finished product actually manufactures the APP itself).</p>
Y NA	N	a. The documentation states that the APP meets requirements found in 7 CFR Parts 210, 220, 225, and 226.
Y NA	N	b. The documentation indicates that nonprotein constituents have been removed.
Y NA	N	<p>c. The PDCAAS (Protein Corrected Amino Acid Score) is provided, and the score is greater than 0.80 (80).</p> <p>The PDCAAS score should be provided in decimal form (i.e., 0.92), but sometimes the PDCAAS is reported as a whole number (i.e., 92) instead. If the PDCAAS is less than 0.8 (80), then the product does not meet the protein quality requirements and cannot be used for credit even if the percent as-is protein is greater than 18 percent.</p>
Y NA	N	<p>d. The hydration ratio is provided in the documentation and was calculated correctly (percent protein as-is divided by 18) minus 1 part dry APP = parts water).</p> <p>Example: if the percent as-is protein is 64.8, the calculation is as follows: $([64.8 \div 18] - 1 \text{ part dry APP}) = 2.6 \text{ parts water to hydrate the product down to 18 percent protein. The ratio of dry APP:water for this example will be 1:2.6.}$</p>
Y NA	N	<p>e. The percent protein is provided on an as-is basis and is greater than 18 percent.</p> <p>If the documentation states MFB or moisture-free basis—you cannot use this protein value. The as-is protein value must be used in calculating the meat alternate credit for APP.</p>

Circle Y or N	Steps for Evaluation Page 3
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ALTERNATE PROTEIN PRODUCT (APP)

Y NA	N	<p>The APPs listed are single ingredients such as soy flour, soy protein concentrate, soy protein isolate, whey protein concentrate, and nonfat dry milk.</p> <p>Examples of ingredients that do not meet the APP requirements are: wheat proteins, tofu, surimi, soy burgers, soy crumbles.</p>
Y NA	N	<p>The product itself is an entrée item or an integral part of an entrée item.</p> <p>Example: entrée items ARE sandwich patties, meat fillings or crumbles, pizzas, burritos, etc. Entrée items are NOT drinks, smoothies, desserts, muffins, cakes, protein bars, bread, chips, etc.</p>
		Documentation (Refer to Attachment A)
Y NA	N	<p>The APP documentation is on letterhead of the manufacturer that actually makes the APP.</p> <p>Documentation should not be accepted on distributor letterhead or from the food company making your purchased product (except in the rare case that the food company making the finished product actually manufactures the APP itself).</p>
Y NA	N	a. The documentation states that the APP meets requirements found in 7 CFR Parts 210, 220, 225, and 226.
Y NA	N	b. The documentation indicates that nonprotein constituents have been removed.
Y NA	N	<p>c. The PDCAAS (Protein Corrected Amino Acid Score) is provided, and the score is greater than 0.80 (80).</p> <p>The PDCAAS score should be provided in decimal form (i.e., 0.92), but sometimes the PDCAAS is reported as a whole number (i.e., 92) instead. If the PDCAAS is less than 0.8 (80), then the product does not meet the protein quality requirements and cannot be used for credit even if the percent as-is protein is greater than 18 percent.</p>
Y NA	N	<p>d. The hydration ratio is provided in the documentation and was calculated correctly (percent protein as-is divided by 18) minus 1 part dry APP = parts water).</p> <p>Example: if the percent as-is protein is 64.8, the calculation is as follows: $[(64.8 \div 18) - 1 \text{ part dry APP}] = 2.6 \text{ parts water to hydrate the product down to 18 percent protein. The ratio of dry APP:water for this example will be 1:2.6.}$</p>
Y NA	N	<p>e. The percent protein is provided on an as-is basis and is greater than 18 percent.</p> <p>If the documentation states MFB or moisture-free basis—you cannot use this protein value. The as-is protein value must be used in calculating the meat alternate credit for APP.</p>

Circle Y or N	Steps for Evaluation Page 4
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ALTERNATE PROTEIN PRODUCT (APP) continued

Y NA	N	APP documentation meeting all of the above requirements is provided for each separate APP listed on the product analysis form.
		Check the Calculation for Each APP Ingredient Used
Y NA	N	The whole number percent protein (not the decimal form of the percent) is used in the calculation. Example: If the percent as-is protein is 64.8 percent, use 64.8 in the calculation, not 0.648.
Y NA	N	The answer for each separate APP calculation is correct and was not rounded up.
Y NA	N	The amount of credit from APP, Total B, is correct and was not rounded up.
		TOTAL CREDITABLE AMOUNT
(Y)	N	The sum of Total A (meat/meat alternate) plus Total B (APP credit) is correct and was not rounded up.
(Y)	N	The total weight per portion of the product is provided and matches portion information provided on the label.
(Y)	N	The total credit is rounded down to the nearest 0.25 ounce.
(Y)	N	The Total Creditable Amount is not greater than the total weight of the portion of the product. (The credit may be equal to or less than the portion weight served.) When using APP with high concentrations of protein, sometimes the calculation provides an answer that is greater than the weight of the product served; in this case, you must reduce the credit so that it is equal or less than the weight of the product served. Example: if a soy burger uses soy isolate and whey protein concentrate and the weight of the heated burger weighs 1.75 oz, but the calculations show a total of 2.3 oz meat alternate, you can only count a maximum of 1.75 oz meat alternate for the burger because that is the weight of the meat alternate food being served.
		AUTHORIZATION INFORMATION
(Y)	N	The phone number was called, and the number is valid for the company that manufactures the food product purchased; it is the correct contact number for the name of the person who signed the documentation. Ask for clarifications if needed.
(Y)	N	Overall—the product formulation statement is acceptable without further information. <i>Do not accept products that do not have acceptable documentation.</i>

**SOME FOODS MOST COMMONLY REQUIRING
A CN LABEL OR
PRODUCT FORMULATION STATEMENT**

There are many other things that require CN labels—This list is not all inclusive.

Corn Dogs
Chicken Nuggets
Steak Fingers
Fish Sticks
Canned Chili
Canned Barbecue Beef
Pizza (Frozen)
Pizza Rolls and Pockets
Bagel Bites
Pancakes on a Stick
Sausage Biscuits
Breaded Okra (All Breaded Vegetables)
Ravioli/Round Spaghetti
Burrito
Enchilada
Lasagna
Chicken Pot Pie
Potato Salad (Purchased)
Meatballs

The Food-Buying Guide

It is a big—and very important—job to plan, purchase, prepare, and serve nourishing meals for USDA's CNP. Every day, your work helps fight hunger and improve the nutritional health of children in America.

Whether you are serving food to a small or large number of children, you need to think carefully about each meal. Consider the following:

- *How much food will you need to buy?*
- *Will the meal meet the meal pattern of each meal type?*
- *What quantity of the raw product will provide the amount of ready-to-cook food called for in a recipe?*
- *How many servings will you get from a specific quantity of food?*

The *Food-Buying Guide for Child Nutrition Programs* (available online at <http://teamnutrition.usda.gov/Resources/foodbuyingguide.html>) or at the State Agency) is designed to help you in two important ways:

1. It will help you or your purchasing agent buy the right amount of food and buy it most economically.
2. It will help you determine the specific contribution each food makes toward the meal pattern requirements. This is necessary to ensure that meals provide needed nourishment and meet program requirements for reimbursement.

Brief Explanation of the Food-Buying Guide

Foods are grouped in the Food-Buying Guide in the following sections:

- Section 1: Meats and Meat Alternates
- Section 2: Vegetables and Fruits
- Section 3: Grains/Breads
- Section 4: Milk
- Section 5: Other Foods (the foods in this section do not meet any of the requirements for any components in the meal patterns)

The Food-Buying Guide is divided into yield tables using a six-column format:

1 Food As Purchased, AP	2 Purchase Unit	3 Servings Per Purchase Unit, EP	4 Serving Size Per Meal Contribution	5 Purchase Units for 100 Servings	6 Additional Information
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Column 1—Food As Purchased, AP: Tells you the name of the food item and the form(s) in which it is purchased. Individual foods are arranged in alphabetical order by type of food.

Column 2—Purchase Unit: Tells you the basic unit of purchase for the food. For most foods, the guide lists *Pound* as the purchase unit.

Column 3—Servings Per Purchase Unit, EP (Edible Portion): Shows the number of servings of a given size (found in Column 4) from each purchase unit (found in Column 2). It is based on average yields from good-quality foods prepared in ways that result in a minimum of waste.

Column 4—Serving Size Per Meal Contribution: Describes a serving by weight, measure, or number of pieces or slices. Sometimes both measure and weight are given or the measure and number of pieces or slices.

For foods specified in the meal patterns, the serving size given in this column can be credited toward meeting the meal pattern requirements. For many fruits and vegetables, both pieces and 1/4-cup servings are included.

Column 5—Purchase Units for 100 Servings: Shows the number of purchase units you need for 100 servings. This number was calculated using the purchase unit listed in Column 2 and the serving size (by weight) listed in Column 4. Numbers in Column 5 have been rounded up to help ensure enough food is available for 100 servings.

Column 6—Additional Information: Provides other information to help you calculate the amount of food you need to purchase and/or prepare.

For many food items, this column shows the quantity of ready-to-cook or cooked food you will get from a pound of food as purchased.

The data in the yield tables can help you in a variety of ways as you plan menus, make purchasing decisions, and check to make sure meals will meet CNP requirements.

Example 1

You are planning to serve 1/4-cup of raw, unpeeled fresh apples. You will be purchasing fresh, whole apples, case count 125-138. How many pounds of fresh, whole apples will you need to buy?

1. Estimate the number of servings of the prepared food you will need.

You estimate that you will need **50** 1/4-cup servings of fresh, unpeeled apple.

2. Locate the food in the *Food-Buying Guide* in the form you intend to serve.

Section 2—Fruits

1 Food As Purchased, AP	2 Purchase Unit	3 Servings Per Purchase Unit, EP	4 Serving Size Per Meal Contribution	5 Purchase Units for 100 Servings	6 Additional Information
APPLES					
Apples, fresh 125-138 count Whole	Pound	14.8	1/4 cup raw, unpeeled fruit (about 1/4 apple)	6.8	1 lb AP = 0.91 lb (3 2/3 cups) ready-to-cook or -serve raw, cored, unpeeled apple

3. Check the serving size listed in Column 4. Compare this to your planned serving size.

Column 4 reads: 1/4 cup raw, unpeeled fruit (about 1/4 apple)

This is the same as your planned serving size to all students, so no conversion is needed.

4. Refer to Column 2 to find the purchase unit. Refer to Column 3 for the number of servings you will get per purchase unit.

Column 2 reads: Pound

Column 3 reads: 14.8

5. Divide the number of servings needed by the number of servings you will get per purchase unit (Column 3).

Number of servings needed = 50

Servings per purchase unit = 14.8

50 divided by 14.8 = 3.37

6. Round up to 4 pounds to ensure enough food is available.

ANSWER: You will need 4 pounds of fresh, unpeeled apples for 50 1/4-cup servings.

Example 2

You are planning to serve ground beef tacos with no more than 20 percent fat to 100 children from all age groups. How many pounds of ground beef will you need?

1. Estimate the number of servings and the serving size of the prepared food for each age/grade.

You estimate that of the 100 planned servings, 50 will be served 1 ounce each, 100 will be served 1 1/2 ounces each, and 50 require 2-ounce servings of meat/meat alternate.

2. Locate the food in the *Food-Buying Guide* in the form you intend to serve.

Section 1—Meat/Meat Alternates

1 Food As Purchased, AP	2 Purchase Unit	3 Servings Per Purchase Unit, EP	4 Serving Size Per Meal Contribution	5 Purchase Units for 100 Servings	6 Additional Information
Beef, Ground, fresh or frozen ^{7,8} <i>no more than 20% fat includes USDA commodity (Like IMPS #136)</i>	Pound	11.8	1 oz cooked lean meat	8.5	1 lb AP = 0.74 lb cooked, drained lean meat
	Pound	7.89	1 1/2 oz cooked lean meat	12.7	

3. Check the serving sizes listed in Column 4. Compare this to your required serving sizes.

Column 4 reads: 1 ounce cooked lean meat *and* 1 1/2 ounces cooked lean meat

Since there is no serving size for 2 ounces of cooked lean meat, *a conversion is needed.*

4. Calculate the total ounces of cooked lean meat needed.

$$50 \text{ servings} \quad \times \quad 1 \text{ ounce} \quad = \quad 50 \text{ ounces}$$

$$100 \text{ servings} \quad \times \quad 1.5 \text{ ounces} \quad = \quad 150 \text{ ounces}$$

$$50 \text{ servings} \quad \times \quad 2 \text{ ounces} \quad = \quad 100 \text{ ounces}$$

You need a total of 300 ounces of cooked lean meat. Since this total is in units of 1 ounce, you can now use the serving size of 1 ounce cooked lean meat as found in Column 4.

5. Refer to Column 2 to find the purchase unit. Refer to Column 3 for the number of servings you will get per purchase unit.

Column 2 reads: Pound

Column 3 reads: 11.8

6. Divide the total number of ounces needed by the number of servings you will get per purchase unit (Column 3).

Number of total ounces needed = 300

Servings per purchase unit = 11.8

300 divided by 11.8 = 25.42

7. Round up 26 pounds to ensure enough food is available.

ANSWER: You will need 26 pounds of raw ground beef for the required serving sizes for 100 children.

Working With the Food-Buying Guide

To calculate how much of any food to purchase, you should begin by asking yourself the following questions:

- How many servings will I need?
- Will different serving sizes be used for various age groupings?
- What is my planned serving size for this food?
- In what form will I purchase this food?
- What serving size is listed in Column 4?
- Is the listed serving size the same as my planned serving size?
- How many purchase units of the food will I need to buy?

AND REMEMBER . . .

Calculating how much food you need for a given number of servings:

- Always ***round up*** when calculating ***how much food to buy***.
- Always ***round down*** when calculating the ***creditable component*** toward meeting a meal pattern requirement.

Suggestions for Preparing Preschool Children (Over Age 2) for Meals Served in HealthierUS Challenge Schools

The HealthierUS School Challenge recognizes excellence in schools with improved healthy eating and activity lifestyle environments. Healthful eating habits should be formed early in life and carried throughout adulthood. You can take an active role in preparing your children to participate in schools accepting the challenge. Developing menus that meet the following age-appropriate criteria will help to lay the foundation for healthier lifestyles.

Offer a variety of different fruits each week.

Serve juice only once or twice per week. When serving juice, serve a variety of juices.

Serve fresh fruits as often as possible.

Offer different entrées or meat/meat alternates throughout the week.

Offer whole-grain foods as often as possible.

Offer a variety of vegetables (dark green, red/orange, starchy, beans/peas, and others) each week.

Offer age-appropriate milk choices at each meal or snack, and serve only lowfat or fat-free options to participants aged 2 or older.

Include physical activity and nutrition education in the daily schedule.

Please see the lists of foods developed to meet these menu-planning items on **page 190**. In doing so, you can be a part of planning menus that start children establishing healthful eating habits.

DARK GREEN AND ORANGE VEGETABLES, DRY BEANS AND PEAS, AND WHOLE GRAINS

The following pages include examples of different foods that you may wish to incorporate into your menus. You should introduce new foods gradually. You may wish to begin with taste samples. As always, check your *Food-Buying Guide* to ensure that you are planning sufficient quantities to meet meal pattern requirements if you are including the new food as a part of your reimbursable meal.

Many of these foods will be served to your children by schools participating in the HealthierUS School Challenge. Try them in a variety of forms.

Commonly eaten vegetables in each subgroup

Dark Green Vegetables

- bok choy
- broccoli
- collard greens
- dark green, leafy lettuce
- kale
- mesclun
- mustard greens
- romaine lettuce
- spinach
- turnip greens
- watercress

Starchy Vegetables

- cassava
- corn
- fresh cowpeas, field peas, or black-eyed peas (not dry)
- green bananas
- green peas
- green lima beans
- potatoes
- taro
- water chestnuts

Red and Orange Vegetables

- acorn squash
- butternut squash
- carrots
- hubbard squash
- pumpkin
- red peppers
- sweet potatoes
- tomatoes
- tomato juice

Beans and Peas*

- black beans
- black-eyed peas (mature, dry)
- garbanzo beans (chickpeas)
- kidney beans
- lentils
- navy beans
- pinto beans
- soy beans
- split peas
- white beans

Other Vegetables

- artichokes
- asparagus
- avocado
- bean sprouts
- beets
- Brussels sprouts
- cabbage
- cauliflower
- celery
- cucumbers
- eggplant
- green beans
- green peppers
- iceberg (head) lettuce
- mushrooms
- okra
- onions
- turnips
- wax beans
- zucchini

Whole Grains

A whole-grain food either has whole grains listed as the primary ingredient by weight or has whole grains as the primary grain ingredient. Many recipes can easily be identified as whole-grain if the heaviest grain ingredient is made from whole grain.

WHOLE GRAINS

LIST OF COMMON WHOLE GRAINS

While this list is extensive, it is *NOT* comprehensive and therefore may not contain all possible representations of whole-grain ingredient names on food labels.

WHEAT (RED)—The Most Common Kind of Wheat in the United States

- wheat berries
- whole-grain wheat
- cracked wheat or crushed wheat
- whole-wheat flour
- bromated whole-wheat flour
- stone ground whole-wheat flour
- toasted, crushed whole wheat
- whole-wheat pastry flour
- graham flour
- entire wheat flour
- whole durum flour
- whole durum wheat flour
- whole-wheat flakes
- sprouted wheat
- sprouted wheat berries
- bulgur (cracked wheat)
- whole bulgur
- whole-grain bulgur

WHEAT (WHITE)

- whole white flour
- whole white-wheat flour

OATS

- whole oats
- oat groats
- oatmeal or rolled oats
- whole-oat flour

BARLEY

- whole barley
- whole-grain barley
- whole barley flakes
- whole barley flour
- whole-grain barley flour
- dehulled barley
- dehulled-barley flour

CORN

- whole corn
- whole-corn flour
- whole-grain corn flour
- whole-grain cornmeal
- whole cornmeal
- whole-grain grits

BROWNRICE

- brown rice
- brown-rice flour

WILDRICE

- wild rice
- wild-rice flour

RYE

- whole rye
- rye berries
- whole-rye flour
- whole-rye flakes

LESS COMMON GRAINS: To Be Whole Grains, *Whole Must Be Listed Before the Grain Name*

- einkorn
- Kamut®
- emmer (farro)
- teff
- triticale
- spelt
- buckwheat
- amaranth
- sorghum (milo)
- millet
- quinoa

WHOLE GRAINS

Ideas for Adding Whole Grains to Menus in Child Nutrition Programs:

Whole-grain ready-to-eat cereals

Whole-grain cooked breakfast cereals

Granola made from whole grains

Whole-grain cereal granola bars

Whole-grain pancakes or waffles

Whole-grain bagels or muffins

Whole-wheat breads, rolls, or buns

Other whole-grain breads, rolls, or buns

Whole-grain tortillas, taco shells

Whole-grain chips/pretzels

Whole-grain pita pockets

Whole-grain cornbread

Whole-grain crackers or cookies

Whole-grain side dishes; e.g., brown rice, wild rice, cracked wheat, whole-grain bulgur or barley, whole specialty grains

Whole-wheat pasta such as macaroni, spaghetti, vermicelli, or whole-grain noodles

Whole-grain salads (cracked wheat, whole-grain bulgur, whole specialty grains)

Other uses of whole grains (soups, casseroles, combination dishes)

Soba noodles (with whole buckwheat flour as primary ingredient)

WAYS TO ENCOURAGE CHILDREN TO HAVE POSITIVE ATTITUDES TOWARD FOOD

Have a positive attitude toward foods and the mealtime experience. Remember, a negative attitude expressed by adults and other children may influence children not to try that food.

When introducing a new food to children, serve a small amount of the new food along with more popular and familiar foods.

Include children in food activities to encourage them to try new foods and also to gain self-confidence.

Serve finger foods such as meat or cheese cubes, vegetable sticks, or fruit chunks. Foods that are cut into smaller pieces are easier for children to handle.

Do not force a child to eat. It is normal for a child to ask for second helpings of food one day and yet eat very lightly the next day.

Provide a comfortable atmosphere at mealtime. Mealtime is also a social activity, so allow children to talk with others.

Encourage children to eat food or new foods in a low-key way. For instance, read a book about a new food that will be served that day and serve the new food at snacktime when children are more hungry.

Expose children to new foods five or six times instead of only once or twice. The more exposure that children have to a food, the more familiar and comfortable it becomes, and the more likely it is that they will try the food.

Offer the new food first to a child who eats most foods. Children will often follow other children and try the food.

Have staff eat with the children. Have them eat the same foods that have been prepared for the children.

Present food attractively. Remember that we all make decisions to try or not to try food depending upon how food looks and smells.

Do not offer bribes or rewards for eating foods. This practice only reinforces the idea that certain foods are not desirable.

SAFETY AND SANITATION TIPS

The area of food technology is expanding. New products require that providers continue to examine potential safety and sanitation concerns. This page stresses some safety and sanitation issues that have received recent media attention. For in-depth training regarding safety and sanitation concerns, contact your State Agency or FNSRO. A number of excellent training resources are available.

Wash your hands before preparing food, and see that children wash their hands before eating. Never touch ready-to-eat foods with your bare hands. If using hands, wear disposable plastic gloves and do not touch anything unclean with the gloves. Throw the gloves away after using or touching anything other than food.

Do not serve foods made with raw eggs, or allow children to eat raw batters; such products are at risk for bacterial contamination.

Handling Produce

Wash all produce thoroughly under running water prior to serving or cutting. Do not rewash packaged produce labeled *ready-to-eat, washed, or triple washed*.

Rinse fruits such as melons and oranges just before cutting them. This prevents bacteria from spreading from the surface to the inside.

Remove stems, which collect dirt.

Inspect produce for obvious signs of soil or damage prior to cutting, slicing, or dicing. When in doubt about damaged produce, either cut away the affected areas or do not use the item.

Keep cut fruit refrigerated. Bacteria multiply rapidly at room temperature.

Avoiding Cross-Contamination

Wash utensils and surfaces that have touched raw meat or poultry with soap and hot water to avoid contaminating other foods. Do not use the same platters, cutting boards, and/or utensils for uncooked and cooked meat or poultry dishes and ready-to-eat foods. You may want to use two sets of cutting boards: one for meats and poultry and one for vegetables and fruits. Buying plastic cutting boards in different colors will help to keep them straight.

Prevent juices from raw meat, poultry, or seafood from dripping on ready-to-eat foods such as salad greens either in the refrigerator or during preparation.

Store raw foods that must be cooked prior to serving on the refrigerator's **BOTTOM** shelf to prevent their juices from coming in contact with other foods. Store ready-to-eat foods **ABOVE** raw, uncooked foods.

Sanitize equipment and work surfaces between use, following local or state health codes regarding sanitation solutions.

Proper Holding and Cooking Procedures

Take care that foods do not remain unrefrigerated for extended periods of time. Bacteria can grow rapidly between 40°F and 140°F, which includes room temperature. This is known as the danger zone. If the serving of a hot food must be delayed, keep it at a holding temperature of 140°F or above. All foods left out in the kitchen, at a barbecue or picnic, or on a salad bar should be monitored. Do not hold a food in the temperature danger zone for longer than two hours. After two hours, the food should be discarded.

Meats and poultry should be cooked completely. ***Follow local or state health codes regarding interior temperatures.*** Take appropriate safety and sanitation procedures with thermometers to avoid contamination of other foods.

Do not use leftover marinades to baste meats. Prepare and reserve a separate batch to baste. Do not reuse marinades.

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INFANT MEALS

PLANNING MEALS FOR INFANTS

Child care facilities participating in the Child and Adult Day Care Food Program (CACFP) must offer program meals to all eligible children, including infants, who are enrolled for care in their facilities. A facility may not avoid this obligation by stating that the infants are not **ENROLLED** in CACFP or by citing some logistical or cost barrier to offering an infant meal. Decisions on offering program meals must be based on whether the child is enrolled for care. As long as the infant is in care during the meal service period, the facility must offer the infant a meal that complies with program requirements. As with all children in CACFP facilities, an infant's parent or guardian may decline what is offered and supply the infant's meals instead. The key factor is that the infant must be provided access to CACFP meals. If a parent or guardian does not want the provider to claim his or her infant's meals, an *Infant Meal Waiver* form must be on file for each infant.

Infants are children from birth to one year. Because they are so vulnerable nutritionally, day care facilities should design their feedings to meet individual needs by utilizing the United States Department of Agriculture (USDA) Infant Meal Pattern and any documented alteration of the meal pattern as prescribed by the child's doctor. Facilities are advised to check with parents to be certain that an infant has tried, and had no reaction to, baby food products containing multiple fruits, vegetables, meat products, or other ingredients such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, and/or corn or corn products. Facilities should request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening.

USDA has revised program policy to recognize the nonfood-related cost of serving infants. Meals served to infants from birth up to eight months that contain only iron-fortified formula provided by the parent or the caregiver or bottled breast milk provided by the **parent** may be claimed for reimbursement. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal. Infants 8 through 11 months old must be served at least one required food item at breakfast and lunch that is provided by the caregiver. ***All infant meals must be served by the caregiver.***

Infant meals served must be documented using the *Infant Meals as Served* form. Documentation must include the infant's name, age, date, and actual components and quantities served to each infant at each meal service.

USDA Infant Meal Patterns are for breakfast, lunch, and snack meals. Young babies may need to eat every two to four hours. Older babies may need to eat more frequently than the specified times. When babies are hungry, give them part of their next feeding.

There are ranges given for each food portion in the meal pattern to allow for flexibility in how much food is served to the baby based on his or her appetite. Babies will vary day-to-day in the amounts they eat. The amounts listed are the **MINIMUM** portions you must serve to meet the requirements. Some babies will want more than these amounts. You may serve larger portions and additional foods to those babies. For example, a 3-month-old baby may be fed more than six ounces of formula or breast milk at a feeding or an 8-month-old baby may be fed an additional food such as bread at breakfast, lunch, or supper.

CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

BREAKFAST	BIRTH THROUGH 3 MONTHS	4 THROUGH 7 MONTHS	8 THROUGH 11 MONTHS
	4-6 fluid oz breast milk ^{2,3} or formula ¹	4-8 fluid oz breast milk ^{2,3} or formula ¹ 0-3 Tbsp infant cereal ^{1,4}	6-8 fluid oz breast milk ^{2,3} or formula ¹ 2-4 Tbsp infant cereal ¹ 1-4 Tbsp fruit or vegetable
LUNCH/ SUPPER			
	4-6 fluid oz breast milk ^{2,3} or formula ¹	4-8 fluid oz breast milk ^{2,3} or formula ¹ 0-3 Tbsp infant cereal ^{1,4} 0-3 Tbsp fruit or vegetable ⁴	6-8 fluid oz breast milk ^{2,3} or formula ¹ 1-4 Tbsp fruit or vegetable AND AT LEAST ONE OF THE FOLLOWING: 2-4 Tbsp infant cereal ¹ 1-4 Tbsp meat, fish, poultry, egg yolk, or cooked dry beans or peas 1/2-2 oz cheese 1-4 oz (volume) cottage cheese 1-4 oz (weight) cheese food or cheese spread
SNACK			
	4-6 fluid oz breast milk ^{2,3} or formula ¹	4-6 fluid oz breast milk ^{2,3} or formula ¹	2-4 fluid oz breast milk ^{2,3} , formula ¹ , or fruit juice ⁵ 0-1/2 slice bread ^{4,6} or 0-2 crackers ^{4,6}

¹ Infant formula and dry infant cereal shall be iron-fortified.

² It is recommended that breast milk be served in place of formula from birth through 11 months.

³ For some breast-fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered with additional breast milk offered if the infant is still hungry.

⁴ A serving of this component shall be optional.

⁵ Fruit juice shall be full-strength.

⁶ Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

NOTE: Do not serve honey or use in food served to infants under one year old.

INFANT MEAL WAIVER INSTRUCTIONS

Infants who are enrolled for child care must have access to CACFP meals. If a parent or guardian does not want his or her infant to participate in the CACFP, an *Infant Meal Waiver* form must be completed and on file for each infant. The facility will not be able to claim the infant meals for reimbursement. The institution must have the Infant Meal Waiver on file.

1. Record the infant's first and last names.
2. Record the infant's birth date.
3. Parent/guardian must sign waiver.
4. Record the date the parent/guardian signs.

EXAMPLE

INFANT MEAL WAIVER

I wish to decline my child's participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Infant: *Sue Sanders*

Date of Birth: *2/04/YYYY*

Signature of Parent/Guardian: *Mrs. Sanders*

Date: *10/3/YYYY*

INFANT MEALS SERVED INSTRUCTIONS

All meal services offered infants each day may be recorded on the same page. Space is provided to record food items and the individual quantity of food served to six infants. It is required that the following information be recorded:

1. Date of meal service.
2. Names and ages of all infants served.
3. Individual food items credited for each infant toward the required food component. The food item is to be recorded on the same row the infant's name and age are recorded.
4. Individual quantity of the food item served for each infant recorded.
5. Total infants served.
6. Indicate formula or breast milk provided by the parent with an *.

The *Infant Meals as Served* form must be completed on a daily basis. In addition, records must be kept on-site at all times. This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements. The *Infant Meals as Served* form should be maintained with the Food Production Records/Menus as Served Book.

EXAMPLE

INFANT MEALS AS SERVED

DATE: 10/03/YYYY

TOTAL INFANTS SERVED: 1

REMEMBER TO ADD INFANT MEALS TO THE MEAL COUNT WORKSHEET.

Breakfast: 1 Lunch/Supper: 1 Snack: 1

Meal Type	Quantity Served Meat/Meat Alternate	Quantity Served Bread/Cereal	Quantity Served Fruit/Vegetable/ Juice	Quantity Served Formula/Breast Milk
Names and Ages				
Breakfast				
1. HARRISON BUTLER - 9 MO		4 TBSP CEREAL	4 TBSP PEACHES	8 OZ FORMULA*
2.				
3.				
4.				
5.				
Lunch/Supper				
1. HARRISON BUTLER - 9 MO	1 OZ CHEESE		4 TBSP CARROTS	8 OZ FORMULA*
2.				
3.				
4.				
5.				
Snack				
1. HARRISON BUTLER - 9 MO		2 CRACKERS		8 OZ FORMULA*
2.				
3.				
4.				
5.				
Supper				
1.				
2.				
3.				
4.				
5.				

Place an asterisk (*) beside the formula or breast milk provided by the parent/guardian.

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CREDITING FOODS FOR INFANT MEAL PATTERN

BREAST MILK AND FORMULA

- Meals containing only bottled breast milk or formula provided by the parent are reimbursable for infants up to eight months of age.
- All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.
- Whole milk may **NOT** be served to infants aged 8 through 11 months.
- Lowfat and skim milk (fat-free) are not recommended to be served until children reach the age of two.

FRUITS AND VEGETABLES

- Commercial baby food fruits and vegetables that list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby food fruits and vegetables that contain multiple fruits or multiple vegetables, and list fruit or vegetable as the first ingredient in the ingredient listing on the label, may be credited.
- Commercial baby food **DINNERS** which list fruit or vegetable as the first ingredient are **NOT** creditable as meal components.
- Commercial baby foods in the **JARRED CEREAL WITH FRUIT** category are **NOT CREDITABLE** as a meal component in the fruit or infant cereal categories.
- Commercial baby foods in the **DESSERT CATEGORY** (these generally have *dessert* or *pudding* as part of the product name on the front of the label) that list a fruit as the first ingredient in the ingredient listing are **NOT** creditable meal components.

FRUIT JUICE

- Only full-strength fruit juice (regular or infant juice) may be credited as a snack for infants aged 8 to 12 months.
- It is recommended that fruit juice containing, or fortified with, vitamin C be selected. Vitamin C promotes the absorption of iron.
- It is recommended that only pasteurized fruit juice be selected. Frozen concentrate, shelf-stable juice in hermetically-sealed containers (including infant juices), and canned juices are processed or pasteurized to eliminate harmful bacteria.
- Vegetable juices and fruit juices with yogurt are **NOT** creditable.

MEAT AND MEAT ALTERNATES

- Commercial baby food meats with meat or poultry as the first ingredient in the ingredient listing are reimbursable.

- Junior baby food meat products (i.e., beef and beef gravy, chicken and chicken gravy, ham and ham gravy, turkey and turkey gravy, and veal and veal gravy) are creditable even if they do contain additional ingredients, such as cornstarch and, in some cases, lemon juice concentrate.
- Meat sticks or *finger sticks* (which look like miniature hot dogs) are not creditable as a meat/meat alternate. They present a choking risk in infants and, by the manufacturer’s declaration, are designed to match the skills of children over 12 months of age.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are **NOT** creditable as a meat/meat alternate. These foods are not designed by their manufacturers for consumption by infants. Infants may choke on these food items, and there may be an incidental bone in fish sticks and other breaded fish products.
- Yogurt is **NOT** creditable as a meal component in the Infant Meal Pattern. Yogurt can be served as an additional food if the parent requests that it be served.
- Nuts, seeds, and nut and/or seed butters are **NOT** creditable. These foods can cause an infant to choke and can also cause allergic reactions in some infants.

BREADS, CRACKERS, AND INFANT CEREALS

- Only infant cereal and bread or cracker-type products made from whole-grain or enriched meal or flour that is suitable for an infant to use as a finger food may be credited. ***The Infant Meal Pattern does not specify the broad category of bread alternate.***
- Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breast milk prior to consumption may be credited. ***A serving of infant cereal must be fortified to a minimum level of 45 percent of the Daily Value for iron as listed on the product’s Nutrition Facts label.***
- Breads made from whole-grain or enriched meal or flour that are creditable at snack for infants aged 8 to 12 months include:
 - * Breads (white, wheat, whole-wheat, French, Italian, and similar breads—all without nuts, seeds, or hard pieces of whole-grain kernels)
 - * Biscuits
 - * Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels)
 - * English muffins
 - * Pita bread (white, wheat, whole-wheat)
 - * Rolls (white, wheat, whole-wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels)
 - * Soft tortillas (wheat or corn)
- Cracker-type products creditable at snack for infants aged 8 to 12 months include:
 - * Crackers (saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers; animal crackers; graham crackers made without honey)
 - * Zwieback
 - * Teething biscuits

- All bread and cracker-type products, if they are served, must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking.
- Iron-fortified dry infant cereals containing fruit are **NOT** creditable.
- Commercial jarred baby food cereals (which are *wet*, not *dry*) are **NOT** creditable.
- Ready-to-eat breakfast cereals (cold, dry) and cooked breakfast cereals (such as farina or oatmeal) are not considered *iron-fortified dry infant cereal* and are not creditable. They can be fed as additional foods if the parent requests that they be served.

QUESTIONS AND ANSWERS ON INFANT MEAL PATTERN

1. Q Must a young infant eat at only the specified mealtimes?

A The meal pattern states breakfast, lunch, supper, and snack, but that is only a guideline. Young babies may need to eat every two to four hours. Older babies may need to eat more frequently than the specified times. When babies are hungry, give them part of their next feeding.

2. Q How can you serve 0 tablespoons of food?

A Certain foods are listed as 0 tablespoons to let you know that the food is optional and should be served at your discretion. Also, you may serve less than one tablespoon of these foods.

3. Q Why are some of the food portions so small?

A The portions listed are the minimum amounts that meet the requirements. You may serve larger portions to those babies who would like more.

4. Q Why is fruit juice no longer required as an option at breakfast, lunch, and supper?

A Fruit juice should be provided in a cup, not in a bottle, to avoid baby-bottle tooth decay. By 8 months of age, most babies begin to drink from a cup. Fruit juice may be served as an additional food before 8 months of age to babies who are able to drink juice from a cup.

5. Q Can whole milk be served to infants 8 months of age and older?

A No. The Infant Meal Pattern requirements only include formula or breast milk for infants 8 to 12 months of age.

6. Q Can lowfat or skim (fat-free) milk be served?

A Lowfat and skim milk are not recommended to be served until children reach the age of 2.

7. Q Which infant formulas can be served?

A All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.

8. Q Which baby foods are allowed?

A Baby foods in a jar or dehydrated flakes are allowed as long as they are only fruits, vegetables, or meats. Desserts, combination foods, and dinners are not allowed since it is difficult to determine the amount of each component in them. Also, the nutritional quality of mixed foods is usually less than that of single foods. Commercial baby food containing modified food starch (MFS) is not allowable.

9. Q When an infant receives both breast milk and formula, is the meal eligible for reimbursement?

A Yes; a meal served to an infant 12 months of age and under which contains some amount of breast milk (and some amount of formula) is reimbursable as long as the total number of ounces offered to the infant meets, or exceeds, the minimum amount for the milk component as specified in the CACFP Infant Meal Pattern.

10. Q Are meals served to children 12 months of age and older reimbursable if they contain infant formula?

A Yes; for a period of one month, when a child is weaning from infant formula to whole cow's milk (i.e., transitioning), meals that contain infant formula may be reimbursable. When a child is weaned from formula (or breast milk) to cow's milk, it is a common practice to provide the infant with both foods at the same meal service to gradually ease the infant to accept some of the new food. However, unlike breast milk, infant formula is not an alternative type of milk that can be substituted to meet the fluid milk requirement for the CACFP meal pattern for children over the age of 1 year. Thus, for a child 13 months of age and older who is not in this transitional stage, a statement from a recognized medical authority is needed for a meal containing infant formula to be eligible for reimbursement.

11. Q If a physician prescribes whole cow's milk as a substitute for breast milk for an infant under 12 months of age, is the meal reimbursable?

A Yes; a meal or snack containing whole fluid cow's milk and served to an infant under 12 months of age is eligible for reimbursement if the substitution is authorized, in writing, by a recognized medical authority. Similarly, if a recognized medical authority prescribes a formula such as low-iron fortified formula, which is not listed as a creditable formula for CACFP, the meal is eligible for reimbursement.

We have always recognized the unique dietary needs of infants and that decisions concerning diet, during this first year of life, are for the infant's health care provider and parents or guardians to make together. Therefore, to support the request, a medical statement that explains the food substitution or modification is needed. The statement must be submitted and kept on file by the facility or institution.

12. Q A mother would like her 5-month-old infant to receive breast milk that she provides and solid foods that are listed as options in the meal pattern. Because the infant is developmentally ready for solid foods, whose responsibility is it to provide them?

A If an infant is developmentally ready for one or more solid food items and the parent or guardian requests that the infant be served solid foods, the center is responsible for purchasing and serving them to the infant.

The CACFP Infant Meal Pattern takes into consideration that infants develop at different paces. Some food items such as fruit and cereal are listed as options in the meal pattern to account for an infant's **READINESS** to accept these foods (i.e., some infants are developmentally ready for solid foods earlier than others). This occurs in the breakfast and lunch/supper meal service for infants 4 through 7 months old and for the snack meal service for infants 8 to 12 months of age. A child care center or provider must serve a complete meal to every infant or child enrolled in the meal service. Therefore, if a child is developmentally ready for these solid foods and the parent or guardian requests that the infant be served solid foods, the components are no longer considered as options and should be served to the infant to provide him or her with the optimal nutrition he or she needs to develop and grow.

13. Q If a mother comes to the day care home or center to nurse her infant, is the meal reimbursable?

A No. Although we strongly support all efforts for mothers to breastfeed their infants, we believe that the caregiver must provide some type of service in order to be reimbursed for a meal. CACFP reimburses child care facilities the cost of preparing and serving nutritious meals and snacks to infants and children receiving day care. When a parent nurses her own child, the services for which the center or the provider would receive reimbursement are not being performed.

However, the meal would be reimbursable for infants over three months of age who are developmentally ready for solid foods if at least one other component is furnished by the center or provider. For example, if a mother comes to the home or center for lunch meal service to breastfeed her five-month-old infant and the provider supplies a serving of vegetables (listed as options in the infant meal pattern for lunch for infants aged 4-7 months), the meal is reimbursable.

14. Q Is a meal reimbursable if the parent or guardian provides the majority of the meal components for infants older than three months?

A In addition to medical or special dietary needs, parents may *CHOOSE* to provide one or several of the meal components under the CACFP infant meal pattern for infants older than three months, as long as this in compliance with local health codes. Because we recognize that parents or guardians are often most in touch with their child's individual dietary preferences, we believe the CACFP infant meal pattern can accommodate these preferences. In such a case, the center or provider would still be required to provide at least one of the components in at least the minimum quantities specified in the meal pattern in order for the meal to be reimbursable. Centers and sponsoring organizations also need to ensure that the parent or guardian is truly choosing to provide the preferred component(s) and that the center or provider has not solicited (requested or required) the parent or guardian to provide the components in order to complete the meal and reduce cost to the center or provider.

15. Q Cottage cheese is a meat alternate in the lunch and supper meal pattern for infants aged 8 through 11 months. How much cottage cheese must be offered to fulfill the meat/meat alternate meal pattern requirement?

A Cottage cheese, cheese food, and cheese spread are acceptable meat alternates in the CACFP infant meal pattern. The amount which may be offered as a meat alternate to infants aged 8 through 11 months is 1 to 4 *OUNCES*.

16. Q Are mixed or combination infant foods (e.g., infant dinners with vegetables and chicken) reimbursable in the infant meal pattern?

A Mixed or combination foods are not reimbursable in the infant meal pattern. It is extremely difficult to identify the required food components and prove that the amount of the food components in mixed infant foods meet the meal pattern requirements. Additionally, many infant mixed food products contain more ingredients that could possibly cause an allergic reaction in those children with allergies and may have added sugar that may promote the development of tooth decay as well as provide few nutrients.

17. Q Are foods that are considered to be highly allergic or foods that contain these highly allergic foods allowed for infant meals?

A Foods that contain one or more of the eight major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, and soybeans) are allowed and can be part of a reimbursable meal. The American Academy of Pediatrics states there is no current convincing evidence that delaying the introduction of foods that are considered to be highly allergic has a significant positive effect on the development of food allergies. Even though most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions, possibly life-threatening. With this in mind, it is good practice to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how solid foods are introduced.

**CONTRACTING
FOR
FOOD SERVICE**

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CONTRACTING OUT MANAGEMENT FUNCTIONS IN THE CHILD AND ADULT CARE FOOD PROGRAM

Section 226.15(c) of the Child and Adult Care Food Program (CACFP) regulations requires that all institutions accept final administrative and financial responsibility for their operations under the Program. The provision also stipulates that “. . . *no institution may contract out for the management of the Program.*”

The intention of the provision is to guarantee that institutions retain administration and financial responsibility for Program operations. USDA feels that such responsibility cannot be exercised effectively by institutions which contract out for critical aspects of Program management. Institutions must have operational responsibilities and an ongoing role in Program management if they are to retain firm control over their programs.

The regulation prohibits an institution from contracting out for all of its management functions. Management functions, which institutions may not contract out under any circumstances, include monitoring, corrective action, and preparation of application materials. However, institutions may contract out for specific management tasks such as bookkeeping (but not claims submission), data processing, or the service of a nutritionist. Such contracting is permissible whether the institution provides its own or contracts out for food service. (Reference FNS Instruction 792-2, Rev. 1, dated November 1, 1991)

CONTRACTING FOR FOOD SERVICE

Child care institutions may contract with an outside entity to provide meals for their child care institutions. The CACFP institution and outside entity providing the meals must have a completed and approved *Agreement to Furnish Food Service* on file with the Oklahoma State Department of Education (the *State Agency*). The procedure used by the CACFP institution to document meals delivered and the procedure used to claim meals for CACFP reimbursement will vary, depending on the type of outside entity providing the meals. ***If contracting with a public school, the institution must be charged at the minimum for each meal provided:***

- ***Breakfast: Free reimbursement rate for breakfast.***
- ***Lunch: Free reimbursement rate for lunch plus the value of commodities (unless the center gives the school the commodities allocated to the center) plus the additional performance incentive.***
- ***Snack: Free reimbursement rate for snack.***

Contracting With a Public School

When a CACFP institution contracts with a public school for meals, the public school is responsible for maintaining the food production records. The school will document that the meals delivered/served to the CACFP institution met meal pattern requirements. If bulk serving, the school must provide portion information to the facility. The school will bill the CACFP institution monthly for the cost of the meals delivered. The CACFP institution is responsible for paying the school for the cost of the meals. The CACFP institution will claim each meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement. The monthly bill dollar amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

Contracting With Other Outside Food Service Entities

When a CACFP institution contracts with other types of outside entities (i.e., senior nutrition, technology center, restaurants, universities), the outside entity/vendor must document the meals delivered to the CACFP institution using the *Contract Meal Delivery Receipt* or a form approved by the CACFP institution's area consultant. The outside entity/vendor must provide the CACFP institution with a copy of the *Contract Meal Delivery Receipt* for each meal to maintain on file as proof that the meals served to the CACFP participants met minimum meal pattern requirements. It is the responsibility of the CACFP institution to work with the outside entity to obtain documentation of the meals delivered. The CACFP institution must retain the documentation of meals delivered on file for review. The outside entity will bill the CACFP institution monthly for the cost of the meals. The CACFP institution is responsible for paying the outside entity for the cost of the meals. The CACFP institution will claim each meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement. The monthly bill dollar amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

Head Start Agencies Contracting With CACFP Child Care Facilities

When a Head Start agency contracts with a child care facility that participates in the CACFP, the child care facility will document the contracted meals in the child care center's Food Production Records/Menus as Served Book or other approved food production records. The child care center will document that the meals served to Head Start children met meal pattern requirements. The child care facility will bill the Head Start agency for the cost of the meals delivered/provided to Head Start children each month. The Head Start agency is responsible for paying the child care facility for the cost of the meals provided to the Head Start children. The child care facility will report the meals served/delivered to the Head Start agency as income on the child care facility's Expenditure/Reimbursement Worksheet. The Head Start agency will claim no more than one reimbursable meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement.

CONTRACT MEALS

When contracting CACFP meal services with schools or other entities, it is important to establish a good working foundation. Points to consider include:



Decide what you expect from the entity providing meal services:

- Establish specific requirements, and have them well-defined. The contractor should consider these factors when establishing a meal cost.



Familiarize the entity with CACFP meal pattern requirements:

- A standardized recipe can ensure adequate quantities, components, etc.
- Consider the special needs of your children.



Emphasize the CACFP requirements:

- All meals must be served on time.
- Daily delivery records must be available when contracting with entities other than schools or CACFP participants.
- Proper portion tools must be available when bulk delivery is used.
- Crediting and portioning information must be communicated to the entity receiving the meals.



List additional requirements the institution may have:

- Family-style meal service.
- Menu item restrictions.
- Second servings or extras.



Inspect the food preparation and service areas for:

- Adequate staff training.
- Proper sanitation practices.
- Safe methods of keeping hot foods hot and cold foods cold at all times.
- Acceptable meal service arrangements.
- Adequate seating/eating arrangements.
- Acceptable delivery conditions.



Establish a good record-keeping system:

- The Daily Contract Meal Delivery Receipt requires the signatures of both the preparation kitchen and the person accepting delivery, verifying quantities of foods sent and received, and the crediting/portioning information for a reimbursable meal. (If the entity providing meals is a school or CACFP participant, this is not required.)
- The entity providing the meals must keep records of all food delivered.
- The institution **RECEIVING** contract meals should have monthly menus on file along with all other monthly CACFP records.
- The institution is required to maintain a monthly invoice from the entity providing meals.
- A copy of the agreement to provide food service must be maintained on file.
- A copy of the agreement to furnish food service contract, which includes the CACFP minimum meal pattern requirements, must be submitted to the State Agency each year along with the annual CACFP application for participation.

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EXAMPLE
**CONTRACT MEAL SERVICE
 DELIVERY RECEIPT**

(Keep in your institution's monthly folder. USE ONE RECEIPT PER MEAL SERVICE.)

DATE: 10/06/YYY
 MEAL TYPE: Breakfast _____ Lunch X A.M./P.M./Late P.M. Snack _____ Supper _____
(Circle One)
 SITE PREPARING MEAL: XYZ DAY CARE CENTER
 SITE RECEIVING MEAL: TOYS N NOISE DAY CARE CENTER
 DELIVERY TIME: 11:30 a.m. NUMBER OF MEALS ORDERED/DELIVERED: 14

FOOD ITEMS AND QUANTITIES DELIVERED

Menu	Quantity Delivered: Number of 1-2 <u>4</u> Number of 3-5 <u>10</u> Number of 6-12 _____ Bulk Delivery <u>X</u> Preportioned _____	*Crediting/Portioning Information	Temperature at Delivery
Milk	Milk provided by: SITE <u>VENDOR</u> <i>Fat-free milk, 1</i> <small>(Circle One)</small> <i>gallon</i> Record Quantity: _____	<i>1-2 = 4 oz each 3-5 = 6 oz each</i>	<i>40°</i>
Vegetable/Fruit/ Juice	<i>Green beans, cut, drained, heated 2 15-oz cans Pineapple chunks, natural juice 2 20-oz cans</i>	<i>1-2 = 1/8 cup each 3-5 = 1/4 cup each 1-2 = 1/8 cup each 3-5 = 1/4 cup each</i>	<i>140°</i>
Grains/Breads	<i>Country biscuit, 14 1-oz</i>	<i>1/2 biscuit each</i>	<i>140°</i>
Meat/Meat Alternate	<i>Chicken drumsticks w/bone and skin, 4.46#</i>	<i>1 drumstick each</i>	<i>165°</i>
Extras	<i>Margarine patties, 14 pats</i>	<i>1 each</i>	

* Crediting/portioning information: i.e., 1 cup spaghetti sauce = 2 ounces meat/meat alternate, 6 chicken nuggets = 2 ounces meat/meat alternate and 1 ounce grains/breads serving, 2 cheese sticks = 1 ounce meat/meat alternate.

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, product formulation statements, and/or recipes are available for all combination food items or other applicable components.

Food Service Director

Signature From Preparation Kitchen

I acknowledge that the above items and quantities were delivered to this contract site.

INSPECTION DELIVERY: Was the food delivered in a safe/sanitary method?

Were food temperatures proper?

Yes or No
Yes or No

Comments: Use portioning utensils provided.

Director of Day Care Center

Signature From Site Receiving Food

FOR INSTITUTION TO USE WHEN CONTRACTING MEALS FROM OUTSIDE VENDOR OR WITHIN OWN INSTITUTION; KEPT IN INSTITUTION'S MONTHLY FOLDER.

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AT-RISK MEALS RESPONSIBILITIES

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AT-RISK MEAL PROGRAM

Sections 107 and 108 of Public Law 105-336 (the Child Nutrition Reauthorization Act of 1998) authorizes reimbursement for snacks served to children through the age of 18 (and to individuals, regardless of age, who are determined by the Oklahoma State Department of Education [the *State Agency*] to be mentally or physically disabled) who participate in programs organized to provide after-school care. Further, Section 122 of the Healthy, Hunger-Free Kids Act allows one additional breakfast, lunch, or supper to be served and claimed for reimbursement. The intent is to assist sites in operating organized programs of care which include education or enrichment activities known to help reduce or prevent children's involvement in juvenile crime or other high-risk behavior.

A. Eligible Programs

To qualify for reimbursement under the Child and Adult Care Food Program (CACFP), the At-Risk Meal Program must meet the following criteria:

1. The purpose of these programs must be to provide care in after-school settings. This does not mean that the programs must offer formal child care as recognized by a licensing authority. There is no federal requirement for at-risk sites operating under this provision to have either federal, state, or local licensing or approval as a condition of eligibility. However, to qualify under this provision, these programs must be organized to provide children with regularly scheduled activities in a setting that is structured and supervised. By *regularly scheduled*, it is not meant that the program must occur daily. Moreover, while eligible programs would not need to establish formal enrollment procedures, they must have a means of determining that children are present on a given day, such as a roster or sign-in sheet.
2. Eligible programs must include education or enrichment activities in organized, structured, and supervised environments.

It must be emphasized that *under no circumstances* can organized athletic programs engaged in interscholastic sports be approved as at-risk programs under this provision. In the Conference Report that accompanied Public Law 105-336, the Conference Committee declared its intent that support under this provision would not be provided to members of athletic teams. However, while athletic teams participating in interscholastic sports programs may not be approved, programs which include supervised athletic activity along with education or enrichment activities may participate. *The key would be that they are open to all and do not limit membership for reasons other than space or security considerations.*

3. Eligible sites are not allowed to participate during the summer months. The At-Risk Meal Program only operates during the school year. **NOTE:** When school is not in session, children aged 12 and under may be served up to three meals per day in a regular child care setting. However, the center must count these children in the eligibility category (participation data) in which documentation is obtained. If there are no FSIA's obtained and approved for these children, they would all be reported in the *not eligible* category on the center's monthly claim.

B. Reimbursement

Under this provision, sites may claim reimbursement for one snack and one meal, per child, per day. See **pages 109 and 110** for minimum meal requirements. Children are eligible to participate through the age of 18, and if a child's nineteenth birthday occurs during the school year, reimbursement may be claimed for meals served to that child during the remainder of the school year. Reimbursement may also be claimed for individuals, regardless of age, who are determined by the State Agency to be mentally or physically disabled.

At-Risk programs must be located in the attendance area of a school site which has at least 50 percent of its enrollment eligible for free or reduced-price meals. All meals are claimed at the free reimbursement rate. Under no circumstances may a site charge children for meals served.

C. Times of Operation

Under no circumstances may meals be reimbursed in programs operated before or during the child's school day. Sites are only eligible to receive reimbursement under this provision for meals during the normal school year. It can include weekends, holidays, Thanksgiving, Christmas, and spring break vacations, but does not include summer vacations.

Any meals served under the At-Risk Meal Program must be consumed on-site.

D. Record Keeping

It is the intention of the law to keep any record-keeping burden to the minimum necessary to ensure that federal reimbursement is properly paid. At a minimum, sites participating under this provision must maintain the following records for the time periods required in the institution's agreement:

1. Documentation that the site is located in an area served by a site in which at least 50 percent of the enrolled students are certified eligible for free or reduced-price meals.
2. Documentation of an individual child's attendance on a daily basis, meal counts for all children, food-purchasing form, and expenditure/reimbursement worksheet. Refer to record-keeping section of this manual, [page 55](#).
3. *Menus as Served* records indicating components and quantities of food. Refer to [page 288](#) for a copy of the form.
4. Review of each at-risk site for compliance with counting and claiming procedures and the meal pattern. The institution must review each site three times per year and must include a meal observation. For new sites, the first review must be conducted during the first four weeks of meal service. A form has been provided on [page 223](#) for institutions to use for this purpose.
5. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - a. Conduct one announced and two unannounced* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - b. An SO may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

* Sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.

AT-RISK MEAL PROGRAM ON-SITE REVIEW

1. Reviewer: _____ 5. Institution Agreement Number: _____
 2. Facility: _____ 6. Date of Visit: _____
 3. Facility's Address: _____ 7. Time of Visit _____
 4. Unannounced Review Announced Review 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No
-

- | | YES | NO |
|---|--------------------------|--------------------------|
| A. ATTENDANCE | | |
| 1. Is an attendance list used in the meal count system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is attendance list updated as needed (at least daily)? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. MEAL COUNT RECORDING AND EDIT CHECKS | | |
| 1. Does the institution use proper procedures for counting and recording meals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. For any day during the review month, does the number of meals claimed by type exceed the daily attendance? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. MINIMUM MEAL PATTERN REQUIREMENTS | | |
| 1. Do all meals served include the required components? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do all meals served meet the quantity requirements for the age groups served? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are adequate <i>Menus as Served</i> forms being maintained? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. EDUCATIONAL OR ENRICHMENT ACTIVITY | | |
| _____ | <input type="checkbox"/> | <input type="checkbox"/> |

(List activity)

Comments (List any problems that need corrective action and what the corrective action must be):

- | | YES | NO |
|-------------------|--------------------------|--------------------------|
| Follow-up needed? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Reviewer: _____ Date: _____

AT-RISK MEAL PROGRAM ON-SITE REVIEW

INSTRUCTIONS

Each site approved to participate as an At-Risk Meal Program site must be reviewed three times annually. The first of these three required reviews for a new site must be conducted in the first four weeks of operation.

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
2. Facility's Name: Record the facility's name.
3. Facility's Address: Record the facility's address.
4. Unannounced or Announced: Indicate if the review is unannounced or announced.
5. Institution Agreement Number: Record the institution's agreement number.
6. Date of Visit: Record the date of the monitor review.
7. Time of Visit: Record the time of arrival at this site.
8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
9. New Site: Indicate if this is a new site's initial review.

Items A—D

Record a *Yes* or *No* after answering each question.

Answer *Yes* or *No* to whether a follow-up is necessary.

Sign and date review instrument.

**INSTITUTION
ORIGINALS**

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COMPLETING ENROLLMENT FORM

The enrollment form must be completed on every child with his or her initial enrollment. The form must be signed by a parent or guardian, indicating the normal days and hours in care and the meals the child normally receives. Enrollment forms must be updated **ANNUALLY** with the signature of the parent/guardian and the date. This pertains to all prior year enrollment forms.

This form **does not** replace the Family-Size and Income Application (FSIA), which must be distributed annually.

Head Start facilities need only complete Items 1, 2, 3, and 6.

Institutions participating **ONLY** in the CACFP At-Risk Meal Program, outside-school-hours care program, or as emergency shelters are not required to complete enrollment forms.

NOTE: If a sponsoring organization (SO), copies of the enrollment form must be maintained at both the SO and the facilities.

MEDICAL STATEMENT

Part I (to be filled out by *institution* or *parent/guardian*)

Name of Student: _____ Age: _____

Name of Parent/Guardian: _____ Telephone Number: _____

Name of Institution: _____

Part II (to be filled out by a *medical authority*)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):

List food(s) to be omitted from diet:

List food(s) that may be substituted (diet plan):

Additional information:

This child has a disability as defined by the American Disability Act:

Yes

No

Date

Signature of State-Recognized Medical
Authority

Telephone Number

EXCEPTIONS FOR SPECIAL DIETARY NEEDS

Documentation must be on file and available for individual participants who are unable, because of medical or other special dietary needs, to consume certain foods. Substitutions due to medical needs shall be supported by a statement from a recognized licensed physician, physician's assistant, or nurse practitioner and should include recommended alternate foods. If a medical statement is not available, meals lacking the required components/quantities cannot be claimed for reimbursement.

Institutions *MAY* consider ethnic and religious preferences when planning and preparing meals. Variations on an experimental or continuing basis in the *food components* for the CACFP meal patterns must have written approval from the United States Department of Agriculture (USDA). Contact the State Agency for further instructions.

MILK SUBSTITUTION REQUEST

Child's Name: _____ Age: _____

My child cannot consume milk for the following reason(s):

Signature of Parent/Guardian: _____

Date: _____

INSTITUTION APPROVAL:

Signature: _____ Date: _____

Nondairy Beverages

In the case of children who cannot consume fluid milk due to medical or other special dietary needs other than a disability, nondairy beverages may be served in lieu of fluid milk. Nondairy beverages must be nutritionally equivalent to milk and meet the Nutrient Standards found in cow's milk. Nondairy beverage nutrient requirements per cup include each of the following:

- Calcium 276 mg
- Protein 8 g
- Vitamin A 500 IU
- Vitamin D 100 IU
- Magnesium 24 mg
- Potassium 349 mg
- Phosphorus 222 mg
- Riboflavin 0.44 mg
- Vitamin B-12 1.1 mg

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request of the child's caretaker asking that a milk substitution be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. ***Such substitutions are at the option and the expense of the facility.*** The requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a licensed physician remain unchanged.

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LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **(Name of Center)** _____ offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursement for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

- 1. Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to:** **(Name of Center)** _____, **(Address)** _____, **(Phone Number)** _____.
- 2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
- 3. Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Children in households participating in WIC *MAY* be eligible for reduced-price meals.
- 4. May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. Your or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
- 5. Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must include foster children who live with you.
- 6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
- 7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
- 8. What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **(Name)** _____, **(Address)** _____, **(Phone Number)** _____.
- 9. We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider and employer.

If you have other questions or need help, call **(Phone Number)** _____.

Sincerely,

(Signature) _____

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**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION**

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren)				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives *SNAP, TANF, or FDPIR* benefits, provide the name and case number for the *ONE* person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL (YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER)

Homeless Migrant Runaway

PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.

Sign Here: _____ Print Name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of social security number: *** - ** - _____ I do not have a social security number.

Part 6: Participant's Ethnic and Racial Identities (Optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

PART 7: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.

- Health Insurance** Yes, I want health insurance for my children. Insitution officials may give information from my FSIA to SoonerCare Health Benefit officials so that they can send me information about free or low-cost health insurance for my children.
 No, I **DO NOT** want information from my FSIA shared with SoonerCare Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I qualify for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: _____ Date: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,951
8	75,647
Each additional person:	7,696

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if the participant is eligible for free or reduced-price meals and for administration and enforcement of the Programs.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Per: Week _____ Every 2 Weeks _____ Twice a Month _____ Month _____ Year _____

Household Size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Determining Official's Signature: _____ Date: _____

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INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION (FSIA)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled children.
b. List all household members; including the enrolled children. For each enrolled child, include his/her age and birth date.
- Part 2:** List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- **If ALL children you are applying for are foster children or if you are only applying for benefits for the foster child:**

- Part 1:** a. List all enrolled foster children.
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 6:** Answer this question if you choose.
- Part 7:** ***OTHER BENEFITS.*** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

- **If some of the children in the household are foster children:**

- Part 1:** a. List all enrolled foster children.
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the *No Income* box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call (*your school, homeless liaison, or migrant coordinator*) _____. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
In Box 2, list the amount each person got for the month from welfare, child support, alimony.
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran's benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose.

Part 7: OTHER BENEFITS. You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: a. List all enrolled children.

b. List all household members; for the enrolled children, list ages and birth dates. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the **No Income** box.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

- **Column A—Name:** List only the first and last name of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.

In Box 1, list the **gross income**, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

In Box 2, list the amount each person got for the month from welfare, child support, alimony.

In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, **report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

Part 5: Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.

Part 6: Answer this question if you choose.

Part 7: OTHER BENEFITS. You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM**

**HOUSEHOLD-SIZE INCOME SCALES
FOR FREE AND REDUCED-PRICE MEALS
FISCAL YEAR 2017**

To be used for applications obtained from July 1, 2016, through June 30, 2017.

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MEALS					
130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711
6	42,354	3,530	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add:	5,408	451	226	208	104

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	7,696	642	321	296	148

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HEAD START FEDERALLY FUNDED ENROLLMENT FORM INSTRUCTIONS

1. Record fiscal year.
2. Record name of institution.
3. Record name of facility.
4. Once the above items have been completed, submit the form to the Head Start agency.
5. The Head Start agency should complete the form of the participants. This form must be signed and dated by the person authorized to provide certification and returned to the institution.
6. The children listed will then be recorded on the free roster.

FREE CACFP ROSTER—REGULAR MEALS ONLY

Center: _____ Fiscal Year: _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1.															
2.															
3.															
4.															
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28.															
29.															
30.															
TOTAL															

*EF = Enrollment Form obtained

CACFP ROSTER—REGULAR MEALS ONLY

The CACFP Roster is used to determine monthly counts of *free*, *reduced*, and *not eligible* participation.

Suggested methods for use (if you use another method, indicate key):

- Use a separate roster for each category (*free*, *reduced-price*, and *not eligible*).
- List eligible children on the appropriate roster.
- Check under the **EF** column when the annual enrollment is obtained.
- Indicate the date the FSIA is approved.
- Record monthly an **X** for each child who was in attendance and received at least one reimbursable meal (participated) during that month.
- Use **X_D** to indicate that a child participated that month but was also dropped from enrollment during the month.
- Use **X_{RE}** to indicate that the child reenrolled and participated during that month.
- Use **X_E** to indicate that a child enrolled for the first time and participated during that month.
- Totals for each category are reported monthly on Item 3 on the Claim for Reimbursement.
- Use **I** to indicate an infant who does not participate in CACFP meals and has a signed Infant Meals Waiver on file.
- Use **NP** to indicate a child who does not participate in CACFP meals.

It is recommended that the rosters be maintained in a loose-leaf binder. Children's FSIA's should be placed behind the roster on which they are listed.

REDUCED CACFP ROSTER—REGULAR MEALS ONLY

Center: _____ Fiscal Year: _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1.															
2.															
3.															
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27.															
28.															
29.															
30.															
TOTAL															

*EF = Enrollment Form obtained

CACFP ROSTER—REGULAR MEALS ONLY

The CACFP Roster is used to determine monthly counts of *free*, *reduced-price*, and *not eligible* participation.

Suggested methods for use (if you use another method, indicate key):

- Use a separate roster for each category (*free*, *reduced-price*, and *not eligible*).
- List eligible children on the appropriate roster.
- Check under the *EF* column when the annual enrollment is obtained.
- Indicate the date the FSIA is approved.
- Record monthly an *X* for each child who was in attendance and received at least one reimbursable meal (participated) during that month.
- Use *X_D* to indicate that a child participated that month but was also dropped from enrollment during the month.
- Use *X_{RE}* to indicate that the child reenrolled and participated during that month.
- Use *X_E* to indicate that a child enrolled for the first time and participated during that month.
- Totals for each category are reported monthly on Item 3 on the Claim for Reimbursement.
- Use *I* to indicate an infant who does not participate in CACFP meals and has a signed Infant Meals Waiver on file.
- Use *NP* to indicate a child who does not participate in CACFP meals.

It is recommended that the rosters be maintained in a loose-leaf binder. Children's FSIA's should be placed behind the roster on which they are listed.

NOT ELIGIBLE CACFP ROSTER—REGULAR MEALS ONLY

Center: _____ Fiscal Year: _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED	
1.																
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30.																
TOTAL																

*EF = Enrollment Form obtained

CACFP ROSTER—REGULAR MEALS ONLY

The CACFP Roster is used to determine monthly counts of *free*, *reduced-price*, and *not eligible* participation.

Suggested methods for use (if you use another method, indicate key):

- Use a separate roster for each category (*free*, *reduced-price*, and *not eligible*).
- List eligible children on the appropriate roster.
- Check under the *EF* column when the annual enrollment is obtained.
- Indicate the date the FSIA is approved.
- Record monthly an *X* for each child who was in attendance and received at least one reimbursable meal (participated) during that month.
- Use *X_D* to indicate that a child participated that month but was also dropped from enrollment during the month.
- Use *X_{RE}* to indicate that the child reenrolled and participated during that month.
- Use *X_E* to indicate that a child enrolled for the first time and participated during that month.
- Totals for each category are reported monthly on Item 3 on the Claim for Reimbursement.
- Use *I* to indicate an infant who does not participate in CACFP meals and has a signed Infant Meals Waiver on file.
- Use *NP* to indicate a child who does not participate in CACFP meals.

It is recommended that the rosters be maintained in a loose-leaf binder. Children's FSIA's should be placed behind the roster on which they are listed.

DAILY ATTENDANCE RECORDS

Children must be enrolled and in attendance to be qualified as participants in the CACFP. Attendance records verify that children claimed as participants were actually in attendance.

The Daily Attendance Record may be used by centers claiming reimbursement for three or less meal services per day. Instructions for use are:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.
- Record the center's name, and month and year of attendance record.
- List each child's first and last names left for care at the center.
- Daily, check each child who is in attendance.
- Identify children who are in attendance but do not receive reimbursable meals.

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES

Daily Arrival and Departure Times or the Daily Record of Meals Served must be maintained if your center has been approved for more than three meal services (two main meals and one snack or two snacks and one main meal)

Instructions for using the Daily Attendance Record Arrival and Departure Times form include:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.
- Indicate name of center, current month and year at the top of the page.
- Enter each child's name enrolled in the center.
- Each day a child is present, indicate on the first line the arrival time and on the second line the child's departure time. If a child is school-age and enters more than once, as well as leaves more than once, this must be indicated. If *absent*, indicate with an **A**.
- Identify children who are in attendance but do not receive reimbursable meals.

NOTE: It is highly recommended that both forms (Daily Arrival and Departure Times and Daily Record of Meals Served) be used when an institution is approved for more than three meal services. It is at the discretion of the State Agency to require both of these forms to be maintained if an institution is declared seriously deficient.

- Regular Meals
- At-Risk Meals

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MEAL COUNT WORKSHEET

Agreement Number: DC- _____ Month: _____ 20 _____ (To be maintained at institution with CACFP records.)

DATE	MEALS SERVED TO PROGRAM CHILDREN Aged 1 Through 12 Years										NUMBER MEALS SERVED TO PROGRAM INFANTS Aged 0 Through 12 Months				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Snack			Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack				
				A.M.—1	A.M.—2	P.M.—1									P.M.—2	LT P.M.—1	LT P.M.—2	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
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27																		
28																		
29																		
30																		
31																		
TOTALS																		

*Any nonclaimable or nonprogram meals must have income reported on the Expenditure/Reimbursement Worksheet and/or the center's summary of allowable costs.

MEAL COUNT WORKSHEET

The CACFP Meal Count Worksheet is to be completed at the time of each meal service. An actual physical count must be taken at mealtime. The verified meal count for each meal service is recorded under each of the following categories of meals served:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.

Meals Served to Program Children Are:

- Meals meeting minimum meal pattern requirements.
- Meals served to children enrolled for care in the center.

Meals Served to Program Infants Are:

- Meals meeting minimum meal pattern requirements for infants.
- Meals served to infants enrolled for care in the center that do not have an Infant Meal Waiver on file.

Number Nonclaimable Meals Served. The CACFP must be reimbursed for any nonclaimable meals served. This income must be reported on the Expenditure/Reimbursement Worksheet:

- Meals over license capacity.
- Meals not meeting meal pattern requirements.
- Nonprogram adult meals and contract meals.
- Any meals over the three meals per child per day limit.

For the shifts at breakfast, lunch, and/or supper meals, record the first shift number, then a slash mark, then the second shift number, or maintain a meal count worksheet for each shift unit.

DAILY RECORD OF MEALS SERVED

Centers approved to claim reimbursement for more than three meal services per day may maintain the *Daily Record of Meals Served*. When the form is used, the center is **NOT** required to maintain the *Meal Count Worksheet* for children's meals.

When the *Daily Record of Meals Served* is **NOT** used, the *Daily Attendance Record Arrival and Departure Times* or other arrival and departure time records must be used for all children enrolled in the center. The purpose is to verify that no more than three meal services (two main meals and one snack or one main meal and two snacks) were claimed per child per day. In addition, meal counts must be recorded on the Meal Count Worksheet.

Under either circumstance, reimbursement may only be claimed for three meals per child per day. Meals exceeding these limits are nonclaimable.

Instructions for using the Daily Record of Meals Served include:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.
- Record the name of each child who participates in the CACFP.
- At the time of each meal service, place a mark for the meal each child is receiving.
- Circle in red nonclaimable meals.
- At the end of the month, total the number of meals by service for each child. (Red-circled meals must **NOT** be included.)
- Grand total all pages for each meal service, and record at the bottom of page 1 of the record.

For two shifts of any meal service, record the first shift number, then a slash mark, and the second shift number.

NOTE: It is highly recommended that both forms (Daily Arrival and Departure Times and Daily Record of Meals Served) be used when an institution is approved for more than three meal services. It is at the discretion of the State Agency to require both of these forms to be maintained if an institution is declared seriously deficient.

FOOD-PURCHASING FORM

- A. When purchases are made from a food vendor (wholesale, retail, delivery service, etc.) who provides a fully itemized receipt, the Food-Purchasing Form is not required. A fully itemized receipt/invoice must include:
1. Name of vendor
 2. Date of purchase
 3. Specific items purchased
 4. Quantity of units purchased
 5. Weight and/or size of unit
 6. Unit cost
 7. Total cost
- B. If the receipt/invoice is not fully itemized, the *Food-Purchasing Form* should be completed for each purchase made for the center's child care food program. The form is divided into three categories. They are:
1. Food and Milk
 - Edible items served as part of a reimbursable meal
 2. Food-Related Supplies
 - Nonedible items used to provide meal service; i.e., paper products, cleaning supplies
 3. Nonreimbursable Items
 - Items used for personal or day care-related use only

The following information must be included on the form:

- Specific item purchased
- Quantity (number of units; e.g., 6 cans, 1 box)
- Weight and/or size of container (size of unit; e.g., 16 oz, dozen)
- Unit cost (Record the cost of a single unit without tax.)
- Total cost (This is the number of units purchased multiplied by the unit cost.)

A store receipt supporting the purchases must be attached to the form. The receipt must include:

- Name of store
- Correct date of purchase

NOTE: If the store name and/or date is not on the receipt, have the clerk write it in and initial.

- C. After all items on the receipt have been recorded on the form:
1. Total each category.
 2. Calculate the amount of tax to be charged to each category, and record on the form.
 3. Total each category (plus tax), and record in the lower right-hand corner.
 4. Grand total the form. This total must agree with the total on the receipt.

NOTE: Receipts denoting that food stamps were used to make the purchase will not be considered as CACFP expenses. If a center is found claiming such expenses, the center and practice will be reported by the State Agency to the Oklahoma Department of Human Services (DHS) Food Stamp Unit.

RECORD OF DONATED PRODUCT

Use one form for every food item donated. Donor must complete documentation.

1. Product: _____
2. Amount: _____
3. Date Donated: _____
4. Name of Donor: _____
5. Telephone Number: _____

CERTIFICATION STATEMENT:

I certify that the items listed above ***WERE NOT*** secured/received through any federal program (i.e., WIC, SNAP, FDPIR, commodities).

I further certify that all of the above information is true and correct.

Name: _____ **Date:** _____

RECORD OF DONATED PRODUCTS

Use one form for every food item donated. Donor must complete documentation.

1. Record the name of the product (i.e., milk).
2. Record the total amount of the item donated. Use gallons, quarts, pounds, etc.
3. Record the date the item was donated.
4. Record the name of the donor.
5. Record the telephone number of the donor.
6. Signature for certification statement.

EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP application and/or amendments.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

1. In Column 1: Record the date the specific cost was incurred.
2. In Column 2: Record the vendor or the first and last names of the food service personnel receiving payment.
3. In Column 3: Record the number of the check issued. (**NOTE:** Cash payments for labor are not acceptable.)

In Columns 4 through 11: Record the amount of the expenditure under the appropriate column. One entry may be broken down into more than one category.

4. Administrative Labor—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP. Gross cost must be reported. Documentation includes:
 - Canceled checks
 - Labor formulas broken down by pay period for hours worked on CACFP activity

NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 of the form.

5. Administrative Expenses—Cost related to the administration of the CACFP. Documentation includes itemized receipts.

Examples:

Postage, printing, office supplies

6. Food Service Salaries/Benefits—Cost of cooks', cook's assistants', and caregivers' time spent on menu planning, preparing, serving, cleaning up, supervising children while they eat, and/or completing of food production records. Gross cost must be reported. Documentation includes:
 - Canceled checks
 - Labor formulas broken down by pay period for hours worked on CACFP activity

Example:

6 hours x \$10.00/hour x 10 days = \$600

NOTE: The first and last names of each person whose labor is being claimed must be recorded in Column 2 of the form.

7. Food Service Rent/Utilities/Janitorial—Utilities, when documented by separate meter reading; pest control service; transportation reimbursement.

Example:

Kitchen space rent can be charged as long as documentation supports the prorated square footage.

8. Food Service Equipment—Equipment purchased for use in preparing meals with the acquisition cost of \$2,500 or more.
9. Food Purchases—Edible items used to prepare reimbursable meals and/or the monthly total from delivery receipt for contract meals. This would also include the cost of obtaining food. Documentation includes:
 - Itemized Food-Purchasing Forms
 - Itemized receipts and invoices
 - Invoice for contracted meals
10. Nonfood Purchases—Nonedible items needed to provide meal service. Documentation includes:
 - Itemized Food-Purchasing Forms
 - Itemized receipts and invoices

11. Miscellaneous—Cost related to the operation of the CACFP and not reported under any other category. Documentation includes itemized receipts.

NOTE: Do not include *nonreimbursable items* recorded on the Food-Purchasing Form.

12. Income—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals. Charges for the nonclaimable meals must equal the **FREE** reimbursement rate for the meal eaten plus the value of commodities for lunch and supper meals. In order for the CACFP to recover the total cost of these meals, all fractions must be rounded up.
13. Grand Totals: Total all expenditures in each column.
14. Net Costs: Calculate net costs by totaling Columns 4 through 11 and subtracting the total of Column 12.
15. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.
16. Operating Balance: Item 14 minus Item 15 indicates operating balance. This dollar amount can be a negative or positive number.

BLENDED RATES WORKSHEET FOR REGULAR MEALS ONLY - OPTIONAL

Month: _____ Year: _____

FREE _____ # REDUCED-PRICE _____ # NOT ELIGIBLE _____ TOTAL _____
 % FREE _____ % REDUCED-PRICE _____ % NOT ELIGIBLE _____ % TOTAL _____

NOTE: Round up at free and reduced-price if third number is 5 or more; adjust NOT ELIGIBLE to equal 100 percent.

	BREAKFAST:	Reimbursement Rates:	(Record all numbers before and after decimal)	
Free	_____	x \$ _____	= \$ _____	
Reduced-Price	_____	x \$ _____	= \$ _____	
Not Eligible	_____	x \$ _____	= \$ _____	Number of Meals Served
The total breakfast rate for this month (no rounding):			= \$ _____	x _____
				= \$ _____

	LUNCH/SUPPER:			
Free	_____	x \$ _____	= \$ _____	
Reduced-Price	_____	x \$ _____	= \$ _____	
Not Eligible	_____	x \$ _____	= \$ _____	Number of Meals Served
The total lunch/supper rate for this month (no rounding) :			= \$ _____	x _____
				= \$ _____

	SNACK:			
Free	_____	x \$ _____	= \$ _____	
Reduced-Price	_____	x \$ _____	= \$ _____	
Not Eligible	_____	x \$ _____	= \$ _____	Number of Meals Served
The total supplement rate for this month (no rounding):			= \$ _____	x _____
				= \$ _____

(If Applicable) Cash-in Lieu Rate \$ _____ x _____
 (Do not round) = \$ _____

GRAND TOTAL REIMBURSEMENT CALCULATED = \$ _____

Note: There is NO rounding on the final rate determination.

BLENDED RATES WORKSHEET FOR REGULAR MEALS ONLY (Optional Form)

1. Determine the number of *free*, *reduced-price*, and *not eligible* children participating in the CACFP for the month. This is accomplished by totaling the number of children recorded as participants in each category on the CACFP Roster.
2. Calculate the percentages of each category of the total CACFP participation for the month. This is accomplished by dividing the total of each category (*free*, *reduced-price*, and *not eligible*) by the total CACFP participants for the month. If necessary, round the *not eligible* category to make 100 percent.

NOTE: When added together, the percentages of the three categories must equal 100 percent.

3. Multiply the percentage of participation by category in decimal form to the current rates. Total each meals rate, and do not round.
4. If you are a cash-in-lieu recipient, enter the current rate and multiply by the number of lunches and/or suppers served for the month.
5. Total the reimbursement calculated. This figure will allow you to know approximately how much your reimbursement will be. The State Agency may have to adjust your reimbursement for various reasons; therefore, it may not be exactly what you will receive.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) CLAIM FOR REIMBURSEMENT**

INSTITUTION: _____
 AGREEMENT NUMBER: _____ MONTH COVERED: _____ 20 _____

1. GENERAL DATA

a. Number of days operating: _____ b. Number of facilities: _____

c. Eligibility Data (For Single-Sited Centers Only)

1. Total enrollment _____
 (Total enrollment may differ from CACFP participation if you have children enrolled who do not eat reimbursable meals)

2. License capacity _____

2. FOR REGULAR MEALS ONLY

a. PARTICIPATION DATA: (Report current number of participants)

1. Number free (F) _____

2. Number reduced-price (R) _____

3. Number not eligible (N/E) _____

4. Total CACFP participation _____

b. Title XX (Child Care Centers)/XIX (Adult Centers) or Free and Reduced-Price Data for Single-Sited Proprietary Centers Only:

1. Number of Title XX/XIX *OR* Free and Reduced-Price _____

2. Percentage of Title XX/XIX *OR* Free and Reduced-Price _____

c. TOTAL REGULAR MEALS CLAIMED:

1. **Regular Breakfasts**

1st shift _____

2nd shift _____

TOTAL _____

2. **Regular Lunches**

1st shift _____

2nd shift _____

TOTAL _____

3. **Regular Suppers**

1st shift _____

2nd shift _____

TOTAL _____

4. **Regular Snacks**

A.M. 1st shift _____

A.M. 2nd shift _____

P.M. 1st shift _____

P.M. 2nd shift _____

LATE P.M. 1st shift _____

LATE P.M. 2nd shift _____

TOTAL _____

d. CASH-IN-LIEU OF COMMODITIES
 Regular Lunches and/or Suppers _____

3. FOR AT-RISK MEALS ONLY

a. PARTICIPATION DATA: (Report current number of participants)

Number free (F) _____

b. TOTAL AT-RISK MEALS CLAIMED (Child Care Only)

1. **At-Risk Breakfasts** _____

1st shift _____

2nd shift _____

TOTAL _____

2. **At-Risk Lunches** _____

1st shift _____

2nd shift _____

TOTAL _____

3. **At-Risk Suppers** _____

1st shift _____

2nd shift _____

TOTAL _____

4. **At-Risk Snacks** _____

A.M. 1st shift _____

A.M. 2nd shift _____

P.M. 1st shift _____

P.M. 2nd shift _____

LATE P.M. 1st shift _____

LATE P.M. 2nd shift _____

TOTAL _____

c. CASH-IN-LIEU OF COMMODITIES
 At-Risk Lunches and/or Suppers _____

I certify that to the best of my knowledge and belief this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); that payment thereof has not been received; and if a proprietary institution, I also certify that the Title XX/Title XIX or free and reduced-price standard (25 percent or more of enrolled participants or 25 percent of license capacity, whichever is less) has been met.

Authorized Representative's Signature _____
 Title _____ Date _____

CLAIM FOR REIMBURSEMENT

Claims are to be submitted by the tenth of the month following the month covered by the claim for reimbursement. Claims submitted after 60 days cannot be paid. A copy must be maintained on file for a minimum of three years.

Institution: Record the name of institution.

Agreement Number: Record the number that has been assigned by the State Department of Education (SDE).

Month Covered: Record the month that the claim covers.

1. GENERAL DATA

- a. Report number of days in operation for the month.
- b. Report number of facilities participating for the month.
- c. (For Single Sites Only) Eligibility Data
 1. Report total enrollment.
 2. Report total license capacity.

2. For Regular Meals Only:

- a. **Participation Data:** Report current number of enrollees participating (who ate at least one regular meal) this month by *free, reduced-price, or not eligible*. All participants not meeting family-size and income guidelines for free or reduced-price meals plus any participants not having a completed, approved Family-Size and Income Application (FSIA) on file must be reported in the *not eligible* category. These figures can be obtained from the monthly count of free, reduced-price, and not eligible participation/CACFP Rosters.
- b. **Title XX/XIX Data: *TO BE COMPLETED BY SINGLE-SITED FOR-PROFIT INSTITUTIONS ONLY:***
 1. Number of Title XX (child care centers)/Title XIX (adult centers) or free and reduced-price.
 2. Percentage of Title XX/XIX or free and reduced-price.
- c. ***TOTAL REGULAR MEALS CLAIMED FROM MEAL COUNT WORKSHEET:***

Institutions having more than one regular meal service, by type, must report separately each meal service.

1. Enter number of regular breakfasts served to participants by shift.
 2. Enter number of regular lunches served to participants by shift.
 3. Enter number of regular suppers served to participants by shift.
 4. Enter number of regular snacks served to participants by shift.
- d. **Cash-in-Lieu of Commodities Data:** To be completed *ONLY* by those institutions electing to receive cash-in-lieu of commodities. Enter total number of regular lunches and/or suppers served.

3. FOR AT-RISK MEALS ONLY:

- a. **Participation Data:** Report the number of enrollees who participated (who ate at least one At-Risk meal) this month.
- b. ***TOTAL AT-RISK MEALS CLAIMED (CHILD CARE CENTERS):***

Institutions having more than one meal service, by type, must report separately each meal service.

1. Enter number of At-Risk breakfasts served to participants by shift.
 2. Enter number of At-Risk lunches served to participants by shift.
 3. Enter number of At-Risk suppers served to participants by shift.
 4. Enter number of At-Risk snacks served to participants by shift.
- c. **Cash-in-Lieu of Commodities Data:** To be completed *ONLY* by those institutions electing to receive cash-in-lieu of commodities. Enter total number of At-Risk lunches and/or suppers served.

SIGNATURE: One of the institution's approved authorized representatives must sign the claim.

MONTHLY RECORD-KEEPING CHECKLIST

Month: _____

Year: _____

This form should be maintained on the outside or inside of each monthly folder. A check mark should be placed beside those items that are included in the monthly folder or by tasks that were completed. Some documents may not be immediately available and will be *checked off* as they are added to the folder.

- () Copy of Claim for Reimbursement
- () Report of Facilities Operating Under One Institution, if applicable
- () Meal Count Worksheet
- () Expenditure/Reimbursement Worksheet (Summary of All Allowable Operating and Administrative Costs)
- () Monthly Profit/Loss Statement
- () Food-Purchasing Forms/Itemized Receipts
- () Record of Donated Product
- () Title XX Documentation
- () Canceled Checks (Documentation of CACFP Expenditures)
- () Daily Attendance Records
- () Daily Attendance Records—Arrival and Departure Times, if applicable
- () Daily Record of Meals Served, if applicable
- () Payment Notice (Electronic Deposit of Reimbursement)

ADDITIONAL TASKS THAT MUST BE COMPLETED PRIOR TO SUBMISSION OF A CLAIM FOR REIMBURSEMENT:

- () Obtain enrollment forms and FSIA's on new participants and maintain with all other FSIA's/enrollment forms.
- () Add new participants in attendance to the CACFP Roster for updated monthly count of *free, reduced-price,* and *not eligible.*
- () Food Production Records/Menus as Served and CN labels and product formulation statements, if applicable, were maintained daily documenting meals being claimed for reimbursement *or Contract Meal Delivery Receipt for contract meal sites only.* Infant Feeding Record, if applicable.
- () Recommended inventory was conducted and record completed at end of this month.
- () Recommended milk inventory was conducted and record completed at end of this month.

KEEP ALL CORRESPONDENCE RECEIVED FROM THE STATE AGENCY IN A MONTHLY FOLDER OR IN A GENERAL CORRESPONDENCE FOLDER.

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Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (USDA) requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups)
Milk, 1% Fruit or Vegetable Grains or Breads	Milk, 1% Meat or Meat Alternate Grains or Breads Two different servings of fruits or vegetables	Milk, 1% Meat or Meat Alternate Grains or Breads Fruit or Vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **At-Risk Meal Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Meal Programs in needy areas.

Contact

Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

State Department of Education
Child Nutrition Programs
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
405-521-3327

This institution is an equal opportunity provider.

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MONTHLY RECORD OF INVENTORY (Optional)

An inventory system is a tool of management that is recommended for an efficient food service operation. The inventory provides a systematic method for taking and maintaining a complete inventory record of purchased food and milk and food-related supplies.

An incorrect inventory can mean the difference between profit or loss and will also reflect an incorrect food cost.

Inventory records are used to:

1. Prepare monthly orders for food and supplies.
2. Avoid being overstocked or understocked.
3. Assure that quantity of food needed to meet menu requirements is available.
4. Control any possible disappearance of food.
5. File insurance claims in case of fire or theft.
6. Support carry over of food/food-related supplies surplus.

INVENTORY INSTRUCTIONS

At the end of the month:

1. Enter the month and date, including the year, at the top of the page.
2. Record in the *Amount on Hand* column the number of units that are unopened for each item listed.
3. Record the name of the unopened items left on hand.
4. Record the amount left on hand of the unopened food and milk items.
5. Record the amount left on hand of the unopened food-related supplies.

END-OF-MONTH MILK INVENTORY

Year: _____

MONTH	UNIT SIZE GALLONS/QUARTS/ HALF-PINTS	UNOPENED GALLONS/ QUARTS/HALF-PINTS ON HAND
OCTOBER		
NOVEMBER		
DECEMBER		
JANUARY		
FEBRUARY		
MARCH		
APRIL		
MAY		
JUNE		
JULY		
AUGUST		
SEPTEMBER		

At the close of business on the last working day of the month, count and record the number of unopened containers of milk gallons/quarts/half-pints, etc., on hand.

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STEPS IN PLANNING A CYCLE MENU

Directions: Refer to the minimum meal requirements of the CACFP while following these steps.

Start With Lunch

1. Select a different meat/meat alternate for each lunch for the entire cycle.
 - The same meat type should not be served more than three times during one week.
2. Select at least two sources from the fruit and vegetable group to complement the meat/meat alternate at each lunch.
 - It is recommended to include vitamin C every day and vitamin A every other day.
3. Select an enriched or whole-grain grains/breads alternate item for each lunch.
4. Include an approved fluid milk type as a beverage.

Plan Breakfast to Accompany Lunch

1. Select an enriched or whole-grain grains/breads alternate for each breakfast.
2. Select a fruit or vegetable or a full-strength juice to accompany each bread item.
3. Include an approved fluid milk type as a beverage or to accompany hot or cold cereal.

Plan Snacks to Complement Breakfast and Lunch

Select two different components from the four components available.

When planning a supper cycle, follow the lunch cycle steps. The same menu may not be served if the same children are participating. Try not to repeat a main dish item within the cycle. This can be accomplished by varying the types of meat items served and varying the preparation methods of similar meat items.

Plan for a variety of breakfasts and snacks; however, these may be repeated during the cycle menu.

A cycle menu is a master plan to be used as an effective management tool. Menus may need to be reviewed occasionally to make changes to improve them based on food acceptability, preparation problems, food availability, and plate waste. When it is necessary to substitute food items, use like-for-like substitutions to make the adjustment in the menu. A cycle menu will not put an end to menu planning, but when properly planned and efficiently used, cycle menus are an effective management tool.

WEEKLY MENU PLANNER

BREAKFAST	LUNCH	SNACK

WEEKLY MENU PLANNER

A.M. SNACK	SUPPER	LATE P.M. SNACK

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HOW TO CALCULATE NUMBER OF SERVINGS

Before determining the quantity of food to purchase or prepare, it is necessary to first calculate the amount of food or number of servings required.

Step 1: Determine the number of children per age group who normally participate in each meal service. You may use the Meal Count Worksheet to assist in determining the average counts. The Minimum Meal Pattern Requirements chart may also need to be referenced.

Step 2: For each component, multiply the number of children in each age group by the minimum quantity requirement for the age group:

- For an approved fluid milk type, use the number of fluid ounces.
- For grains/breads: Quantities for aged 1-5 are calculated on a serving size of 1/2 serving per child. Quantities for aged 6-12 and adults are calculated on a serving size of 1 serving per child/adult.
- For fruit/vegetable, use the number of 1/4-cup servings.
- For meat/meat alternate, use the number of 1-ounce servings required.

Step 3: Total the age group quantities for each component.

The quantities per meal component can now be used with the CACFP Food-Buying Guide to determine the amount of food to purchase and prepare to meet meal pattern requirements.

**BREAKFAST
HOW TO CALCULATE NUMBER OF SERVINGS NEEDED**

Number of Children/Adults Served

MILK (ONLY APPROVED TYPES ALLOWED)

Aged 1 through 2	x	4 fluid oz (1/2 cup)	=	_____
Aged 3 through 5	x	6 fluid oz (3/4 cup)	=	_____
Aged 6 through 12	x	8 fluid oz (1 cup)	=	_____
Program Adults*	x	8 fluid oz (1 cup)	=	_____

There are 128 ounces of milk in one gallon.				Total Number of Fluid Ounces Needed

FRUIT/VEGETABLE

Aged 1 through 2	x	1 (1/4 cup)	=	_____
Aged 3 through 5	x	2 (1/4 cups)	=	_____
Aged 6 through 12	x	2 (1/4 cups)	=	_____
Program Adults*	x	2 (1/4 cups)	=	_____

				Total Number of 1/4 Cups

GRAINS/BREADS

Aged 1 through 2	x	1 (1/2 serving)	=	_____
Aged 3 through 5	x	1 (1/2 serving)	=	_____

				Total of 1/2 Servings Needed
Aged 6 through 12	x	1 full serving	=	_____
Program Adults*	x	1 full serving	=	_____

				Total of Full Servings Needed

* Adult meals on this form are calculated using the 6- through 12-year-old serving size.

**LUNCH AND SUPPER
HOW TO CALCULATE NUMBER OF SERVINGS NEEDED**

**Number of Children/Adults Served
MILK (ONLY APPROVED TYPES ALLOWED)**

Aged 1 through 2	x	4 fluid oz (1/2 cup)	=	
Aged 3 through 5	x	6 fluid oz (3/4 cup)	=	
Aged 6 through 12	x	8 fluid oz (1 cup)	=	
Program Adults*	x	8 fluid oz (1 cup)	=	

There are 128 ounces of milk in one gallon.

Total Number of Fluid Ounces
Needed

FRUIT/VEGETABLE

Aged 1 through 2	x	1 (1/4 cup)	=	
Aged 3 through 5	x	2 (1/4 cups)	=	
Aged 6 through 12	x	3 (1/4 cups)	=	
Program Adults*	x	3 (1/4 cups)	=	

Total Number of 1/4 Cups

MEAT/MEAT ALTERNATE

Aged 1 through 2	x	1.0 oz	=	
Aged 3 through 5	x	1.5 oz	=	
Aged 6 through 12	x	2.0 oz	=	
Program Adults*	x	2.0 oz	=	

Total Ounces Needed

GRAINS/BREADS

Aged 1 through 2	x	1 (1/2 serving)	=	
Aged 3 through 5	x	1 (1/2 serving)	=	

Total of 1/2 Servings Needed

Aged 6 through 12	x	1 full serving	=	
Program Adults*	x	1 full serving	=	

Total of Full Servings Needed

* Adult meals on this form are calculated using the 6- through 12-year-old serving size.

SNACK

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

(Choose two of the four food components.)

Number of Children/Adults Served

MILK (ONLY APPROVED TYPES ALLOWED)

Aged 1 through 2	x	4 fluid oz (1/2 cup)	=	_____
Aged 3 through 5	x	4 fluid oz (1/2 cup)	=	_____
Aged 6 through 12	x	8 fluid oz (1 cup)	=	_____
Program Adults*	x	8 fluid oz (1 cup)	=	_____

There are 128 ounces of milk in one gallon.

Total Number of Ounces Needed

FRUIT/VEGETABLE

Aged 1 through 2	x	2 (1/4 cups)	=	_____
Aged 3 through 5	x	2 (1/4 cups)	=	_____
Aged 6 through 12	x	3 (1/4 cups)	=	_____
Program Adults*	x	3 (1/4 cups)	=	_____

Total Number of 1/4 Cups

GRAINS/BREADS

Aged 1 through 2	x	1 (1/2 serving)	=	_____
Aged 3 through 5	x	1 (1/2 serving)	=	_____

Total of 1/2 Servings Needed

Aged 6 through 12	x	1 full serving	=	_____
Program Adults*	x	1 full serving	=	_____

Total of Full Servings Needed

MEAT/MEAT ALTERNATE

Aged 1 through 2	x	.5 oz	=	_____
Aged 3 through 5	x	.5 oz	=	_____
Aged 6 through 12	x	1.0 oz	=	_____
Program Adults*	x	1.0 oz	=	_____

Total Ounces Needed

* Adult meals on this form are calculated using the 6- through 12-year-old serving size.

FOOD PRODUCTION RECORDS/MENUS AS SERVED

The food production record is to begin on October 1 of each fiscal year and end on September 30.

All meal services offered each day are recorded on the same page. In addition, it is required that the following information be recorded:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box
- Comments Box: Note any comments or special dietary needs
- Date of meal service
- Meal counts of:
 - * Total children served
 - * Children served per age group
 - * Program adults served
- Menu as served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)
- Comments, as applicable, addressing acceptability of meal, etc.

The Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the State Agency, the Food Production Records/Menus as Served Book is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area consultant for review of the alternate form.

MENUS AS SERVED

- Regular Meals
- At-Risk Meals

Comments/Special Dietary Needs:

Date: _____

Meal Type	Menu	Qty. Served: Meat/Meat Alternate	Qty. Served: Grains/Breads	Qty. Served: Fruit/Veg/Juice	Qty. Served: Milk	Leftovers
BREAKFAST Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
A.M. SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
LUNCH Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
P.M. SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
SUPPER Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
EVENING SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						

PRODUCT FORMULATION STATEMENT FOR MEAT/MEAT ALTERNATE AND ALTERNATE PROTEIN PRODUCT CALCULATIONS

Provide a copy of the label in addition to the following information on company letterhead signed by an official representative of the company.

Product Name: _____ Code Number: _____

Manufacturer: _____ Case/Pack/Count/Portion/Size: _____

I. Meat/Meat Alternate (M/MA)

Please fill out the chart below to determine the creditable amount of Meat/Meat Alternate.

Description of Creditable Ingredients Per Food-Buying Guide	Ounces Per Raw Portion of Creditable Ingredient	Multiply	Food-Buying Guide Yield	Creditable Amount*
		X		
		X		
		X		
A. Total Creditable Amount¹				

*Creditable Amount—Multiply ounces per raw portion of creditable ingredient by the Food-Buying Guide yield.

II. Alternate Protein Product (APP)

If the product contains APP, please fill out the chart below to determine the creditable amount of APP. If APP is used, you must provide documentation as described in Attachment A for each APP used.

Description of APP, Manufacturer's Name, and Code Number	Ounces Dry APP Per Portion	Multiply	% of Protein As-Is*	Divide by 18**	Creditable Amount APP***
		X	%	÷ by 18	
		X	%	÷ by 18	
		X	%	÷ by 18	
B. Total Creditable Amount¹					
C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest 1/4 oz)					

*Percent of protein As-Is is provided on the attached APP documentation.

**18 is the percent of protein when fully hydrated.

***Creditable amount of APP equals ounces of dry APP multiplied by the percent of protein as-is divided by 18.

¹ Total Creditable Amount must be rounded **DOWN** to the nearest 0.25 oz (1.49 would round down to 1.25 oz meat equivalent). Do **NOT** round up. If you are crediting both M/MA and APP, you do not need to round down in Box A until after you have added the creditable APP amount from Box B.

Total weight (per portion) of product as purchased: _____

Total creditable amount of product (per portion): _____

(Reminder: Total creditable amount cannot count for more than the total weight of product.)

I certify that the above information is true and correct and that a _____-ounce serving of the above product (ready for serving) contains _____ ounces of equivalent meat/meat alternate when prepared according to directions.

I further certify that any APP used in the product conforms to the Food and Nutrition Service (FNS) Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation (Attachment A).

Signature: _____ Title: _____

Printed Name: _____ Date: _____ Phone Number: _____

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(Place information on company letterhead with signature of a legally authorized representative of the company.)

**PRODUCT FORMULATION STATEMENT
FOR PREPARED GRAINS/BREADS**

Product Name: _____ Code Number: _____

Case/Pack/Count/Portion/Size: _____

Total Weight (Grams or Ounces) of One Ready-to-Eat Serving of Product: _____

List the exact types and weights of each enriched and/or whole-grain meal, flour, bran, or germ per product serving:

I certify that the above information is true and correct and that one _____ (specify serving weight) ready-to-eat serving of the specified product contains _____ serving(s) of Grains/Breads* for the USDA Child Nutrition Programs.

SIGNATURE

TITLE

PRINTED NAME

DATE

TELEPHONE NUMBER

*For crediting as a Grains/Breads component, FNS Child Nutrition Programs require (1) all grains/breads items must be enriched or whole grain, made from enriched or whole-grain flour. If using a cereal, it must be whole grain, enriched, or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour; (2) the exact or minimum amount of creditable grains must be documented to assure that 14.75 grams of creditable grains equals one grains/breads serving. Grains/breads may be credited in 1/4-serving increments. See FNS Instruction 783-1, Rev. 2, to equal 1 serving Grains/Breads or FNS Food-Buying Guide, revised November 2001.

**PRODUCT FORMULATION STATEMENT
FOR PREPARED FRUIT/VEGETABLE**

Product Name: _____ Code Number: _____

Case/Pack/Count/Portion/Size: _____

Volume and Weight of One Serving of Product: _____

- Weight of Total Product Per Batch: _____
- Number of Portions/Servings Per Batch: _____

I certify that the above information is true and correct and that one _____ serving (specify serving volume/weight) of the above product (ready to eat) contains _____ servings of fruit/vegetable** for the Child Nutrition Programs.

SIGNATURE

TITLE

PRINTED NAME

DATE

TELEPHONE NUMBER

* CNP requires 14.75 grams of whole-grain or enriched flour or meal, bran or germ, or an equivalent amount of cereal as provided in FNS Instruction 783-1, Rev. 2, to equal 1 serving Grains/Breads. Grains/Breads may be credited in 1/4-serving increments.

**CNP requires a minimum of 1/8 cup fruit/vegetable to equal 1 serving fruit/vegetable.

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ATTACHMENT A

Company Name: _____

APP Product: _____

- A. _____ certifies that _____ meets all requirements for APP intended for use in foods manufactured for Child Nutrition Programs as described in Appendix A of 7 CFR 210, 220, 225, and 226.
- B. _____ certifies that _____ has been processed so that some portion of the nonprotein constituents have been removed by fractionating. This product is produced from _____ .
- C. The Protein Digestibility Corrected Amino Acid Score (PDCAAS) for _____ is _____. It was calculated by multiplying the lowest uncorrected amino acid score by true protein digestibility as described in the Protein Quality Evaluation Report from the Joint Expert Consultation of the Food and Agriculture Organization/World Health Organization of the United Nations, presented December 4-8, 1989, in Rome, Italy. The PDCAAS is required to be greater than 0.8 (80 percent of casein).
- D. The protein level of _____ is at least 18 percent by weight when fully hydrated at a ratio of _____ parts water to one part product.
- E. The protein level of _____ is certified to be at least _____ on an As-Is basis for the As-Purchased product. *Note: Protein is often provided on a moisture-free basis (MFB), which is not the information Food and Nutrition Service (FNS) requires.*

All of the above information is required for APP.

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Reviewer Checklist for Evaluating Manufacturer-Completed Product Formulation Statements for Meat/Meat Alternate (M/MA) Products and Alternate Protein Product Products

Circle Y or N	Steps for Evaluation Page 1
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GENERAL INFORMATION

Y	N	<p>A copy of the product label is attached.</p> <p>The label should have the product name, ingredients statement, net weight, manufacturer/distributor name and address, and for meat/poultry products, an inspection legend. The Nutrition Facts panel is voluntary for institutional product labels unless a nutrition or health claim is made.</p>
Y	N	Product Name is provided and matches the name on the product label.
Y	N	Product Code Number is provided and matches the code number on the product label.
Y	N	Manufacturer name is provided.
Y	N	Case/pack/count/portion/size are included as applicable.

MEAT/MEAT ALTERNATE

Y	N	<p>I have my copy of the Food-Buying Guide for Child Nutrition Programs (FBG), and it has the written in corrections as noted in the Pen and Ink Changes document provided by FNS.</p> <p style="text-align: center;">Available at <http://teammnutrition.usda.gov/Resources/foodbuyingguide.html></p>
Y	N	<p>The food items in Section 1. Meat/Meat Alternate match a description in Column 1 (Food As Purchased) of the FBG.</p> <p>Example: <i>Beans, Kidney, dry</i> matches a description in Column 1 of the FBG, but <i>Kidney Beans</i> does not match a description in Column 1 of the FBG (you do not know if the kidney beans are dry, canned, or frozen).</p>
Y	N	<p>The description does not match Column 1, but it does match a description in Column 4 (Serving Size Per Meal Contribution) or Column 6 (Additional Information) of the FBG.</p> <p>If the answer is <i>Y</i>, then you will need to convert the yield data from Column 6.</p>

Circle Y or N	Steps for Evaluation Page 2
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MEAT/MEAT ALTERNATE continued

Y	N	<p>The FBG Yield (servings per purchase unit) provided aligns with the correct description in Column 1, the description of how the food is served in Column 4, and the correct unit for the serving size in Column 4 to provide answers in units of 1 ounce. For meat/poultry, use the percent yield in Column 6.</p> <p>Example 1: A burrito is being evaluated. <i>Kidney beans, dry, canned, whole (pages 1 through 7, FBG)</i> matches a description in Column 1, the product is served heated which matches a description as served in Column 4; therefore, the FBG yield that should be used is 38.9 1/4-cups heated beans for 108 oz No. 10 can (38.9/108). The yield for drained beans (which is unheated) should not be used. For dry beans/legumes/peas/lentils, keep in mind that 1/4 cup cooked, drained beans/legumes/peas/lentils is equivalent to 1.0 oz meat alternate.</p> <p>Example 2: A sandwich is being evaluated. <i>Peanut butter (pages 1 through 40, FBG)</i> matches a description in Column 1, and 2 Tbsp (1 oz meat alternate) matches the unit we want our answer in. For this example, there are three acceptable yield ratios: (1) 97.5 1-oz servings per 108 oz, (2) 28.8 1-oz servings per 28 oz, or (3) 14.4 1-oz servings per 16 oz. When purchase units are 1 lb, always use 16 oz in the yield ratio. Do not use the yield ratios for 3 Tbsp peanut butter, since this will put the answer in units of 1 1/2 oz.</p> <p>Example 3: A chicken patty is being evaluated. <i>Chicken, boneless, raw (pages 1 through 31, FBG)</i> matches a description in Column 1, cooked matches a description in Column 4. The yield in Column 6 is 70 percent (you will multiply using the decimal form which is 0.70).</p>
Y	N	<p>The answer provided in the Creditable Amount column for each separate ingredient has been verified using a calculator, and the answer was not rounded up.</p>
Y	N	<p>The total creditable amount for the meat/meat alternate section, Total A, is correct, and the answer was not rounded up.</p>
Y	N	<p>All of the creditable ingredients listed on the form match ingredients listed in the ingredients statement on the product label.</p> <p>Example: It is not acceptable for the documentation to list <i>ground beef (not more than 30 percent fat)</i> if the label only lists <i>beef</i>. This means that the manufacturer does not have to actually use ground beef (not more than 30 percent fat), but can use any type of beef. <i>Beef</i> is not creditable since there is no one single FBG yield that can cover all beef items. Because the correct description is not on the label, the product cannot be accepted with the documentation.</p>

Circle Y or N	Steps for Evaluation Page 3
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ALTERNATE PROTEIN PRODUCT (APP)

Y	N	<p>The APPs listed are single ingredients such as soy flour, soy protein concentrate, soy protein isolate, whey protein concentrate, and nonfat dry milk.</p> <p>Examples of ingredients that do not meet the APP requirements are: wheat proteins, tofu, surimi, soy burgers, soy crumbles.</p>
Y	N	<p>The product itself is an entrée item or an integral part of an entrée item.</p> <p>Example: entrée items ARE sandwich patties, meat fillings or crumbles, pizzas, burritos, etc. Entrée items are NOT drinks, smoothies, desserts, muffins, cakes, protein bars, bread, chips, etc.</p>
		Documentation (Refer to Attachment A)
Y	N	<p>The APP documentation is on letterhead of the manufacturer that actually makes the APP.</p> <p>Documentation should not be accepted on distributor letterhead or from the food company making your purchased product (except in the rare case that the food company making the finished product actually manufactures the APP itself).</p>
Y	N	<p>a. The documentation states that the APP meets requirements found in 7 CFR Parts 210, 220, 225, and 226.</p>
Y	N	<p>b. The documentation indicates that nonprotein constituents have been removed.</p>
Y	N	<p>c. The PDCAAS (Protein Corrected Amino Acid Score) is provided, and the score is greater than 0.80 (80).</p> <p>The PDCAAS score should be provided in decimal form (i.e., 0.92), but sometimes the PDCAAS is reported as a whole number (i.e., 92) instead. If the PDCAAS is less than 0.8 (80), then the product does not meet the protein quality requirements and cannot be used for credit even if the percent as-is protein is greater than 18 percent.</p>
Y	N	<p>d. The hydration ratio is provided in the documentation and was calculated correctly (percent protein as-is divided by 18) minus 1 part dry APP = parts water).</p> <p>Example: if the percent as-is protein is 64.8, the calculation is as follows: $[(64.8 \div 18) - 1 \text{ part dry APP}] = 2.6 \text{ parts water to hydrate the product down to 18 percent protein. The ratio of dry APP:water for this example will be 1:2.6.}$</p>
Y	N	<p>e. The percent protein is provided on an as-is basis and is greater than 18 percent.</p> <p>If the documentation states MFB or moisture-free basis—you cannot use this protein value. The as-is protein value must be used in calculating the meat alternate credit for APP.</p>

Circle Y or N	Steps for Evaluation Page 4
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ALTERNATE PROTEIN PRODUCT (APP) continued

Y	N	APP documentation meeting all of the above requirements is provided for each separate APP listed on the product analysis form.
		Check the Calculation for Each APP Ingredient Used
Y	N	The whole number percent protein (not the decimal form of the percent) is used in the calculation. Example: If the percent as-is protein is 64.8 percent, use 64.8 in the calculation, not 0.648.
Y	N	The answer for each separate APP calculation is correct and was not rounded up.
Y	N	The amount of credit from APP, Total B, is correct and was not rounded up.
		TOTAL CREDITABLE AMOUNT
Y	N	The sum of Total A (meat/meat alternate) plus Total B (APP credit) is correct and was not rounded up.
Y	N	The total weight per portion of the product is provided and matches portion information provided on the label.
Y	N	The total credit is rounded down to the nearest 0.25 ounce.
Y	N	The Total Creditable Amount is not greater than the total weight of the portion of the product. (The credit may be equal to or less than the portion weight served.) When using APP with high concentrations of protein, sometimes the calculation provides an answer that is greater than the weight of the product served; in this case, you must reduce the credit so that it is equal or less than the weight of the product served. Example: if a soy burger uses soy isolate and whey protein concentrate and the weight of the heated burger weighs 1.75 oz, but the calculations show a total of 2.3 oz meat alternate, you can only count a maximum of 1.75 oz meat alternate for the burger because that is the weight of the meat alternate food being served.
		AUTHORIZATION INFORMATION
Y	N	The phone number was called, and the number is valid for the company that manufactures the food product purchased; it is the correct contact number for the name of the person who signed the documentation. Ask for clarifications if needed.
Y	N	Overall—the product formulation statement is acceptable without further information. <i>Do not accept products that do not have acceptable documentation.</i>

INFANT MEAL WAIVER

I wish to decline my child's participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Infant: _____

Date of Birth: _____

Signature of Parent/Guardian: _____

Date: _____

INFANT MEAL WAIVER INSTRUCTIONS

Infants who are enrolled for child care must have access to CACFP meals. Meals served to infants from birth up to eight months that contain only iron-fortified formula or bottled breast milk provided by the **PARENT** or the **CAREGIVER** may be claimed for reimbursement. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal. Infants 8 to 12 months must be served the additional required items at breakfast and lunch that are provided by the caregiver. ***All infant meals must be served by the caregiver.***

If a parent or guardian does not want his or her infant to participate in the CACFP, an *Infant Meal Waiver* form must be completed and on file for each infant. The facility will not be able to claim the infant meals for reimbursement. The institution must have the Infant Meal Waiver on file.

1. Record the infant's first and last names.
2. Record the infant's date of birth.
3. Parent/guardian must sign waiver.
4. Record the date the parent/guardian signs.

INFANT MEALS AS SERVED

TOTAL INFANTS SERVED: _____ **DATE:** _____
Breakfast: _____ **Lunch/Supper:** _____ **Snack:** _____ REMEMBER TO ADD INFANT MEALS TO THE MEAL COUNT WORKSHEET.

Meal Type	Quantity Served Meat/Meat Alternate	Quantity Served Bread/Cereal	Quantity Served Fruit/Vegetable/ Juice	Quantity Served Formula/Breast Milk
Names and Ages				
Breakfast				
1.				
2.				
3.				
4.				
5.				
Lunch/Supper				
1.				
2.				
3.				
4.				
5.				
Snack				
1.				
2.				
3.				
4.				
5.				
Supper				
1.				
2.				
3.				
4.				
5.				

Place an asterisk (*) beside the formula or breast milk provided by the parent/guardian.

INFANT MEALS SERVED INSTRUCTIONS

All meal services offered infants each day may be recorded on the same page. Space is provided to record food items and the individual quantity of food served to six infants. It is required that the following information be recorded:

1. Date of meal service
2. Names and ages of all infants served
3. Individual food items credited for each infant toward the required food component. The food item is to be recorded on the same row the infant's name and age are recorded.
4. Individual quantity of the food item served for each infant recorded
5. Total infants served
6. Indicate formula or breast milk provided by the parent with an *.

The *Infant Meals as Served* form must be completed on a daily basis. In addition, records must be kept on-site at all times. This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements. The *Infant Meals as Served* form should be maintained with the Food Production Records/Menus as Served Book.

**CONTRACT MEAL SERVICE
DELIVERY RECEIPT**

(Keep in your institution's monthly folder. USE ONE RECEIPT PER MEAL SERVICE.)

DATE: _____

MEAL TYPE: Breakfast _____ Lunch _____ A.M./P.M./Late P.M. Supplement _____ Supper _____
(Circle One)

SITE PREPARING MEAL: _____

SITE RECEIVING MEAL: _____

DELIVERY TIME: _____ NUMBER OF MEALS ORDERED/DELIVERED: _____

FOOD ITEMS AND QUANTITIES DELIVERED

Menu	Quantity Delivered	*Crediting/Portioning Information	Temperature at Delivery
	Bulk Delivery _____ Preportioned _____		
Milk	Milk provided by: SITE _____ VENDOR _____ (Circle One) Record Quantity: _____		
Vegetable/Fruit/ Juice			
Grains/Breads			
Meat/Meat Alternate			
Extras			

* Crediting/portioning information: i.e., 1 cup spaghetti sauce = 2 ounces meat/meat alternate, 6 chicken nuggets = 2 ounces meat/meat alternate and 1 ounce grains/breads alternate serving, 2 cheese sticks = 1 ounce meat/meat alternate.

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, product analysis statements, and/or recipes are available for all processed meat items or other applicable components.

Signature From Preparation Kitchen

I acknowledge that the above items and quantities were delivered to this contract site.

INSPECTION DELIVERY: Was the food delivered in a safe/sanitary method? Yes or No
Were food temperatures proper? Yes or No

Comments: _____

Signature From Site Receiving Food

FOR INSTITUTION TO USE WHEN CONTRACTING MEALS FROM OUTSIDE VENDOR OR WITHIN OWN INSTITUTION; KEPT IN INSTITUTION'S MONTHLY FOLDER.

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MULTISITED INSTITUTIONS ADDITIONAL REQUIREMENTS AND ORIGINALS

Multisited Institutions Need
to Refer to the Child Care
Record-Keeping Requirements
(Pages 9-278)
for Additional Required Record-
Keeping Forms

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MULTISITED INSTITUTIONS ADDITIONAL REQUIREMENTS

Institutions with more than one facility are required to maintain additional records. Refer to **page 8** for a list of the additional requirements.

The Oklahoma State Department of Education (the *State Agency*) has supplied sample forms to assist the institution in maintaining the additional records.

As stated in the United States Department of Agriculture (USDA) regulation 7 CFR §226.6(b)(1)(xviii) for new institutions and 7 CFR §226.6(b)(2)(vii) for renewing institutions, to be approved for program participation, an institution is required to comply with three performance standards:

- Financial viability and financial management—An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. The institution can demonstrate financial viability through:
 - ♦ A budget or management plan in compliance with program regulations and that is reasonable, necessary, and allowable.
 - ♦ Adequate resources for daily operations—able to pay employees and suppliers during periods of program payment interruptions and when fiscal claims have been assessed, if applicable.
 - ♦ Audits or financial statements.
- Administrative capability—An institution must demonstrate the ability to manage operations in compliance with program regulations by ensuring:
 - ♦ The number of staff and type of qualified staff are adequate.
 - ♦ The number of monitoring staff in relation to the number of facilities is adequate.
 - ♦ Written policies and procedures fulfill program responsibilities and civil rights requirements.
- Program accountability—An institution must demonstrate the ability to ensure program accountability through:
 - ♦ Oversight through an operating governing board.
 - ♦ Written fiscal accountability systems to assure integrity for all funds, property, expenses, and revenues (i.e., accurate processing of claims), and that all expenses are for program-authorized purposes.
 - ♦ Record-keeping—maintains records of operations in compliance with program regulations.
 - ♦ Operations including training, monitoring, classifying, and ensuring administrative costs are within regulatory limits.
 - ♦ Meal pattern and meal service requirements, licensure, health inspections, record-keeping, and claiming only for eligible meals served.

EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP application and/or amendments.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

1. In Column 1: Record the date the specific cost was incurred.
2. In Column 2: Record the vendor.
3. In Column 3: Record the number of the check issued. (**NOTE:** Cash payments for labor are not acceptable.)

In Columns 4 through 24: Record the amount of the CACFP sponsor expenditures under the appropriate column. One entry may be broken down into more than one category.

25. Income—Report any income for the month other than CACFP reimbursement that the sponsor received specifically for the CACFP.
26. Grand Totals: Total all expenditures in each column.
27. Net Costs: Calculate net costs by totaling Columns 4 through 24 and subtracting the total of Column 25.
28. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.
29. Operating Balance: Item 27 minus Item 28 indicates operating balance. This dollar amount can be a negative or positive number.

EXAMPLE
EXPENDITURE/REIMBURSEMENT WORKSHEET
MULTISITED SPONSORS

Maintain with institution records.

Month: February Year: 20YY

		OPERATING AND ADMINISTRATIVE COSTS (\$)											
DATE	ITEMENTRY (Vendor or Personnel, Etc.)	CHECK NO.	(4) Admin Salaries	(5) Admin Benefits	(6) Equipment \$2,500 and Over	(7) Materials and Supplies Durable	(8) Materials and Supplies Expendable	(9) Printing	(10) Postage	(11) Office Space Rental/ Lease	(12) Utilities	(13) Insurance Premiums	(14) Contracted Profes- sional Services
2/1	Director, H Brand	3100	135 00	10 00									
2/1	Director, T Wilks	3101	135 00	10 00									
2/1	A & E Leasing	3102								500 00			
2/1	XYZ Energy	3103									75 00		
2/1	Pete's Printing	3104					10 00						
2/15	Director, H Brand	3120	135 00	10 00									
2/15	Director, T Wilks	3121	135 00	10 00									
(26)	Grand Totals		540 00	40 00				10 00		500 00	75 00		

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

NOTES

**REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—
REGULAR MEALS ONLY
INSTRUCTIONS**

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled

NOTE: For At-Risk Meals sites, this number should indicate the **MAXIMUM** number of children who would be allowed to be in each of the participating facilities at any given time. Institutions should base this number on the maximum number the fire marshal would allow or the maximum number for which the institution wants to be responsible.

- Number of Title XIX/Title XX or free and reduced-price
- Participation

NOTE: For At-Risk Meals sites, this number should indicate the **highest daily count** of children who participated for the month. This number should never exceed the enrollment number.

— Number Free

— Number Reduced-Price

— Number Not Eligible

— Total

- Number of meals served by shift:

— Breakfasts

— Lunches

— Suppers

— Snacks

**REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—
AT-RISK MEALS ONLY
INSTRUCTIONS**

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization.

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XIX/Title XX or free and reduced-price
- Number of free participation
- Number of At-Risk meals served to children by shift:
 - At-Risk Breakfasts
 - At-Risk Lunches
 - At-Risk Suppers
 - At-Risk Snacks

CHILD AND ADULT CARE FOOD PROGRAM MULTISITED PREAPPROVAL VISIT FORM INSTRUCTIONS

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of Child and Adult Care Food Program (CACFP) operations. These reviews must be documented and kept on file. No meals should be claimed prior to a preapproval visit.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply After Training:
Check all boxes in Number 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:
The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

EXAMPLE
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MULTISITED PREAPPROVAL VISIT FORM

Center Name: Blue Center
Center Address: 123 Brick Street

The following items were discussed and reviewed:	Center Agrees to Comply
1. Current license posted (if applicable) 1.	X
2. Civil rights compliance (poster, complaint procedure) 2.	X
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form 3.	X
a. Obtained on enrolled children a.	X
b. Approved by institution official b.	X
4. CACFP enrollment form 4.	X
5. Monthly count by category/roster sheet maintained 5.	X
6. Daily attendance records maintained 6.	X
7. Meal Count Worksheet (Meal Counts) 7.	X
8. Itemized receipts/invoices properly maintained 8.	X
a. Food-Purchasing Form a.	X
b. Signature of purchaser b.	X
9. Inventory up-to-date (recommended) 9.	X
10. Food Production Records/Menus as Served Book maintained accurately (up-to-date) 10.	X
11. Meal patterns 11.	X
a. Minimum Meal Pattern Requirements (Components and Quantities) a.	X
b. Meal Limitation/Time Frame b.	X
c. Infant Meal Pattern Requirements c.	X
d. Child Nutrition (CN) Labels/Product Formulation Statement d.	X
e. Special Dietary Needs e.	X
12. Sanitation and safety 12.	X
13. Food preparation area adequate for meals served 13.	X

Comments: The facility's representative requested nutrition education materials and technical assistance in developing cycle menus.

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Nell Carter
Center Representative's Signature

9/21/YYY
Date

Ima Fishul
Sponsoring Organization Representative's Signature

9/21/YYY
Date

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REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New child care facilities, outside-school hours care centers, and homeless shelters must have a review conducted during the first four weeks of program operations.
2. Each child care facility, outside-school hours care center, and homeless shelter must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
 - b. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - Conduct one announced and two unannounced* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - An SO may do *review averaging* by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If *review averaging* is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - c. All reviews shall include, at a minimum:
 - CACFP meal patterns
 - Licensing or approval
 - Participation or attendance at sponsor training
 - Meal counts
 - Menus and meal records
 - Enrollment form requirements
 - Corrected problems from previous reviews
 - Five-day reconciliation
4. Maintain on file at the SO's office all reports pertaining to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor review.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A—J Read each statement and answer each item accordingly.

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: IMA FISHUL 5. Institution Agreement Number: DC-99-123
 2. Facility: BLUE CENTER 6. Date of Visit: 10/28/YYYY
 3. Facility's Address: 123 BRICK STREET 7. Time of Visit: 10 a.m.
 4. Unannounced Review Announced Review 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No

	YES/NO/NA		YES/NO/NA
A. License (if applicable)		E. Sanitation and Safety	
1. Current license/permit. <u>35</u>	1. <u>YES</u>	1. Trash cans covered.	1. <u>YES</u>
2. Capacity: <u>35</u>		2. Clean kitchen (floors, cupboards, pest-free).	2. <u>YES</u>
3. Center meets licensing standards.	3. <u>YES</u>	3. Clean equipment.	3. <u>YES</u>
B. Record Keeping		4. Dining surfaces and countertops sanitized.	4. <u>YES</u>
1. Family-Size and Income Application/ Funded Head Start Enrollment Form available on all enrolled children.	1. <u>YES</u>	5. Proper method of dishwashing.	5. <u>YES</u>
2. Enrollment form is current on each enrolled child.	2. <u>YES</u>	6. Effective hair restraint.	6. <u>YES</u>
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records.	3. <u>YES</u>	7. Proper handwashing technique.	7. <u>YES</u>
4. Daily attendance/arrival/departure records up-to-date.	4. <u>YES</u>	8. Proper grooming and hygiene.	8. <u>YES</u>
5. Sponsoring organization notified of enrollment changes.	5. <u>YES</u>	9. Children are in a safe environment and not in imminent danger.	9. <u>YES</u>
6. Food-Purchasing Form/Itemized Receipts.	6. <u>YES</u>	10. Food-handling procedures (thawing, time, temperature, transportation).	10. <u>YES</u>
7. Expenditure/Reimbursement Worksheet.	7. <u>YES</u>	11. Leftovers properly stored.	11. <u>YES</u>
8. Distributed <i>Building for the Future</i> fact sheet.	8. <u>YES</u>	12. Only authorized persons in kitchen area.	12. <u>YES</u>
9. Posted WIC brochure.	9. <u>YES</u>	13. Medications properly stored.	13. <u>YES</u>
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10. <u>YES</u>	F. Food Production	
		1. Food Production Records/Menus As Served Book complete and up-to-date.	1. <u>YES</u>
		2. All components served.	2. <u>YES</u>
		3. Sufficient quantities served.	3. <u>YES</u>
		4. Statement from recognized medical authority on file for substitutions due to medical reasons.	4. <u>YES</u>
		5. Child Nutrition (CN) labels or product formulation statement available.	5. <u>YES</u>
		6. Procedure used for controlling the ordering and delivery of contract meals.	6. <u>N/A</u>

DATE	# ENROLL- MENT	# IN ATTEN- DANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		YES
10/6	30	30	30		30	30		YES
10/7	30	27	27		27	27		YES
10/8	30	25	25		25	25		YES
10/9	30	28	28		28	28		YES

C. Meal Counts		G. Civil Rights Compliance	
1. Physical point of service count taken.	1. <u>YES</u>	1. ... <i>And Justice for All</i> Poster.	1. <u>YES</u>
2. Counts separated by shifts.	2. <u>YES</u>	2. Complaint-filing procedure.	2. <u>YES</u>
3. Counts within license capacity.	3. <u>YES</u>	3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service.	3. <u>YES</u>
4. Meal service times as approved.	4. <u>YES</u>		
5. Meal Count Worksheet maintained.	5. <u>YES</u>	H. Nutrition Education	
D. Storage		1. Nutrition education in classroom and/or at mealtime.	1. <u>YES</u>
1. Adequate space.	1. <u>YES</u>		
2. Chemicals and medicines in separate location.	2. <u>YES</u>	I. Training	
3. No rusted, dented, or unlabeled containers.	3. <u>YES</u>	1. CACFP training by sponsor for all facility staff.	1. <u>YES</u>
4. Stored food items off floor and away from walls and children.	4. <u>YES</u>	2. CACFP training by sponsor for all parent volunteers.	2. <u>YES</u>
5. Proper temperature and ventilation.	5. <u>YES</u>		
6. Thermometers in freezers and refrigerators. Refrigerator temperature: <u>41°</u> Freezer temperature: <u>0°</u>	6. <u>YES</u>	J. Infants	
7. Refrigerators and freezers defrosted.	7. <u>YES</u>	1. Offer meals to all enrolled infants.	1. <u>YES</u>
8. Open cardboard boxes discarded.	8. <u>YES</u>	2. Follow Infant Meal Pattern.	2. <u>YES</u>
9. Commodity foods dated.	9. <u>YES</u>	3. Infant Meal Waiver maintained.	3. <u>YES</u>
10. Commodity temperature logs maintained.	10. <u>YES</u>	4. Infant Meals as Served form up-to-date.	4. <u>YES</u>

Item K.

Food Service/Meal Observation

Read each statement, and answer accordingly.

Item L.

Meal Analysis for Aged 1-12

Meal Observed: Circle the appropriate meal which is being observed.

Time Served: Record the time the meal was actually served.

Children Served by Age:

1 through 2 years: Record how many children in this age group participated in the meal service.

3 through 5 years: Record how many children in this age group participated in the meal service.

6 through 12 years: Record how many children in this age group participated in the meal service.

Total Children: Record how many total claimable children participated in the meal service.

Nonclaimable Children Served:

Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

Components and Quantities: In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

EXAMPLE

K. Food Service/Meal Observation	Yes/No/NA	Yes/No/NA	Yes/No/NA
1. Method of Production <u>SELF-PREP</u>	YES	9. Plates and servings adjusted for age groups.	YES
2. Meal service times as approved.	YES	10. Meal supervision provided.	YES
3. Adequate space for dining.	YES	11. Adequate time for eating.	YES
4. Program adults served the same meal as children.	YES	12. Special dietary needs documentation available.	YES
5. All components served	YES	13. Milk substitute provided.	NA
6. Required quantities served.	YES	14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	NA
7. Proper milk-type served (FF/1%).	YES	15. Current Product Formulation/Child Nutrition (CN) label on file and available at time of the review.	YES
8. Method of production and quality of food.	YES	16. Is further training needed?	YES

L. Meal Analysis for Aged 1 Through 12

Meal Observed: Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
Time Served: <u>11:30 a.m.</u>					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		
0	7	0	7	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	MILK	1/2 GALLON of 1% WHITE = 64 OZ	7 x 6 oz = 42 OZ	64 oz - 42 oz = + 22 oz
Fruit/Vegetable/Juice	GREEN BEANS PEACHES SPAGHETTI SAUCE	1 #300 CAN OF EACH: GREEN BEANS—5 (1/4 CUPS) PEACHES, SLICED—6.3 (1/4-CUPS) SPAGHETTI SAUCE, MEATLESS—6.85 (1/4-CUPS) TOTAL—18.25 (1/4-CUPS)	7 x 2 (1/4 CUPS) = 14 (1/4 CUPS)	18.25 - 14.00 = + 4.25 (1/4 CUPS)
Grains/Breads	SPAGHETTI	SPAGHETTI NOODLES, 1/2# 10.6 (1/2-CUP SERVINGS)	7 x 1 = 7 (1/2 SERVINGS)	10.6 - 7.0 = + 3.6 (1/2 SERVINGS)
Meat/Meat Alternate	GROUND BEEF	1 1/2# GROUND BEEF = 17.7 (1-OZ SERVINGS)	7 x 1.5 OZ = 10.5 OZ	17.7 - 10.5 = + 7.2 OZ

Item M. Infant Meal Analysis

Meal Observed: Circle the appropriate meal that is being observed.

Infants Served by Age:

Birth through 3 months Record the number of infants in the appropriate age group who are participating in the meal service.

Each Infant's Analysis:

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

EXAMPLE

M. Infant Meal Analysis

Meal Observed: (Circle One) Breakfast A.M. Snack Lunch . P.M. Snack Supper Late P.M. Snack

Birth - 3 Months	4 - 7 Months	8 - 11 Months
		1

Child's Name: HARRISON BUTLER **Age:** 9 MONTHS

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk	IRON-FORTIFIED INFANT FORMULA	8 OZ	6-8 OZ	+2 OZ
Fruit/Vegetable/Juice	APRICOTS	2 TBSP	1-4 TBSP	+1 TBSP
Infant Cereal/Bread/Crackers	IRON-FORTIFIED INFANT CEREAL	3 TBSP	2-4 TBSP	+1 TBSP
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice		NA		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice		NA		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice		NA		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Item N. Review Summary Record all areas that require corrective action. Make appropriate comments and recommendations.

Item O. Facility Is in Compliance/Noncompliance
Check the appropriate box.

Follow-Up Visit: Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date: The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:
The reviewer must sign and date the Monitor Review form.

EXAMPLE

N. Review Summary

Corrective Action Needed, Recommendations, and Comments:

O. Facility is in compliance. **In noncompliance.**

Were problems noted in previous review corrected? (Circle one) Yes No **N/A**

Is a follow-up review required to view corrective action? (Circle One) Yes **No**

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

NELL CARTER

(Facility Representative's Signature)

10/28/YYYY

(Date)

IMA FISHUL

(Sponsoring Organization Monitor's Signature)

10/28/YYYY

(Date)

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or monitor suspects that the facility is cheating but records indicate compliance, the SO will mail a household contact form to each household who has a child/adult enrolled in the facility. Each envelope will contain a self-addressed, stamped envelope to encourage the household to respond. The form will explain to the household that the facility where its child/adult is in attendance is being reviewed and their response would be appreciated. The areas of the form requesting household response are the months, days, and hours the child/adult was in attendance and when his/her meals were consumed.

The SO will log when the household contacts were sent out and log the responses when any are returned. The parents/guardians will be able to call the SO should there be any questions. The SO must receive at least *two negative* responses before further action is taken against the facility.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the facility seriously deficient and at that time propose the facility for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the facility does not appeal, the SO will send a termination/disqualification letter to the facility, logging the dates of the termination/disqualification. The State Agency will receive copies of all letters as they are generated. The State Agency, in turn, will send all correspondence to USDA.

EXAMPLE

HOUSEHOLD CONTACT DOCUMENTATION

The COLORS CAP is conducting a review of BLUE CENTER.
Please complete the information, and return this form in the envelope provided. Please call 444-5555
if you have questions.

This questionnaire **MUST** be filled out by the parent/guardian only.

1. Child/Adult: HARRISON BUTLER Birth Date: 1/6/2012

2. Please indicate which of the past 12 months your child/adult was in care:

Oct Nov Dec Jan Feb Mar
Apr May June July Aug Sept

3. Please indicate the regular hours and days your child/adult is in care.

Monday: 7:00 to 5:00 Thursday: 7:00 to 5:00
Tuesday: 7:00 to 5:00 Friday: 7:00 to 5:00
Wednesday: 7:00 to 5:00 Saturday: _____ to _____
Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

Breakfast Lunch Supper
A.M. Snack P.M. Snack Evening Snack

5. Do you supply any food? Yes No

If Yes, please explain: BREAST MILK

6. If your child/adult is no longer in care, what was his or her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

SHEILA BUTLER
Parent/Guardian Signature
673-1234
Telephone Number

10/3/4444
Date

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EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify the center's CACFP is nonprofit.

All costs must be supported by appropriate documentation and approved on the CACFP application and/or amendments.

Instructions for completing the Expenditure/Reimbursement Worksheet are: Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

1. In Column 1: Record the date the specific cost was incurred.
2. In Column 2: Record the vendor.
3. In Column 3: Record the number of the check issued. (**NOTE:** Cash payments for labor are not acceptable.)

In Columns 4 through 24: Record the amount of the CACFP sponsor expenditure under the appropriate column. One entry may be broken down into more than one category.

25. Income—Report any income for the month other than CACFP reimbursement that the sponsor received specifically for the CACFP.
26. Grand Totals: Total all expenditures in each column.
27. Net Costs: Calculate net costs by totaling Columns 4 through 24 and subtracting the total of Column 25.
28. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.
29. Operating Balance: Item 27 minus Item 28 indicates operating balance. This dollar amount can be a negative or positive number.

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REGULAR MEALS ONLY
REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION
INSTRUCTIONS

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XIX/Title XX or free and reduced-price
- Participation
 - Number Free
 - Number Reduced-Price
 - Number Not Eligible
 - Total
- Number of regular meals served by shift:
 - Regular Breakfasts
 - Regular Lunches
 - Regular Suppers
 - Regular Snacks

**REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—
AT-RISK MEALS ONLY
INSTRUCTIONS**

This form must be submitted with the claim for reimbursement each month.

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XIX/Title XX or free and reduced-price
- Number of free participation
- Number of At-Risk meals served to children by shift:
 - At-Risk Breakfasts
 - At-Risk Lunches
 - At-Risk Suppers
 - At-Risk Snacks

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MULTISITED PREAPPROVAL VISIT FORM**

Center Name: _____
Center Address: _____

The following items were discussed and reviewed:	Center Agrees to Comply
1. Current license posted (if applicable) 1.	
2. Civil rights compliance (poster, complaint procedure) 2.	
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form 3.	
a. Obtained on enrolled children a.	
b. Approved by institution official b.	
4. CACFP enrollment form 4.	
5. Monthly count by category/roster sheet maintained 5.	
6. Daily attendance records maintained 6.	
7. Meal Count Worksheet (Meal Counts) 7.	
8. Itemized receipts/invoices properly maintained 8.	
a. Food-Purchasing Form a.	
b. Signature of purchaser b.	
9. Inventory up-to-date (recommended) 9.	
10. Food Production Records/Menus as Served Book maintained accurately (up-to-date) 10.	
11. Meal patterns 11.	
a. Minimum Meal Pattern Requirements (Components and Quantities) a.	
b. Meal Limitation/Time Frame b.	
c. Infant Meal Pattern Requirements c.	
d. Child Nutrition (CN) Labels/Product Formulation Statement d.	
e. Special Dietary Needs e.	
12. Sanitation and safety 12.	
13. Food preparation area adequate for meals served 13.	

Comments: _____

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Center Representative's Signature Date

Sponsoring Organization Representative's Signature Date

**CHILD AND ADULT CARE FOOD PROGRAM
MULTISITED PREAPPROVAL VISIT FORM
INSTRUCTIONS**

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply After Training:
Check all boxes in Number 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:
The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: _____ 5. Institution Agreement Number: _____
 2. Facility: _____ 6. Date of Visit: _____
 3. Facility's Address: _____ 7. Time of Visit _____
 4. Unannounced Review Announced Review 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No

	YES/NO/NA		YES/NO/NA
A. License (if applicable)		E. Sanitation and Safety	
1. Current license/permit.	1. <input type="checkbox"/>	1. Trash cans covered.	1. <input type="checkbox"/>
2. Capacity: _____	2. <input type="checkbox"/>	2. Clean kitchen (floors, cupboards, pest-free).	2. <input type="checkbox"/>
3. Center meets licensing standards.	3. <input type="checkbox"/>	3. Clean equipment.	3. <input type="checkbox"/>
B. Record Keeping		4. Dining surfaces and countertops sanitized.	4. <input type="checkbox"/>
1. Family-Size and Income Application/ Funded Head Start Enrollment Form available on all enrolled children.	1. <input type="checkbox"/>	5. Proper method of dishwashing.	5. <input type="checkbox"/>
2. Enrollment form is current on each enrolled child.	2. <input type="checkbox"/>	6. Effective hair restraint.	6. <input type="checkbox"/>
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records.	3. <input type="checkbox"/>	7. Proper handwashing technique.	7. <input type="checkbox"/>
4. Daily attendance/arrival/departure records up-to-date.	4. <input type="checkbox"/>	8. Proper grooming and hygiene.	8. <input type="checkbox"/>
5. Sponsoring organization notified of enrollment changes.	5. <input type="checkbox"/>	9. Children are in a safe environment and not in imminent danger.	9. <input type="checkbox"/>
6. Food-Purchasing Form/Itemized Receipts.	6. <input type="checkbox"/>	10. Food-handling procedures (thawing, time, temperature, transportation).	10. <input type="checkbox"/>
7. Expenditure/Reimbursement Worksheet.	7. <input type="checkbox"/>	11. Leftovers properly stored.	11. <input type="checkbox"/>
8. Distributed <i>Building for the Future</i> fact sheet.	8. <input type="checkbox"/>	12. Only authorized persons in kitchen area.	12. <input type="checkbox"/>
9. Posted WIC brochure.	9. <input type="checkbox"/>	13. Medications properly stored.	13. <input type="checkbox"/>
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10. <input type="checkbox"/>	F. Food Production	
		1. Food Production Records/Menus As Served Book complete and up-to-date.	1. <input type="checkbox"/>
		2. All components served.	2. <input type="checkbox"/>
		3. Sufficient quantities served.	3. <input type="checkbox"/>
		4. Statement from recognized medical authority on file for substitutions due to medical reasons.	4. <input type="checkbox"/>
		5. Child Nutrition (CN) labels or product formulation statement available.	5. <input type="checkbox"/>
		6. Procedure used for controlling the ordering and delivery of contract meals.	6. <input type="checkbox"/>

DATE	# ENROLL- MENT	# IN ATTEN- DANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

C. Meal Counts 1. Physical point of service count taken. 1. <input type="checkbox"/> 2. Counts separated by shifts. 2. <input type="checkbox"/> 3. Counts within license capacity. 3. <input type="checkbox"/> 4. Meal service times as approved. 4. <input type="checkbox"/> 5. Meal Count Worksheet maintained. 5. <input type="checkbox"/> D. Storage 1. Adequate space. 1. <input type="checkbox"/> 2. Chemicals and medicines in separate location. 2. <input type="checkbox"/> 3. No rusted, dented, or unlabeled containers. 3. <input type="checkbox"/> 4. Stored food items off floor and away from walls and children. 4. <input type="checkbox"/> 5. Proper temperature and ventilation. 5. <input type="checkbox"/> 6. Thermometers in freezers and refrigerators. Refrigerator temperature: _____ Freezer temperature: _____ 6. <input type="checkbox"/> 7. Refrigerators and freezers defrosted. 7. <input type="checkbox"/> 8. Open cardboard boxes discarded. 8. <input type="checkbox"/> 9. Commodity foods dated. 9. <input type="checkbox"/> 10. Commodity temperature logs maintained. 10. <input type="checkbox"/>	G. Civil Rights Compliance 1. ... <i>And Justice for All</i> Poster. 1. <input type="checkbox"/> 2. Complaint-filing procedure. 2. <input type="checkbox"/> 3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service. 3. <input type="checkbox"/> H. Nutrition Education 1. Nutrition education in classroom and/or at mealtime. 1. <input type="checkbox"/> I. Training 1. CACFP training by sponsor for all facility staff. 1. <input type="checkbox"/> 2. CACFP training by sponsor for all parent volunteers. 2. <input type="checkbox"/> J. Infants 1. Offer meals to all enrolled infants. 1. <input type="checkbox"/> 2. Follow Infant Meal Pattern. 2. <input type="checkbox"/> 3. Infant Meal Waiver maintained. 3. <input type="checkbox"/> 4. Infant Meals as Served form up-to-date. 4. <input type="checkbox"/>
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ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor review.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A—J Read each statement and answer each item accordingly.

K. Food Service/Meal Observation		Yes/No/NA			Yes/No/NA
1.	Method of Production _____	<input type="checkbox"/>	9.	Plates and servings adjusted for age groups.	9. <input type="checkbox"/>
2.	Meal service times as approved.	2. <input type="checkbox"/>	10.	Meal supervision provided.	10. <input type="checkbox"/>
3.	Adequate space for dining.	3. <input type="checkbox"/>	11.	Adequate time for eating.	11. <input type="checkbox"/>
4.	Program adults served the same meal as children.	4. <input type="checkbox"/>	12.	Special dietary needs documentation available.	12. <input type="checkbox"/>
5.	All components served	5. <input type="checkbox"/>	13.	Milk substitute provided.	13. <input type="checkbox"/>
6.	Required quantities served.	6. <input type="checkbox"/>	14.	If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14. <input type="checkbox"/>
7.	Proper milk-type served (FF/1%).	7. <input type="checkbox"/>	15.	Current Product Formulation/Child Nutrition (CN) label on file and available at time of the review.	15. <input type="checkbox"/>
8.	Method of production and quality of food.	8. <input type="checkbox"/>	16.	Is further training needed?	16. <input type="checkbox"/>

L. Meal Analysis for Aged 1 Through 12

Meal Observed: Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
Time Served: _____					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Fruit/Vegetable/Juice				
Grains/Breads				
Meat/Meat Alternate				

Items K Read each statement and answer each item accordingly.

Item L. Meal Analysis for Aged 1-12

Meal Observed: Circle the appropriate meal which is being observed.

Time Served: Record the time the meal was actually served.

Children Served by Age:

1 through 2 years: Record how many children in this age group participated in the meal service.

3 through 5 years: Record how many children in this age group participated in the meal service.

6 through 12 years: Record how many children in this age group participated in the meal service.

Total Children: Record how many total claimable children participated in the meal service.

Nonclaimable Children Served:

Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

Components and Quantities: In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

M. Infant Meal Analysis (Only required for institutions serving infants)

Meal Observed: (Circle One) Breakfast A.M. Snack Lunch P.M. Snack Supper Late P.M. Snack

Birth - 3 Months	4 - 7 Months	8 - 11 Months

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name: _____ **Age:** _____

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable/Juice				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Item M. Infant Meal Analysis

Meal Observed: Circle the appropriate meal that is being observed.

Infants Served by Age:

Birth through 3 months Record the number of infants in the appropriate age group who are participating in the meal service.

Each Infant's Analysis:

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

Item N. Review Summary Record all areas that require corrective action. Make appropriate comments and recommendations.

Item O. Facility Is in Compliance/Noncompliance
Check the appropriate box.

Follow-Up Visit: Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date: The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:
The reviewer must sign and date the Monitor Review form.

HOUSEHOLD CONTACT DOCUMENTATION

The _____ is conducting a review of _____.
Please complete the information, and return this form in the envelope provided. Please call _____
if you have questions.

This questionnaire *MUST* be filled out by the parent/guardian only.

1. Child/Adult: _____ Birth Date: _____

2. Please indicate which of the past 12 months your child/adult was in care:

Oct Nov Dec Jan Feb Mar

Apr May June July Aug Sept

3. Please indicate the regular hours and days your child/adult is in care.

Monday: _____ to _____ Thursday: _____ to _____
Tuesday: _____ to _____ Friday: _____ to _____
Wednesday: _____ to _____ Saturday: _____ to _____
Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

Breakfast Lunch Supper

A.M. Snack P.M. Snack Evening Snack

5. Do you supply any food? Yes No

If *Yes*, please explain: _____

6. If your child/adult is no longer in care, what was his or her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Telephone Number

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or monitor suspects that the facility is cheating but records indicate compliance, the SO will mail a household contact form to each household who has a child/adult enrolled in the facility. Each envelope will contain a self-addressed, stamped envelope to encourage the household to respond. The form will explain to the household that the facility where its child/adult is in attendance is being reviewed and their response would be appreciated. The areas of the form requesting household response are the months, days, and hours the child/adult was in attendance and when his/her meals were consumed.

The SO will log when the household contacts were sent out and log the responses when any are returned. The parents/guardians will be able to call the SO should there be any questions. The SO must receive at least *two negative* responses before further action is taken against the facility.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the facility seriously deficient and at that time propose the facility for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the facility does not appeal, the SO will send a termination/disqualification letter to the facility, logging the dates of the termination/disqualification. The State Agency will receive copies of all letters as they are generated. The State Agency, in turn, will send all correspondence to USDA.

ADULT DAY CARE INSTITUTIONS

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**ADULT DAY CARE
ELIGIBILITY
DOCUMENTATION**

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APPROVING ADULT FAMILY-SIZE AND INCOME APPLICATIONS

Every application must be approved at face value. Institutions *must not* complete any part of the application for a household nor can an institution require a household to complete an application.

A. The application *MUST* provide the following:

1. ***For Supplemental Nutrition Assistance Program (SNAP)*, Medicaid*, or Supplemental Security Income (SSI)* households:***

- a. The name of each participant for whom the application is made.
- b. A SNAP, Medicaid, or SSI case number.
 - (1) SNAP*: A valid SNAP number may begin with the letters **A, B, C, D, H, J, or T** followed by six to nine digits. All valid numbers *MUST* be Oklahoma-issued. Some numbers could also include a dash, followed by two additional numbers.
 - (2) Valid Medicaid numbers are nine digits long. Most will start with zeros, and there will be no letters in the number.
 - (3) SSI numbers are recognized as social security numbers.

NOTE: SNAP, Medicaid, and SSI numbers must be Oklahoma-issued.

- * If an application contains a single case number for SNAP, Medicaid, or SSI number, all enrolled participants listed on the application *MUST* be approved for free meal benefits. Any income information on an application containing a **SINGLE/CORRECT** SNAP, Medicaid, or SSI case number should be disregarded. (Reference USDA Memo SP-38-2009.)
- * If there is any doubt of the validity of a case number submitted on an application, the institution should contact the appropriate SNAP, Medicaid, or SSI official and document the findings. (This is only for numbers that are not formatted as Oklahoma numbers.)

c. The signature of the participant/adult household member.

2. ***For Other Households (Income Households):***

- a. The names of all household members, including the participant for whom the application is made.
- b. The amount of gross income received by each household member and the source of the income.
- c. The last four digits of the social security number of the participant or the adult household member who signs the application or an indication that the participant or the household member does not have one.
- d. The signature of the participant or the adult household member.

B. Computation of Current Income

1. Each household **MUST** provide the amount of gross income received. Income **MUST** be identified with the individual who received it and the source of the income (such as earnings, welfare, or pensions). It is the responsibility of the institution representative to compute the household's total current income and compare the total amount to the Income-Eligibility Guidelines. (See **page 241**.)
2. Households may report incomes for different periods; e.g., one monthly, one every two weeks, one twice a month, and one weekly. The institution representative must convert all reported incomes to annual income to determine the total household income.
3. To compute annual income:
 - a. If income is received **every week**, multiply the total gross income by 52 to determine the annual income.
 - b. If income is received **every two weeks**, multiply the total gross income by 26 to determine the annual income.
 - c. If income is received **twice a month**, multiply the total gross income by 24 to determine the annual income.
 - d. If income is received **once a month**, multiply the total gross income by 12 to determine the annual income.

C. Form Approval or Denial

1. Households that submit an incomplete form cannot be approved. If any **REQUIRED** information is missing, the information **MUST** be obtained before an eligibility determination can be made. Institutions **must not** complete any part of the form for a household.
2. To get the required information, the institution representative may return the form to the household or contact the household either in person, by phone, or in writing. The institution representative must document the details of the contact and date and initial the entry. Forms missing the signature of an enrollee or an adult household member **MUST** be returned for signature.
3. Every reasonable effort should be made to obtain the missing information prior to determining the form is not eligible.
4. If there are any inconsistencies or questions concerning the required eligibility information provided, the household's application **MUST** be determined as not eligible unless the inconsistencies or questions are resolved. For instance, if it is unclear whether the household provided weekly or monthly income, this issue **MUST** be resolved before an eligibility determination can be made. The institutional representative may contact the household prior to determining the application is not eligible, document the details of the contact, and date and initial the entry.
5. ***Each form must contain the approval signature of the institution representative and date the form was approved to be considered valid.***

ELIGIBILITY DEFINITIONS

Determining Household Size

Adult Living With Relative or Friends—A member of the household with whom he or she resides.

Family Members Living Apart—Family members not living with the household for an extended period of time are not considered members of the household.

Household/Economic Unit—A group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit and who share housing and/or significant income and expenses of its members. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside together in the same house. Separate economic units in the same house are characterized by prorating expenses and maintaining economic independence from one another.

Military Family Member—For the purpose of determining household size, deployed service members should be considered as family members living apart on a temporary basis. A school or an institution would instruct families to include the names and only that portion of the deployed service member's income made available by the service member, or on his or her behalf, to the household where the children are staying should be counted as income for eligibility determination purposes.

Determining Household Income

Income is any money received on a recurring basis, including **GROSS** earned income, unless specifically excluded by legislation. Specifically, gross earned income means all money earned before deductions for employee's income taxes, social security taxes, insurance premiums, bonds, savings programs, and/or other income deductions.

Income includes the following:

Current Gross Income—Households **MUST** report current income on a Family-Size and Income Application (FSIA).

Current income means income received by the household. If this income is higher or lower than usual and does not fairly or accurately represent the household's actual circumstances, the household may project its annual rate of income.

Earnings From Work—Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and worker's compensation.

Garnisheed Wages and Bankruptcy—Income is the gross income received by a household before deductions. In the case of garnisheed wages and income ordered to be used in a specified manner, the total gross income **MUST** be considered, regardless of whatever portions are garnisheed or used to pay creditors.

Income for the Self-Employed—Self-employed persons may use last year's income as a basis to project their current year's net income, unless their current net income provides a more accurate measure. Self-employed persons are credited with net income rather than gross income. Net income for self-employment is determined by subtracting business expenses from gross receipts: (a) Gross receipts include the total income from goods sold or services rendered by the business; (b) Deductible business expenses include the cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid, and business taxes (not personal, federal, state, or local income taxes); (c) Nondeductible business expenses include the value of salable merchandise used by the proprietors of retail businesses; (d) For a household with income from wages and self-employment, each amount **MUST** be listed separately. When there is a business loss, income from wages may not be reduced by the amount of the business loss. If income from self-employment is negative, it should be listed as zero income.

Lump Sum Payments—When lump sum payments are put into a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

Military Benefits—Gross income, including base pay, regular housing allowance (BAH, VHA, BAQ), subsistence (BAS), clothing allowance, hazardous duty, hostile fire, flight pay, incentive, etc., must be included for military families. The only exceptions are as follows:

- (a) *U.S. Armed Forces Family Subsistence Supplemental Allowances (FSSA)*. (Reference All State Directors' Memo 2006-CN-10.)
- (b) *Privatized housing* refers to the Military Housing Privatization Initiative, a program operating at a number of military installations. This initiative puts the operation of military-owned housing under private contractors. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. It is important to note that this income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. (Reference All State Directors' Memos 2004-CN-06, 2004-CN-01, 2003-CN-17, 2003-CN-16.)
- (c) During Operation Enduring Freedom, where a household member is deployed to any location, regardless of the specific military operation, only the income made available to the household is to be counted and the deployed household member is to be counted as part of the household.

Additionally, USDA has provided clarification regarding household-size and income determination where both parents are deployed military and their children are staying with friends or relatives. Consistent with the above policy, the children would be counted as part of the household where they are staying; however, both parents would also be included in the household and only the funds provided to the household by the deployed military parents would be included in total household income. (Reference All State Directors' Memo 2003-CN-06.)

- (d) *Military Combat Pay*. This exclusion is authorized by the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010 (P.L. 111-80; October 21, 2009).

As set forth in the statute, Combat Pay is defined as an additional payment made under Chapter 5 of Title 37 of the United States Code, or as otherwise designated by the Secretary to be excluded, that is received by the household member who is deployed to a designated combat zone. Combat Pay is excluded if it is:

- Received in addition to the service member's basic pay.
- Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone.

AND

- Not received by the service member prior to his or her deployment to or service in the designated combat zone.

A combat zone is any area that the President of the United States designates by Executive Order as an area in which the U.S. Armed Forces are engaging or have engaged in combat. As with other types of income commonly received by military personnel (such as the Basic Allowance for Housing or Basic Allowance for Subsistence payments), Combat Pay received by service members is normally reflected in the entitlements column of the military Leave and Earnings Statement (LES). Information regarding deployment to or service in a combat zone may also be available through military orders or public records on deployment of military units. Deployed service members are considered members of the household for purposes of determining income eligibility for the CNP. (Reference USDA Memo SP-06-2010.)

- (e) The Earned Income Tax Credit (EITC). (Reference All State Directors' Memo 2003-CN-13.)
- (f) Any payments made under the Agent Orange Compensation Exclusion Act.
- (g) Any payments made or any mandatory salary reduction related to the Veteran's Educational Assistance Act of 1964 (GI Bill).
- (h) Deployment Extension Incentive Pay (DEIP)

The exclusion of Combat Pay, as described in P.L. 111-80, is extended to DEIP. DEIP is given to active-duty service members who agree to extend their military service by completing deployment with their units without reenlisting. This exemption applies only until the service members return to their home station. Any additional DEIP payments provided to service members serving at their home station is considered income as they are no longer considered deployed. (Reference USDA Policy Memo SP-06-2011.)

Other Income—Net rental income; annuities; net royalties; disability benefits; interest; dividend income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to pay for the children's meals.

Pensions/Retirements/Social Security—Pensions, retirement income, social security, supplemental security income (SSI), and veterans' payments.

Seasonal/Temporary Workers—Seasonal workers such as migrants and others whose income fluctuates so that they usually earn more money in some months than in other months. In these situations, the household may project its annual rate of income and report this amount as its current income. If the prior year's income provides an accurate reflection of the household's current annual rate of income, the prior year may be used as a basis for the projected annual rate of income.

Welfare—Public assistance payments/welfare receipts (General Assistance, General Relief, etc.).

Income Exclusions

Income **NOT** to be reported or counted as income in the determination of a household's eligibility for free or reduced-price benefits includes:

Any cash income or value of benefits a household receives from any federal program that excludes such income by **legislative prohibition**, such as the value of food benefits provided under SNAP.

LOANS, such as bank loans, since these funds are only temporarily available and **MUST** be repaid.

The value of **in-kind compensation** such as housing for clergy or any other noncash benefit.

Occasional earnings received on an irregular basis; e.g., nonrecurring, such as payment for occasional baby-sitting or mowing lawns.

Lump sum payments or large cash settlements are not counted as income since they are not received on a regular basis. These funds may be provided as compensation for a loss that **MUST** be replaced, such as payment from an insurance company for fire damage to a house.

Any subsidy that a household receives through the prescription drug discount card program is not considered income. (Reference All State Directors' Memo 2004-CN-04.)

Earned Income Tax Credit: The federal earned income tax credit may be a refund of taxes withheld, a credit against taxes withheld, or a cash payment in excess of what was withheld. (Reference All State Directors' Memo 2003-CN-13.)

Payments made under the National Flood Insurance Act of 1968 for flood mitigation activities. (Reference All State Directors' Memo 2006-CN-04.)

Life Long Adult Day Care
565 "O" Street
Happytown, USA 77777

ADULT ONLY

LETTER TO THE HOUSEHOLD

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

- 1. Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household *ONLY* if they are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to: (Name of Center) Life Long Adult Day Care, (Address) 555 "O" Street, (Phone Number) 444-0000.**
- 2. Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
- 3. Who can get reduced-price meals?** Adults can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Adults in households participating in WIC *MAY* be eligible for reduced-price meals.
- 4. May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
- 5. Who should I include as members of my household?** You must only include your spouse and your dependents who share income and expenses.
- 6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the adult day care center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP or FDPIR case number or an SSI or Medicaid assistance number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
- 7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
- 8. We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider and employer.

If you have other questions or need help, call (Phone Number) 444-0000.

Sincerely,

(Signature) Gettin Older

INSTRUCTIONS FOR COMPLETING THE FAMILY-SIZE AND INCOME APPLICATION (Adult Care)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *FDPIR*, *SSI*, or *Medicaid*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List names of enrolled participants.
b. List all household members, including enrolled adult participant(s). For each enrolled participant(s), include his/her age.
- Part 2:** List the case number for any household member receiving *SNAP*, *FDPIR*, *SSI*, or *Medicaid* benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled adult participants.
b. List all household members, including enrolled adult participant(s) in care. For each enrolled participant(s), include his/her age. For any person with no income, you must check the *No Income* box.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member who is a spouse or dependent of the participant, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
In Box 2, list the amount each person got for the month from welfare, child support, alimony.
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.
In Box 4, list *All Other Income Sources*, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For *ONLY* the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 5:** Answer this question if you choose to.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

ADULT ONLY
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION (FSIA)

PART 1. ALL HOUSEHOLD MEMBERS			
a. Name(s) of Adult Participant(s) <i>FLORENCE SCOTT</i>			
b. Names of All Household Members (First, Middle Initial, Last)		Age of Adult Participant(s)	Check if NO Income
<i>FLORENCE SCOTT</i>		<i>94</i>	<input checked="" type="checkbox"/>
<i>FRANK SCOTT</i>			<input checked="" type="checkbox"/>
<i>FELECIA SCOTT</i>			<input type="checkbox"/>
PART 2. BENEFITS			
If any member of your household receives SNAP, FEAP, SSI, or Medicaid benefits, provide the name and case number for the <i>ONE</i> person who receives benefits. <i>If no one receives these benefits, skip to Part 3.</i>			
NAME: _____ CASE NUMBER: _____			
PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.			
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED		
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony, Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <i>weekly</i>	\$ <u>150</u> / <i>twice a month</i>	\$ <u>100</u> / <i>monthly</i>
<i>FELECIA SCOTT</i>	\$ <u>1700</u> / <i>monthly</i>	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).			
An adult household member must sign this form. <i>If Part 3 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.</i> (See Privacy Act Statement on the back of the next page.)			
<i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.</i>			
Sign Here:	<u><i>Felecia Scott</i></u>	Print Name:	<u>Felecia Scott</u>
Date:	<u><i>10/3/4444</i></u>		
Address:	_____	Phone Number:	<u><i>555-6666</i></u>
City:	_____	State:	_____ Zip Code: _____
Last four digits of social security number: *** - ** - <u><i>5 5 5 5</i></u>		<input type="checkbox"/> I do not have a social security number.	

Part 5: Participant's Ethnic and Racial Identities (Optional)

Choose one ethnicity:

- Hispanic or Latino
 Not Hispanic or Latino

Choose one or more (regardless of ethnicity):

- Asian American Indian or Alaska Native Black or African American
 White Native Hawaiian or other Pacific Islander

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: 1700.00 Per: Week ____ Every 2 Weeks ____ Twice a Month ____ Month X Year ____

Household Size: 3

Categorical Eligibility: ____ Date Withdrawn: ____ Eligibility: Free X Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: Ima Fishal Date: 10/3/4444

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647
Each additional person:	7,696

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if the participant is eligible for free or reduced-price meals and for administration and enforcement of the Programs.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

ADULT DAY CARE RECORD KEEPING

Adult Day Care Institutions Need
to Refer to the Child Care Record-
Keeping Requirements
(Pages 55-170)
for Additional Required Record-
Keeping Forms

INDIVIDUAL PLAN OF CARE

Adult day care centers shall provide an individual plan of care designed to meet the needs of functionally impaired adults. Such a plan shall provide a variety of health, social, and related support services to each enrolled participant.

GROUP PROGRAM

Adult day care centers shall provide a group program. The comprehensive group program should be community-based, structured, and offer a variety of activities.

EXAMPLE GROUP PROGRAM

ADULT DAY CARE CENTER: LIFE LONG ADULT DAY CARE
MONTH: NOVEMBER **YEAR:** YYYY

DAY/DATE: Monday, 31ST Tuesday, 1ST Wednesday, 2ND Thursday, 3RD Friday, 4TH

9:00	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise	Piano and Sing-a-Long
10:00	Circle	Circle	Circle	Country Music	
10:30	Bean Bag	The Price Is Right	Balloon	and the	Pet Therapy
11:00	Toss Game	Game	Volley Ball	Sing-a-Long	Bible Study
12:30	Bible Study	Bible Study	Bible Study	News and Socializing	
1:00	Gospel Piano	Dancing	Hang Man	Bean Bag	Horse Shoes
1:30		Hour	Game	Game	Game
2:00	Snacks and Music				
2:30	Trivia	Balloon	Trivia	Balloon	Exercise
3:00	Balloon	Volley Ball	Bean Bag	Volley Ball	Circle
3:30	Volley Ball	Trivia	Toss Game	Spelling Bee	Hang Man

DAY/DATE: Monday, 7TH Tuesday, 8TH Wednesday, 9TH Thursday, 10TH Friday, 11TH

9:00	Good Morning Exercise				
10:00	Circle	Circle	Circle	Country Music	Piano and
10:30	Bean Bag	Horse Shoes	The Price Is Right	and the	Sing-a-Long
11:00	Toss Game	Game	Game	Sing-a-Long	Timber the Dog
12:30	Bible Study	News and Socializing	Bible Study	News and Socializing	Bible Study
1:00	Gospel Piano	Magazine Bingo	Hang Man	Horse Shoe	Balloon
1:30		Game	Game	Game	Volley Ball
2:00	Snacks and Music				
2:30	Trivia	Bean Bag	Trivia	Hang Man	
3:00	Balloon	Toss	Bean Bag	Game	The D. Jay
3:30	Volley Ball	Game	Toss Game	Spelling Bee	The Price Is Right

CRAFT ROOM SCHEDULE

MONDAY: 10 A.M. WEAVING 1 P.M. ACRYLIC PAINTING **TUESDAY: 10 A.M. CERAMICS 1 P.M. WOODWORKING**
WEDNESDAY: 10 A.M. CERAMICS 1 P.M. BINGO **THURSDAY: 10 A.M. PAINTING 1 P.M. GENERAL CRAFTS**
FRIDAY: 10 A.M. WEAVING 1 P.M. BINGO

ADULT MEAL COUNT WORKSHEET

The Adult Meal Count Worksheet is to be completed at the time of each meal service. An actual physical count must be taken at mealtime. The verified meal count for each meal service is recorded under each of the following categories of meals served:

Meals Served to Program Participants Are:

- Meals meeting minimum meal pattern requirements.
- Meals served to participants enrolled for care in the center.

Number Nonclaimable Meals Served. The Child and Adult Care Food Program (CACFP) must be reimbursed for any nonclaimable meals served. This income must be reported on the Expenditure/Reimbursement Worksheet:

- Meals over license capacity.
- Meals not meeting meal pattern requirements.
- Nonprogram adult meals and contract meals.
- Any meals over the three meals per participant per day limit.

For the shifts at breakfast, lunch, and/or supper meals, record the first shift number, then a slash mark, then the second shift number, or maintain a meal count worksheet for each shift unit.

EXAMPLE

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ADULT MEAL COUNT WORKSHEET**

Agreement Number: AD- 55-999 Month OCTOBER 20 YY (To be maintained at institutions with CACFP records.)

DATE	NUMBER MEALS SERVED PROGRAM PARTICIPANTS				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Supplement	Breakfast	Lunch	Supper	Supplement
1								
2								
3	7	9		9		1		
4	7	9		9				
5	5	7		7				
6	5	7		6		1		
7	6	8		6		1		
8								
9								
10	6	8		8		1		
11	6	8		8		1		
12	6	8		8		1		
13	6	8		8		1		
14	6	8		8				
15								
16								
17	5	7		7		1		
18	5	7		7				
19	4	6		6		1		
20	3	5		5		1		
21	4	6		6		1		
22								
23								
24	4	6		6		1		
25	4	6		6				
26	5	7		7				
27	5	7		7				
28								
29								
30								
31								
TOTALS	113	153		150		13		

* Any nonclaimable or nonprogram meals must have income reported on the Expenditure/Reimbursement Worksheet and/or the center's summary of allowable costs.

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ADULT DAY CARE
MENU PLANNING
AND MENUS AS SERVED

MINIMUM MEAL REQUIREMENTS OF THE CHILD AND ADULT CARE FOOD PROGRAM (FOR ADULT DAY CARE CENTERS ONLY)

When the meal pattern is properly used, the meals will include foods which supply needed nutrients and energy. The nutritional goal for meals and supplements is to furnish high-quality meals to all program adults in accordance with the Recommended Daily Dietary Allowances of the National Research Council/National Academy of Sciences.

Child and Adult Care Food Program (CACFP) regulations specify that the meals shall meet the following pattern requirements:

BREAKFAST			FOOTNOTES FOR ALL MEALS		
Food Components	One Serving Size Equivalent	Number of Servings Required			
MILK¹ Milk, fluid <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened ¹⁰	1 cup	At breakfast, the institution must offer the following food items: <ol style="list-style-type: none"> 1. One serving of milk 2. One serving of vegetable and/or fruit 3. & 4. Two servings of bread/bread alternate <p><i>Offer versus Serve Provision:</i></p> The adult participant may be permitted to decline one of the four food items listed above.	¹ Fluid milk must be fat-free or lowfat milk, fat-free or lowfat lactose-reduced milk, fat-free or lowfat lactose-free milk, fat-free or lowfat buttermilk, or fat-free or lowfat acidified milk. Milk served must be pasteurized fluid milk that meets state and local standards and may be flavored or unflavored. Milk served at a meal service cannot be re-served. For purposes of the requirements, a cup means a standard measuring cup.		
VEGETABLES AND/OR FRUITS² Vegetable(s) or fruit(s) <i>or</i> Full-strength vegetable or fruit juice or an equivalent of any combination of vegetable(s), fruit(s), and juice	1/2 cup				
GRAINS/BREADS³ Bread <i>or</i> Cornbread, biscuits, rolls, muffins, etc. ⁴ <i>or</i> Cold, dry cereal ⁵ <i>or</i> Cooked cereal <i>or</i> Cooked pasta or noodle products <i>or</i> Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternate <i>or</i> Nonsweet snack products ¹¹	1 slice 1 oz 3/4 cup or 1 oz 1/2 cup 1/2 cup 1/2 cup 1 serving				
LUNCH					
Food Components	One Serving Size Equivalent			Number of Servings Required	
MILK¹ Milk, fluid <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened ¹⁰	1 cup			At lunch, the institution must offer the following six food items: <ol style="list-style-type: none"> 1. One serving of milk 2. & 3. Two or more servings of at least 1/4 cup of vegetables and/or fruits to total one cup 4. & 5. Two servings of bread/bread alternate 6. One serving of meat/meat alternate <p><i>Offer versus Serve Provision:</i></p> The adult participant may be permitted to decline two of the six food items listed above.	² Serve two or more types of vegetables and/or fruits. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.
VEGETABLES AND/OR FRUITS^{2,5} Vegetable(s) or fruit(s)	1/2 cup				
GRAINS/BREADS³ Bread Cornbread, biscuits, rolls, muffins, etc. ⁴ Cooked pasta or noodle products <i>or</i> Cooked cereal or cereal grains or an equivalent quantity of any combination of bread/bread alternate <i>or</i> Nonsweet snack products ¹¹	1 slice 1 oz 1/2 cup 1/2 cup 1 serving				
MEAT/MEAT ALTERNATES Lean meat or poultry or fish ⁶ <i>or</i> Cheese <i>or</i> Eggs <i>or</i> Cooked dry beans or peas ⁷ <i>or</i> Peanut butter, soy nut butter, or other nut or seed butters <i>or</i> Peanuts, soy nuts, or tree nuts or seeds ⁸ <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened ¹⁰ <i>or</i> An equivalent quantity of any combination of the above meat/meat alternates	2 oz 2 oz 1 egg 1/2 cup 4 Tbsp 1 oz ⁹ 8 oz or 1 cup				
			⁴ Serving sizes and equivalents to be published in guidance materials by the Food and Nutrition Service (FNS).		
			⁵ Either volume (cup) or weight (ounce), whichever is less.		
			⁶ Edible portion is served.		
			⁷ May be used as the meat alternate or as part of the vegetable/fruit component, but not as both in the same meal.		
			⁸ Tree nuts and seeds that may be used as meat alternates are listed in program guidance.		
			⁹ No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.		
			¹⁰ Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products such as frozen yogurt, yogurt-flavored products, yogurt bars, or yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, or granola, but they shall not be credited toward meeting the second food component requirement.		
			¹¹ Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.		

SUPPER			FOOTNOTES FOR ALL MEALS
Food Components	One Serving Size Equivalent	Number of Servings Required	
<p>VEGETABLES AND/OR FRUITS² Vegetable(s) and/or fruit(s)</p> <p>GRAINS/BREADS³ Bread <i>or</i> Cornbread, biscuits, rolls, muffins, etc.⁴ <i>or</i> Cooked pasta or noodle products <i>or</i> Cooked cereal or cereal grains or an equivalent quantity of any combination of bread/bread alternate <i>or</i> Nonsweet snack products¹¹</p> <p>MEAT/MEAT ALTERNATES Lean meat or poultry or fish⁵ <i>or</i> Cheese <i>or</i> Eggs <i>or</i> Cooked dry beans or peas⁷ <i>or</i> Peanut butter, soy nut butter, or other nut or seed butters <i>or</i> Peanuts, soynuts, or tree nuts or seeds⁸ <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened¹⁰ <i>or</i> An equivalent quantity of any combination of the above meat/meat alternates</p>	<p>1/2 cup</p> <p>1 slice</p> <p>1 oz</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1 serving</p> <p>2 oz</p> <p>2 oz</p> <p>1 egg</p> <p>1/2 cup</p> <p>4 Tbsp</p> <p>1 oz⁹</p> <p>8 oz or 1 cup</p>	<p>At supper, the institution must offer the following five food items:</p> <p>1. & 2. Two or more servings of at least 1/4 cup of vegetable and/or fruit to total one cup</p> <p>3. & 4. Two servings of bread/bread alternate</p> <p>5. One serving of meat/meat alternate</p> <p><i>Offer versus Serve Provision:</i></p> <p>The adult participant may be permitted to decline two of the five food items listed above.</p> <p>NOTE: Milk is not a required component at supper.</p>	<p>¹ Fluid milk must be fat-free or lowfat milk, fat-free or lowfat lactose-reduced milk, fat-free or lowfat lactose-free milk, fat-free or lowfat buttermilk, or fat-free or lowfat acidified milk. Milk served must be pasteurized fluid milk that meets state and local standards and may be flavored or unflavored.</p> <p>Milk served at a meal service cannot be re-served. For purposes of the requirements, a cup means a standard measuring cup.</p> <p>² Serve two or more types of vegetables and/or fruits. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.</p> <p>³ Bread, pasta or noodle products, and cereal grains shall be whole-grain or enriched; cornbread, biscuits, rolls, muffins, etc., shall be made with whole-grain or enriched meal or flour; cereal shall be whole-grain or enriched or fortified.</p> <p>⁴ Serving sizes and equivalents to be published in guidance materials by the Food and Nutrition Service (FNS).</p> <p>⁵ Either volume (cup) or weight (ounce), whichever is less.</p> <p>⁶ Edible portion is served.</p> <p>⁷ May be used as the meat alternate or as part of the vegetable/fruit component, but not as both in the same meal.</p> <p>⁸ Tree nuts and seeds that may be used as meat alternates are listed in program guidance.</p> <p>⁹ No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.</p> <p>¹⁰ Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products such as frozen yogurt, yogurt-flavored products, yogurt bars, or yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, or granola, but they shall not be credited toward meeting the second food component requirement.</p> <p>¹¹ Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.</p>
SNACK			
Food Components	One Serving Size Equivalent	Number of Servings Required	
<p>MILK¹ Milk, fluid or yogurt¹⁰</p> <p>VEGETABLES AND/OR FRUITS² Vegetable(s) and/or fruit(s) <i>or</i> Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetable(s), fruit(s), and juice</p> <p>GRAINS/BREADS³ Bread <i>or</i> Cornbread, biscuits, rolls, muffins, etc.⁴ <i>or</i> Cold, dry cereal⁵ <i>or</i> Cooked cereal <i>or</i> Cooked pasta or noodle products <i>or</i> Cooked cereal grains or an equivalent quantity of any combination of bread/bread alternates <i>or</i> Nonsweet snack products¹¹</p> <p>MEAT/MEAT ALTERNATES Lean meat or poultry or fish⁵ <i>or</i> Cheese <i>or</i> Eggs <i>or</i> Cooked dry beans or peas⁷ <i>or</i> Peanut butter, soy nut butter, or other nut or seed butters <i>or</i> Peanuts, soynuts, or tree nuts or seeds⁸ <i>or</i> Yogurt, plain or flavored, unsweetened or sweetened¹⁰ <i>or</i> An equivalent quantity of any combination of the above meat/meat alternates</p>	<p>1 cup</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1 slice</p> <p>1 oz</p> <p>3/4 cup or 1 oz</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1/2 cup</p> <p>1 serving</p> <p>1 oz</p> <p>1 oz</p> <p>1 egg</p> <p>1/4 cup</p> <p>2 Tbsp</p> <p>1 oz</p> <p>4 oz or 1/2 cup</p>	<p>At supplement, the institution must serve two of the following four components:</p> <p>1. One serving of milk</p> <p>2. One serving of vegetables and/or fruits</p> <p>3. One serving of bread/bread alternate</p> <p>4. One serving of meat/meat alternate</p> <p><i>There is no Offer versus Serve provision for supplement.</i></p>	<p>⁸ Tree nuts and seeds that may be used as meat alternates are listed in program guidance.</p> <p>⁹ No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish.</p> <p>¹⁰ Applies to commercially prepared yogurt, lowfat yogurt, and nonfat yogurt. It does not apply to nonstandardized yogurt products such as frozen yogurt, yogurt-flavored products, yogurt bars, or yogurt-covered fruit or nuts. Commercial flavorings may be added, such as fruit, fruit juice, nuts, seeds, or granola, but they shall not be credited toward meeting the second food component requirement.</p> <p>¹¹ Includes such products as hard pretzels or chips made of whole-grain or enriched meal or flour.</p>

HOW TO CALCULATE NUMBER OF ADULT SERVINGS

Before determining the quantity of food to purchase or prepare, it is necessary to first calculate the amount of food or number of servings required.

Step 1: Determine the number of participants who normally eat in each meal service. You may use the Meal Count Worksheet to assist in determining the average counts. The Minimum Meal Pattern Requirements chart may also need to be referenced.

Step 2: For each component, multiply the number of participants by the minimum quantity requirement:

- For the approved fluid milk type, use the number of fluid ounces.
- For grains/breads, use the number of grains/breads servings.
- For fruit/vegetable, use the number of 1/4-cup servings.
- For meat/meat alternate, use the number of 2-ounce servings required.

Step 3: Total the quantities for each component.

The quantities per meal component can now be used with the Child and Adult Care Food Program (CACFP) Food-Buying Guide to determine the amount of food to purchase and prepare to meet meal pattern requirements.

EXAMPLE
BREAKFAST
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Number of Adults Served 7

MILK (Only Approved Types Allowed)

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{7} & \times & 8 \text{ fluid oz} & = & \frac{\mathbf{56}}{\text{Total Number of Fluid Ounces Needed}} \end{array}$$

There are 128 ounces of milk in one gallon.

56 total fluid ounces needed \div 128 fluid ounces per gallon = .43 gallons or 1/2 gallon needed

FRUIT/VEGETABLE

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{7} & \times & 2 \text{ (1/4 cups)} & = & \frac{\mathbf{14}}{\text{Total Number of 1/4 Cups Needed}} \end{array}$$

GRAINS/BREADS

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{7} & \times & 2 \text{ servings} & = & \frac{\mathbf{14}}{\text{Total Servings Needed}} \end{array}$$

EXAMPLE
LUNCH AND SUPPER*
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Number of Adults Served **9**

MILK (Only Approved Types Allowed)*

$$\text{Adults*} \quad \mathbf{9} \quad \times \quad 8 \text{ fluid oz} \quad = \quad \frac{\mathbf{72}}{\text{Total Number of Fluid Ounces Needed}}$$

There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 fluid ounces per gallon = .56 gallon or 3/4 gallon needed

FRUIT/VEGETABLE

$$\text{Adults} \quad \mathbf{9} \quad \times \quad 4 \text{ (1/4 cups)} \quad = \quad \frac{\mathbf{36}}{\text{Total Number of 1/4 Cups Needed}}$$

MEAT/MEAT ALTERNATE

$$\text{Adults} \quad \mathbf{9} \quad \times \quad 2.0 \text{ oz} \quad = \quad \frac{\mathbf{18}}{\text{Total Ounces Needed}}$$

GRAINS/BREADS

$$\text{Adults} \quad \mathbf{9} \quad \times \quad 2 \text{ servings} \quad = \quad \frac{\mathbf{18}}{\text{Total Servings Needed}}$$

*Milk is not a required component at supper.

EXAMPLE
SUPPLEMENT
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED
(Choose two of the four food components.)

Number of Adults Served **9**

MILK (Only Approved Types Allowed)

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 8 \text{ fluid oz} & = & \frac{\mathbf{72}}{\text{Total Number of Ounces Needed}} \end{array}$$

There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 fluid ounces per gallon = .56 gallon or 3/4 gallon needed.

FRUIT/VEGETABLE

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 2 (1/4 \text{ cups}) & = & \frac{\mathbf{18}}{\text{Total Number of 1/4 Cups Needed}} \end{array}$$

GRAINS/BREADS

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 1 \text{ serving} & = & \frac{\mathbf{9}}{\text{Total Servings Needed}} \end{array}$$

MEAT/MEAT ALTERNATE

$$\begin{array}{rcccccc} \text{Adults} & & \mathbf{9} & \times & 1.0 \text{ oz} & = & \frac{\mathbf{9}}{\text{Total Ounces Needed}} \end{array}$$

ADULT FOOD PRODUCTION RECORDS/MENUS AS SERVED

The food production record is to begin on October 1 of each fiscal year and end on September 30. Make copies of *Menus as Served* original on **page 421** for your records.

All meal services offered each day are recorded on the same page. In addition, it is required that the following information be recorded:

- Date of meal service
- Meal counts of total participants served
- Menu as served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)
- Leftovers—All leftovers should be listed in this column and how they will be used.

The Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the Oklahoma State Department of Education (the *State Agency*), the Food Production Records/Menus as Served form is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area consultant for review of the alternate form.

EXAMPLE
MENUS AS SERVED

Regular Meals
 At-Risk Meals

Comments/Special Dietary Needs:

Date: 10/3/4444

Meal Type	Menu	Qty. Served: Meat/Meat Alternate	Qty. Served: Grains/Breads	Qty. Served: Fruit/Veg/Juice	Qty. Served: Milk	Leftovers
BREAKFAST Total participants served: <u>24</u> Program Adults: _____	TOAST CORN FLAKES BANANAS MILK		1 32-OZ BOX CORN FLAKES 26 SLICES BREAD	7# BANANAS	1 GALLON, 1% UNFLAVORED	
A.M. SNACK Total participants served: ____ Program Adults: _____						
LUNCH Total participants served: <u>24</u> Program Adults: _____	SPAGHETTI SAUCE W/ GROUND BEEF GREEN BEANS PEACHES BREAD STICKS MILK	5# GROUND BEEF-80/20	SPAGHETTI NOODLES, 2 1/2# 24 1-OZ BREAD STICKS	GREEN BEANS, 2 #10 CANS SLICED PEACHES, 1 #10 CAN SPAGHETTI SAUCE (MEAT- LESS), 1 #10 CAN	1/2 GALLON, 1% UNFLAVORED	
P.M. SNACK Total participants served: <u>30</u> Program Adults: _____	VANILLA WAFERS ORANGE JUICE		2 1-LB BOX VANILLA WAFERS	1 GALLON ORANGE JUICE		
SUPPER Total participants served: ____ Program Adults: _____						
EVENING SNACK Total participants served: ____ Program Adults: _____						

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REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where enrollees are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New adult care facilities must have a review conducted during the first four weeks of program operations.
2. Each adult care facility must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
 - b. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - Conduct one announced and two unannounced* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - An SO may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - c. All reviews shall include, at a minimum:
 - CACFP meal patterns
 - Licensing or approval
 - Participation or attendance at sponsor training
 - Meal counts
 - Menus and meal records
 - Corrected problems from previous reviews
 - Five-day reconciliation
4. Maintain on file at the SO's office all reports pertaining to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

**CHILD AND ADULT CARE FOOD PROGRAM
ADULT MULTISITED PREAPPROVAL VISIT FORM
INSTRUCTIONS**

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply After Training:
 Check all boxes in Number 1 through 12 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:
 The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:
 The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: Live Longer Adult Day Care

Center Address: 556 Pebble Street, Oklahoma City, OK 73123

The following items were discussed and reviewed:	Center Agrees to Comply
1. Current license posted (if applicable) 1.	X
2. Civil rights compliance (poster, complaint procedure) 2.	X
3. Family-Size and Income Application (FSIA) 3.	X
a. Obtained on enrollee a.	X
b. Approved by institution official b.	X
4. Monthly count by category/roster sheet maintained 4.	X
5. Daily attendance records maintained 5.	X
6. Meal Count Worksheet (Meal Counts) 6.	X
7. Itemized receipts/invoices properly maintained 7.	X
a. Food-Purchasing Form a.	X
b. Signature of purchaser b.	X
8. Inventory up-to-date (recommended) 8.	X
9. Food Production Records/Menus as Served Book maintained accurately (up-to-date) 9.	X
10. Meal patterns 10.	X
a. Minimum Meal Pattern Requirements (Components and Quantities) a.	X
b. Meal Limitation/Time Frame b.	X
c. Child Nutrition (CN) Labels/Product Formulation Statement c.	
d. Special Dietary Needs d.	
11. Sanitation and safety 11.	
12. Food preparation area adequate for meals served 12.	

Comments: Center requested assistance in nutrition ideas for disabled enrollees.

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Gettin Older

Center Representative's Signature

10/3/YYYY

Date

Ima Fishul

Sponsoring Organization Representative's Signature

10/3/YYYY

Date

ADULT ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor review.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A.—H. Read each statement and answer each item accordingly.

**EXAMPLE
ADULTS ONLY**

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: IMA FISHUL 5. Institution Agreement Number: AD-99-999
 2. Facility: LIFE LONG ADULT DAY CARE 6. Date of Visit: 10/31/YYYY
 3. Facility's Address: 555 STONE STREET 7. Time of Visit 10 a.m.
 4. Unannounced Review Announced Review 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No

- | | YES/NO/NA | | YES/NO/NA |
|---|---------------|--|----------------|
| A. License (if applicable) | | E. Sanitation and Safety | |
| 1. Current license/permit. <u>35</u> | 1. <u>YES</u> | 1. Trash cans covered. | 1. <u>YES</u> |
| 2. Capacity: <u>35</u> | 2. <u>YES</u> | 2. Clean kitchen (floors, cupboards, pest-free). | 2. <u>YES</u> |
| 3. Center meets licensing standards. | 3. <u>YES</u> | 3. Clean equipment. | 3. <u>YES</u> |
| B. Record Keeping | | 4. Dining surfaces and countertops sanitized. | 4. <u>YES</u> |
| 1. Family-Size and Income Application. | 1. <u>YES</u> | 5. Proper method of dishwashing. | 5. <u>YES</u> |
| 2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records. | 2. <u>YES</u> | 6. Effective hair restraint. | 6. <u>YES</u> |
| 3. Daily attendance/arrival/departure records up-to-date. | 3. <u>YES</u> | 7. Proper handwashing technique. | 7. <u>YES</u> |
| 4. Sponsoring organization notified of enrollment changes. | 4. <u>YES</u> | 8. Proper grooming and hygiene. | 8. <u>YES</u> |
| 5. Food-Purchasing Form/Itemized Receipts. | 5. <u>YES</u> | 9. Participants are in a safe environment and not in imminent danger. | 9. <u>YES</u> |
| 6. Expenditure/Reimbursement Worksheet. | 6. <u>YES</u> | 10. Food-handling procedures (thawing, time, temperature, transportation). | 10. <u>YES</u> |
| 7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? | 7. <u>YES</u> | 11. Leftovers properly stored. | 11. <u>YES</u> |
| | | 12. Only authorized persons in kitchen area. | 12. <u>YES</u> |
| | | 13. Medications properly stored. | 13. <u>YES</u> |

DATE	#ENROLL- MENT	# IN ATTEN- DANCE	#BREAKFAST	# AM	# LUNCH	#PM	#SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		YES
10/6	30	30	30		30	30		YES
10/7	30	27	27		27	27		YES
10/8	30	25	25		25	25		YES
10/9	30	28	28		28	28		YES

- | | | | |
|---|----------------|--|---------------|
| | | | |
| 8. Individual plan of care is on file for each adult participant. | 8. <u>YES</u> | F. Food Production | |
| 9. Adult care facility has a group program. | 9. <u>YES</u> | 1. Food Production Records/Menus As Served Book complete and up-to-date. | 1. <u>YES</u> |
| C. Meal Counts | | 2. All components served. | 2. <u>YES</u> |
| 1. Physical point of service count taken. | 1. <u>YES</u> | 3. Sufficient quantities served. | 3. <u>YES</u> |
| 2. Counts separated by shifts. | 2. <u>YES</u> | 4. Statement from recognized medical authority on file for substitutions due to medical reasons. | 4. <u>YES</u> |
| 3. Counts within license capacity. | 3. <u>YES</u> | 5. Child Nutrition (CN) labels or product formulation statement available. | 5. <u>YES</u> |
| 4. Meal service times as approved. | 4. <u>YES</u> | 6. Procedure used for controlling the ordering and delivery of contract meals. | 6. <u>NA</u> |
| 5. Meal Count Worksheet maintained. | 5. <u>YES</u> | G. Civil Rights Compliance | |
| D. Storage | | 1. . . . <i>And Justice for All</i> Poster. | 1. <u>YES</u> |
| 1. Adequate space. | 1. <u>YES</u> | 2. Complaint-filing procedure. | 2. <u>YES</u> |
| 2. Chemicals and medicines in separate location. | 2. <u>YES</u> | 3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service. | 3. <u>YES</u> |
| 3. No rusted, dented, or unlabeled containers. | 3. <u>YES</u> | H. Training | |
| 4. Stored food items off floor and away from walls and participants. | 4. <u>YES</u> | 1. CACFP training by sponsor for all facility staff. | 1. <u>YES</u> |
| 5. Proper temperature and ventilation. | 5. <u>YES</u> | 2. CACFP training by sponsor for all parent volunteers. | 2. <u>YES</u> |
| 6. Thermometers in freezers and refrigerators. Refrigerator temperature: <u>41</u>
Freezer temperature: <u>0</u> | 6. <u>YES</u> | | |
| 7. Refrigerators and freezers defrosted. | 7. <u>YES</u> | | |
| 8. Open cardboard boxes discarded. | 8. <u>YES</u> | | |
| 9. Commodity foods dated. | 9. <u>YES</u> | | |
| 10. Commodity temperature logs maintained. | 10. <u>YES</u> | | |

Item I.

Food Service/Meal Observation

Read each statement, and answer accordingly.

Item J.

Meal Analysis

Meal Observed:

Circle the appropriate meal which is being observed.

Time Served:

Record the time the meal was actually served.

Nonclaimable Meals Served:

Record how many nonclaimable meals were served. This could be, but is not limited to, participants over the license capacity; participants who have already participated in three meal services during the day; participants who are not served a reimbursable meal, etc.

Components and Quantities:

In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

EXAMPLE

I. Food Service/Meal Observation	Yes/No/NA	Yes/No/NA	Yes/No/NA
1. Method of Production <u>SELF-PREP</u>	[]	9. Meal supervision provided.	9. <u>YES</u>
2. Meal service times as approved.	2. <u>YES</u>	10. Adequate time for eating.	10. <u>YES</u>
3. Adequate space for dining.	3. <u>YES</u>	11. Special dietary needs documentation available.	11. <u>YES</u>
4. Program adults served the same meal as participants.	4. <u>YES</u>	12. Current product formulation/Child Nutrition (CN) label on file and available at time of review.	12. <u>NA</u>
5. All components served	5. <u>YES</u>	13. Is further training needed?	13. <u>YES</u>
6. Required quantities served.	6. <u>YES</u>	14. Observed Offer versus Serve being implemented.	14. <u>YES</u>
7. Method of production and quality of food.	7. <u>YES</u>		
8. If milk is offered, is it fat-free or 1%?	8. <u>YES</u>		

J. Meal Analysis

Meal Observed: Breakfast A.M. Snack Lunch P.M. Snack Supper Late P.M. Snack
Time Served: <u>11:30 a.m.</u>

Total Meals Served	Nonclaimable Meals Served	Comments:
24	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt	MILK	1/2 GALLON, 1% UNFLAVORED = 64 OZ		0
Fruit/Vegetable/Juice	GREEN BEANS PEACHES SPAGHETTI SAUCE	2 #10 CANS CUT GREEN BEANS—45.3 (1/4 CUPS) 1 #10 CAN PEACHES, SLICED—50 (1/4-CUPS) SPAGHETTI SAUCE, MEATLESS—1 #10 CAN—47.9 (1/4-CUPS) TOTAL—143.20 (1/4-CUPS)	24 X 4 (1/4 CUPS) = 96 (1/4 CUPS)	143.20 - 96 = + 47.2 (1/4 CUPS)
Grains/Breads	SPAGHETTI	SPAGHETTI NOODLES, 2 1/2# 26.5 (1/2-CUP SERVINGS) 24 - 1 OZ BREADS STICKS	24 X 2 = 48 (SERVINGS)	50.5 - 48 = + 2.5 SERVINGS
Meat/Meat Alternate	GROUND BEEF—80/20	5# GROUND BEEF = 59 (1-OZ SERVINGS)	24 X 2 OZ = 48 OZ	59 - 48 = +11 OZ

Item K.

Review Summary

Record all areas that require corrective action. Make appropriate comments and recommendations.

Item L.

Facility Is in Compliance/Noncompliance

Check the appropriate box.

Follow-Up Visit:

Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date:

The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:

The reviewer must sign and date the Monitor Review form.

EXAMPLE

K. Review Summary

Corrective Action Needed, Recommendations, and Comments:

L. Facility is in compliance. **In noncompliance.**

Were problems noted in previous review corrected? (Circle one) Yes No **N/A**

Is a follow-up review required to view corrective action? (Circle One) Yes **No**

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

NELL CARTER

(Facility Representative's Signature)

10/31/YYYY

(Date)

IMA FISHUL

(Sponsoring Organization Monitor's Signature)

10/31/YYYY

(Date)

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**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ADULT MULTISITED PREAPPROVAL VISIT FORM**

Center Name: _____

Center Address: _____

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	
2. Civil rights compliance (poster, complaint procedure)	2.	
3. Family-Size and Income Application (FSIA)	3.	
a. Obtained on enrollee	a.	
b. Approved by institution official	b.	
4. Monthly count by category/roster sheet maintained	4.	
5. Daily attendance records maintained	5.	
6. Meal Count Worksheet (Meal Counts)	6.	
7. Itemized receipts/invoices properly maintained	7.	
a. Food-Purchasing Form	a.	
b. Signature of purchaser	b.	
8. Inventory up-to-date (recommended)	8.	
9. Food Production Records/Menus as Served Book maintained accurately (up-to-date)	9.	
10. Meal patterns	10.	
a. Minimum Meal Pattern Requirements (Components and Quantities)	a.	
b. Meal Limitation/Time Frame	b.	
c. Child Nutrition (CN) Labels/Product Formulation Statement	c.	
d. Special Dietary Needs	d.	
11. Sanitation and safety	11.	
12. Food preparation area adequate for meals served	12.	

Comments: _____

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Center Representative's Signature

Date

Sponsoring Organization Representative's Signature

Date

**CHILD AND ADULT CARE FOOD PROGRAM
ADULT MULTISITED PREAPPROVAL VISIT FORM
INSTRUCTIONS**

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply After Training:
Check all boxes in Number 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:
The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

ADULTS ONLY

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: _____ 5. Institution Agreement Number: _____
 2. Facility: _____ 6. Date of Visit: _____
 3. Facility's Address: _____ 7. Time of Visit _____
 4. Unannounced Review Announced Review 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No

YES/NO/NA

YES/NO/NA

A. License (if applicable)

1. Current license/permit. 1.
2. Capacity: _____ 2.
3. Center meets licensing standards. 3.

B. Record Keeping

1. Family-Size and Income Application. 1.
2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records. 2.
3. Daily attendance/arrival/departure records up-to-date. 3.
4. Sponsoring organization notified of enrollment changes. 4.
5. Food-Purchasing Form/Itemized Receipts. 5.
6. Expenditure/Reimbursement Worksheet. 6.
7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? 7.

E. Sanitation and Safety

1. Trash cans covered. 1.
2. Clean kitchen (floors, cupboards, pest-free). 2.
3. Clean equipment. 3.
4. Dining surfaces and countertops sanitized. 4.
5. Proper method of dishwashing. 5.
6. Effective hair restraint. 6.
7. Proper handwashing technique. 7.
8. Proper grooming and hygiene. 8.
9. Participants are in a safe environment and not in imminent danger. 9.
10. Food-handling procedures (thawing, time, temperature, transportation). 10.
11. Leftovers properly stored. 11.
12. Only authorized persons in kitchen area. 12.
13. Medications properly stored. 13.

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

F. Food Production

8. Individual plan of care is on file for each adult participant. 8.
9. Adult care facility has a group program. 9.
- C. Meal Counts**
1. Physical point of service count taken. 1.
2. Counts separated by shifts. 2.
3. Counts within license capacity. 3.
4. Meal service times as approved. 4.
5. Meal Count Worksheet maintained. 5.

D. Storage

1. Adequate space. 1.
2. Chemicals and medicines in separate location. 2.
3. No rusted, dented, or unlabeled containers. 3.
4. Stored food items off floor and away from walls and participants. 4.
5. Proper temperature and ventilation. 5.
6. Thermometers in freezers and refrigerators. Refrigerator temperature: _____ Freezer temperature: _____ 6.
7. Refrigerators and freezers defrosted. 7.
8. Open cardboard boxes discarded. 8.
9. Commodity foods dated. 9.
10. Commodity temperature logs maintained. 10.

1. Food Production Records/Menus As Served Book complete and up-to-date. 1.
2. All components served. 2.
3. Sufficient quantities served. 3.
4. Statement from recognized medical authority on file for substitutions due to medical reasons. 4.
5. Child Nutrition (CN) labels or product formulation statement available. 5.
6. Procedure used for controlling the ordering and delivery of contract meals. 6.

G. Civil Rights Compliance

1. . . . *And Justice for All* Poster. 1.
2. Complaint-filing procedure. 2.
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service. 3.

H. Training

1. CACFP training by sponsor for all facility staff. 1.
2. CACFP training by sponsor for all parent volunteers. 2.

ADULT ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor review.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A.—H. Read each statement and answer each item accordingly.

I. Food Service/Meal Observation		Yes/No/NA			Yes/No/NA
1.	Method of Production _____	<input type="checkbox"/>	9.	Meal supervision provided.	<input type="checkbox"/>
2.	Meal service times as approved.	<input type="checkbox"/>	10.	Adequate time for eating.	<input type="checkbox"/>
3.	Adequate space for dining.	<input type="checkbox"/>	11.	Special dietary needs documentation available.	<input type="checkbox"/>
4.	Program adults served the same meal as participants.	<input type="checkbox"/>	12.	Current product formulation/Child Nutrition (CN) label on file and available at time of review.	<input type="checkbox"/>
5.	All components served	<input type="checkbox"/>	13.	Is further training needed?	<input type="checkbox"/>
6.	Required quantities served.	<input type="checkbox"/>	14.	Observed Offer versus Serve being implemented.	<input type="checkbox"/>
7.	Method of production and quality of food.	<input type="checkbox"/>			
8.	If milk is offered, is it fat-free or 1%?	<input type="checkbox"/>			

J. Meal Analysis

Meal Observed: Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
Time Served: _____					

Total Meals Served	Nonclaimable Meals Served	Comments:

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt				
Fruit/Vegetable/Juice				
Grains/Breads				
Meat/Meat Alternate				

Item I.

Food Service/Meal Observation

Read each statement, and answer accordingly.

Item J.

Meal Analysis

Meal Observed:

Circle the appropriate meal which is being observed.

Time Served:

Record the time the meal was actually served.

Nonclaimable Meals Served:

Record how many nonclaimable meals were served. This could be, but is not limited to, participants over the license capacity; participants who have already participated in three meal services during the day; participants who are not served a reimbursable meal, etc.

Components and Quantities:

In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

Item K. Review Summary Record all areas that require corrective action. Make appropriate comments and recommendations.

Item L. Facility Is in Compliance/Noncompliance
Check the appropriate box.

Follow-Up Visit: Circle *Yes* if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE:** A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary.

Facility Signature and Date:
The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:
The reviewer must sign and date the Monitor Review form.

ADULT DAY CARE
INSTITUTION
ORIGINALS

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ADULT LETTER TO THE HOUSEHOLD

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household *ONLY* if they are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to:** *(Name of Center)* _____, *(Address)* _____, *(Phone Number)* _____.
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
3. **Who can get reduced-price meals?** Adults can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Adults in households participating in WIC *MAY* be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must only include your spouse and your dependents who share income and expenses.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the adult day care center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP or FDPIR case number or an SSI or Medicaid assistance number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. **We are in the military; do we include our housing allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider and employer.

If you have other questions or need help, call **(Phone Number)** _____.

Sincerely,

(Signature) _____

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ADULT ONLY
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION (FSIA)

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Adult Participant(s)				
b. Names of All Household Members (First, Middle Initial, Last)			Age of Adult Participant(s)	Check if <i>NO</i> Income
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
PART 2. BENEFITS				
If any member of your household receives <i>SNAP</i> , <i>FDPIR</i> , SSI, or Medicaid benefits, provide the name and case number for the <i>ONE</i> person who receives benefits. <i>If no one receives these benefits, skip to Part 3.</i>				
NAME: _____ CASE NUMBER: _____				
PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)				
An adult household member must sign this form. <i>If Part 3 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.</i> (See Privacy Act Statement on the back of the next page.)				
<i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.</i>				
Sign Here: _____		Print Name: _____		
Date: _____				
Address: _____		Phone Number: _____		
City: _____		State: _____		Zip Code: _____
Last four digits of social security number: *** - ** - _____				<input type="checkbox"/> I do not have a social security number.

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Part 5: Participant's Ethnic and Racial Identities (Optional)

<p>Choose one ethnicity:</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<p>Choose one or more (regardless of ethnicity):</p> <input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Black or African American
---	---	---	--

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income: _____ Per: Week ____ Every 2 Weeks ____ Twice a Month ____ Month ____ Year ____

Household Size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____

Reason: _____

Determining Official's Signature: _____ Date: _____

The participant in the adult day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185% of Poverty Level	
Household Size	Yearly
1	21,978
2	29,637
3	37,296
4	44,955
5	52,614
6	60,273
7	67,931
8	75,590
Each additional person:	7,656

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if the participant is eligible for free or reduced-price meals and for administration and enforcement of the Programs.

In accordance with federal civil rights law and United States Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, office, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language [ASL]) should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing, or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form** (AD-3027) found online at: <http://www.ascr.usda.gov/complaint_filing_cust.html> and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by:

1. Mail: U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
2. Fax: 202-690-7442
3. E-Mail: program.intake@usda.gov

This institution is an equal opportunity provider.

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INSTRUCTIONS FOR COMPLETING THE FAMILY-SIZE AND INCOME APPLICATION (Adult Care)

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *FDPIR*, *SSI*, or *Medicaid*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List names of enrolled participants.
b. List all household members, including enrolled adult participant(s). For each enrolled participant(s), include his/her age.
- Part 2:** List the case number for any household member receiving *SNAP*, *FDPIR*, *SSI*, or *Medicaid* benefits.
- Part 3:** Skip this part.
- Part 4:** Sign the form. The last four digits of a social security number are *NOT* necessary.
- Part 5:** Answer this question if you choose to.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled adult participants.
b. List all household members, including enrolled adult participants in care. For each enrolled participant, include his/her age. For any person with no income, you must check the *No Income* box.
- Part 2:** Skip this part.
- Part 3:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member who is a spouse or dependent of the participant, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
In Box 2, list the amount each person got for the month from welfare, child support, alimony.
In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran’s benefits (VA benefits), and disability benefits.
In Box 4, list *All Other Income Sources*, including Worker’s Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For *ONLY* the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.
- Part 4:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 5:** Answer this question if you choose to.

PRIVACY ACT STATEMENT: This explains how we will use the information you give us.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

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**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM**

**HOUSEHOLD-SIZE INCOME SCALES
FOR FREE AND REDUCED-PRICE MEALS
FISCAL YEAR 2017**

To be used for applications obtained from July 1, 2016, through June 30, 2017.

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MEALS					
130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,444	1,287	644	594	297
2	20,826	1,736	868	801	401
3	26,208	2,184	1,092	1,008	504
4	31,590	2,633	1,317	1,215	608
5	36,972	3,081	1,541	1,422	711
6	42,354	3,530	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add:	5,408	451	226	208	104

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	7,696	642	321	296	148

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INDIVIDUAL PLAN OF CARE

Adult Day Care Center: _____ **Fiscal Year:** _____

Participant's Name: _____ **Current Date:** _____

Medical Diagnosis: _____

Orders: _____

Caregiver's/Participant's Expectations: _____

Needs/Goals:

1. **Physical:** _____
2. **Cognitive:** _____
3. **Social:** _____
4. **Other:** _____

GOAL	RESPONSIBLE STAFF/DISCIPLINE	STRATEGY	MEASURE	OUTCOME

INDIVIDUAL PLAN OF CARE

Adult day care centers shall provide an individual plan of care designed to meet the needs of functionally impaired adults. Such a plan shall provide a variety of health, social, and related support services to each enrolled participant.

GROUP PROGRAM

DAY CARE CENTER: _____

MONTH: _____ YEAR: _____

DAY/DATE: Monday, _____ Tuesday, _____ Wednesday, _____ Thursday, _____ Friday, _____

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DAY/DATE: Monday, _____ Tuesday, _____ Wednesday, _____ Thursday, _____ Friday, _____

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GROUP PROGRAM

Adult day care centers shall provide a group program. The comprehensive group program should be community-based, structured, and offer a variety of activities.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
ADULT MEAL COUNT WORKSHEET**

Agreement Number: AD- _____ Month _____ 20 _____ (To be maintained at institutions with CACFP records.)

DATE	NUMBER MEALS SERVED PROGRAM PARTICIPANTS				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTALS								

* Any nonclaimable or nonprogram meals must have income reported on the Expenditure/Reimbursement Worksheet and/or the center's summary of allowable costs.

MEAL COUNT WORKSHEET

The CACFP Meal Count Worksheet is to be completed at the time of each meal service. An actual physical count must be taken at mealtime. The verified meal count for each meal service is recorded under each of the following categories of meals served:

Meals Served to Program Participants Are:

- Meals meeting minimum meal pattern requirements.
- Meals served to participants enrolled for care in the center.

Number Nonclaimable Meals Served. The CACFP must be reimbursed for any nonclaimable meals served. This income must be reported on the Expenditure/Reimbursement Worksheet:

- Meals over license capacity.
- Meals not meeting meal pattern requirements.
- Nonprogram adult meals and contract meals.
- Any meals over the three meals per participant per day limit.

For the shifts at breakfast, lunch, and/or supper meals, record the first shift number, then a slash mark, then the second shift number, or maintain a meal count worksheet for each shift unit.

BREAKFAST
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Number of Adults Served: _____

MILK (Only Approved Types Allowed)

$$\text{Adults} \quad \underline{\hspace{2cm}} \quad \times \quad 8 \text{ fluid oz} \quad = \quad \underline{\hspace{2cm}}$$

Total Number of Fluid Ounces
Needed

There are 128 ounces of milk in one gallon. Total fluid ounces needed divided by 128 equals total gallons of milk needed.

FRUIT/VEGETABLE

$$\text{Adults} \quad \underline{\hspace{2cm}} \quad \times \quad 2 \text{ (1/4 cups)} \quad = \quad \underline{\hspace{2cm}}$$

Total Number of 1/4 Cups Needed

GRAINS/BREADS

$$\text{Adults} \quad \underline{\hspace{2cm}} \quad \times \quad 2 \text{ servings} \quad = \quad \underline{\hspace{2cm}}$$

Total Servings Needed

HOW TO CALCULATE NUMBER OF SERVINGS

Before determining the quantity of food to purchase or prepare, it is necessary to first calculate the amount of food or number of servings required.

Step 1: Determine the number of participants who normally participate in each meal service. You may use the Meal Count Worksheet to assist in determining the average counts. The Minimum Meal Pattern Requirements chart may also need to be referenced.

Step 2: For each component, multiply the number of participants by the minimum quantity requirement for the age group:

- For the approved fluid milk type, use the number of fluid ounces.
- For grains/breads, use the number of grains/breads servings.
- For fruit/vegetable, use the number of 1/4-cup servings.
- For meat/meat alternate, use the number of 2-ounce servings required.

Step 3: Total the quantities for each component.

The quantities per meal component can now be used with the CACFP Food-Buying Guide to determine the amount of food to purchase and prepare to meet meal pattern requirements.

**LUNCH AND SUPPER
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED**

Number of Adults Served: _____

MILK (Only Approved Types Allowed)

$$\text{Adults} \quad \underline{\hspace{2cm}} \quad \times \quad 8 \text{ fluid oz} \quad = \quad \frac{\hspace{2cm}}{\text{Total Number of Fluid Ounces Needed}}$$

There are 128 ounces of milk in one gallon. Total fluid ounces needed divided by 128 equals total gallons of milk needed .

FRUIT/VEGETABLE

$$\text{Adults} \quad \underline{\hspace{2cm}} \quad \times \quad 4 \text{ (1/4 cups)} \quad = \quad \frac{\hspace{2cm}}{\text{Total Number of 1/4 Cups Needed}}$$

MEAT/MEAT ALTERNATE

$$\text{Adults} \quad \underline{\hspace{2cm}} \quad \times \quad 2.0 \text{ oz} \quad = \quad \frac{\hspace{2cm}}{\text{Total Ounces Needed}}$$

GRAINS/BREADS

$$\text{Adults} \quad \underline{\hspace{2cm}} \quad \times \quad 2 \text{ servings} \quad = \quad \frac{\hspace{2cm}}{\text{Total Servings Needed}}$$

SUPPLEMENT
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED
(Choose two of the four food components.)

Number of Adults Served: _____

MILK (Only Approved Types Allowed)

$$\text{Adults } \underline{\hspace{2cm}} \times 8 \text{ fluid oz} = \underline{\hspace{2cm}}$$

Total Number of Ounces Needed

There are 128 ounces of milk in one gallon. Total fluid ounces needed divided by 128 equals total gallons of milk needed.

FRUIT/VEGETABLE

$$\text{Adults } \underline{\hspace{2cm}} \times 2 \text{ (1/4 cups)} = \underline{\hspace{2cm}}$$

Total Number of 1/4 Cups Needed

GRAINS/BREADS

$$\text{Adults } \underline{\hspace{2cm}} \times 1 \text{ serving} = \underline{\hspace{2cm}}$$

Total Servings Needed

MEAT/MEAT ALTERNATE

$$\text{Adults } \underline{\hspace{2cm}} \times 1.0 \text{ oz} = \underline{\hspace{2cm}}$$

Total Ounces Needed

MENUS AS SERVED

- Regular Meals
- At-Risk Meals

Comments/Special Dietary Needs:

Date: _____

Meal Type	Menu	Qty. Served: Meat/Meat Alternate	Qty. Served: Grains/Breads	Qty. Served: Fruit/Veg/Juice	Qty. Served: Milk	Leftovers
BREAKFAST Total participants served: ___ Program Adults: _____						
A.M. SNACK Total participants served: ___ Program Adults: _____						
LUNCH Total participants served: ___ Program Adults: _____						
P.M. SNACK Total participants served: ___ Program Adults: _____						
SUPPER Total participants served: ___ Program Adults: _____						
EVENING SNACK Total participants served: ___ Program Adults: _____						

FOOD PRODUCTION RECORDS/MENUS AS SERVED

The food production record is to begin on October 1 of each fiscal year and end on September 30. Make copies of the *Menus as Served* original on [the previous page](#) for your records.

All meal services offered each day are recorded on the same page. In addition, it is required that the following information be recorded:

- Date of meal service
- Meal counts of total participants served
- Total number served by meal type
- Menu as served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)
- Leftovers—All leftovers should be listed in this column and how they will be used.

The Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on site at all times.

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the State Agency, the Food Production Records/Menus as Served Book is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area consultant to evaluate the alternate form.

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