

# INSTITUTION ORIGINALS

## CHILD AND ADULT CARE FOOD PROGRAM (CACFP) HEAD START ENROLLMENT FORM

<b>CHILD'S INFORMATION</b>							
1. Child's Name:					Date of Birth:		
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Indicate Session.					A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	All Day <input type="checkbox"/>
4. <b>Special Dietary Needs</b> (Attach signed medical statement):						Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Normal Hours of Attendance:	to a.m./p.m.			a.m./p.m.			
6. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
7. Signature of Parent/Guardian:					Date:		
<b>PARENT'S INFORMATION</b>							
Name of Parent/Guardian:							
Address:			City:			Zip:	
Home Telephone Number:							

### 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

# MEDICAL STATEMENT

<b>Part I</b> (to be filled out by <i>institution or parent/guardian</i> )	
Name of Student:	Age:
Name of Parent/Guardian:	Telephone Number:
Name of Institution:	
<b>Part II</b> (to be filled out by a <i>medical authority</i> )	
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

# MILK SUBSTITUTION REQUEST

Child's Name:	Age:
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My child cannot consume milk for the following reason(s):

Signature of Parent/Guardian:	Date:
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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 state-recognized medical authority remain unchanged.

# 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 (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)** \_\_\_\_\_, **(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 the 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. You 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.
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.

If you have other questions or need help, call **(Phone Number)** \_\_\_\_\_.

Sincerely,

**(Signature)** \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

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

- Top Section:** List all enrolled children, include his/her birth date.  
Circle the meals the child normally eats.  
Insert the normal hours the child is in care.  
List the case number for any household member (including adults) receiving **SNAP**, **TANF**, or **FDPIR** benefits.  
Check normal days the child is in care.
- Part 1:** Answer this question if you choose.
- Part 2:** Skip this part.
- Part 3:** Sign the form. The last four digits of a social security number are **NOT** necessary.

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

- Top Section:** List all enrolled children, include his/her birth date.  
Circle the meals the child normally eats.  
Insert the normal hours the child is in care.  
Check any child enrolled that is a foster child (a child awarded to the State)  
Check normal days the child is in care
- Part 1:** Answer this question if you choose.
- Part 2:** Skip this part.
- Part 3:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- **If some of the children in the household are foster children:**
- Top Section:** List all enrolled children, include his/her birth date.  
Circle the meals the child normally eats.  
Insert the normal hours the child is in care.  
Check any child enrolled that is a foster child (a child awarded to the state)  
Check normal days the child is in care.
- Part 1:** Answer this question if you choose
- Part 2:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last names 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 Monthly Income:** For each household member receiving income, list each income received for the month.  
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.
- Part 3:** Sign the form. The last four digits of a social security number **IS** necessary.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Top Section:** List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check normal days the child is in care.

**Part 1:** Answer this question if you choose

**Part 2:** Follow these instructions to report total household income from this month or last month.

- **Column A—Name:** List only the first and last names 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 Monthly Income:** For each household member receiving income, list each income received for the month.

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.

**Part 3:** Sign the form. The last four digits of a social security number ***IS*** necessary.

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

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

**Participation Information: (To be completed by Parent/Guardian)**

*If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 2.*

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal-Hours of Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

**Normal Days In Care:** Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday ☐

**PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:	Mark one or more racial identities:		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND MONTHLY INCOME**

A. NAME (List only household members with income)	B. GROSS <u>MONTHLY</u> INCOME				
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income	Zero Income
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

**PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

*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, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Signature of Adult Household Member	Home/Cell Phone Number	Date
Last four digits of social security number: **** - ** - _____ <input type="checkbox"/> I do not have a social security number		

**FOR INSTITUTION USE ONLY.**

**Application Approved For:**

- |  |   |
|--|---|
| <input type="checkbox"/> Free Meals    | <input type="checkbox"/> SNAP/TANF/FDPIR  |
| <input type="checkbox"/> Reduced Meals | <input type="checkbox"/> Foster           |
| <input type="checkbox"/> Paid Meals    | <input type="checkbox"/> Income Household |

Total Monthly Income \$ \_\_\_\_\_  
Household Size \_\_\_\_\_

\_\_\_\_\_  
**Signature of Determining Official**

\_\_\_\_\_  
**Date**

**7 CFR 226.15(e)(2)**

"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 are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant 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 Program.

**USDA Nondiscrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and 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, etc.), 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](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: **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 0250-9410; **fax:** (202) 690-7442; or **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

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(Revision July 2020)



**INCOME-ELIGIBILITY GUIDELINES FOR FISCAL YEAR 2021  
FOR *FREE* AND *REDUCED-PRICE* MEALS**

This is the income scale used by \_\_\_\_\_  
(Center/Sponsor)

to determine eligibility for free meals.

*(The Free Scale Should Not Be Distributed to Families)*

<b>ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	16,588	1,383	692	638	319
<b>2</b>	22,412	1,868	934	862	431
<b>3</b>	28,236	2,353	1,177	1,086	543
<b>4</b>	34,060	2,839	1,420	1,310	655
<b>5</b>	39,884	3,324	1,662	1,534	767
<b>6</b>	45,708	3,809	1,905	1,758	879
<b>7</b>	51,532	4,295	2,148	1,982	991
<b>8</b>	57,356	4,780	2,390	2,206	1,103
For each additional family member, add:	5,824	486	243	224	112

<b>ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	23,606	1,968	984	908	454
<b>2</b>	31,894	2,658	1,329	1,227	614
<b>3</b>	40,182	3,349	1,675	1,546	773
<b>4</b>	48,470	4,040	2,020	1,865	933
<b>5</b>	56,758	4,730	2,365	2,183	1,092
<b>6</b>	65,046	5,421	2,711	2,502	1,251
<b>7</b>	73,334	6,112	3,056	2,821	1,411
<b>8</b>	81,622	6,802	3,401	3,140	1,570
For each additional family member, add:	8,288	691	346	319	160

**OKLAHOMA STATE DEPARTMENT OF EDUCATION**  
**HEAD START *FEDERALLY FUNDED ENROLLMENT* INFORMATION**  
**CHILD NUTRITION PROGRAMS**  
**Fiscal Year \_\_\_\_\_**

Name of Institution: \_\_\_\_\_ Facility: \_\_\_\_\_

[illegible]

I certify that the children listed above are currently enrolled as participants in the Head Start Program.

Signature of Person Authorized to Provide Certification on Behalf of Head Start

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Date

# FREE CACFP ROSTER

Center: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

NAME	EF*	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
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33.															
34.															
35.															
<b>TOTAL</b>															

\*EF = Enrollment Form obtained

# REDUCED-PRICE CACFP ROSTER

Center: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

NAME	EF*	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
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3.															
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<b>TOTAL</b>															

\*EF = Enrollment Form obtained

# NOT ELIGIBLE CACFP ROSTER

Center: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_

NAME	EF*	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
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35.															
<b>TOTAL</b>															

\*EF = Enrollment Form obtained

## At-Risk Meals

# DAILY ATTENDANCE RECORD

**Year:**

[illegible]

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

☐ Regular Meals  
☐ At-Risk Meals

Agreement Number: DC- \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ (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	A.M.—1	A.M.—2	P.M.—1	P.M.—2	Snack	LT P.M.—1	LT P.M.—2	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack
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TOTALS																		

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

☐ Regular Meals  
☐ At-Risk Meals

**Year:**

[illegible]



# DAILY RECORD OF MEALS SERVED

Center:

Month and Year:

☐ Regular Meals

☐ At-Risk Meals

Total Reimbursable Meals

Children	Meal	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	B	AM	L	PM	S	L PM	
1.	B*																																						
	AM*																																						
	L*																																						
	PM*																																						
	S*																																						
	LPM*																																						
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	PM																																						
	S																																						
	LPM																																						
Totals																																							
Grand Totals From All Pages																																							

\*B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper; LPM = Late PM Snack  
You may not claim more than two main meals and one snack or two snacks and one main meal per child daily.

## FOOD-PURCHASING FORM

(To Be Completed for Each Purchase)

Store Name/Vendor\*: \_\_\_\_\_ Center: \_\_\_\_\_ Date: \_\_\_\_\_

*Attach original receipt containing name of store and date of purchase.*

Check #:

[illegible]

\* 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 coordinator.

<b>Summary of Costs</b>	
<b>Total Food and Milk</b>	\$
<b>Total Food-Related Supplies</b>	
<b>Total Nonreimbursable Items</b>	
<b>Grand Total (Must Agree With Receipt)</b>	\$

EXPENDITURE/REIMBURSEMENT WORKSHEET  
INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Month: \_\_\_\_\_

Year: \_\_\_\_\_

[illegible]

(14)	Net Costs (Total of Columns 4 through 11 Minus Column 12)	\$
(15)	Reimbursement Received	\$
(16)	Operating Balance (Item 14 Minus Item 15—See Instructions)	\$

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

## PROFIT/LOSS OF INSTITUTION (FINANCIAL VIABILITY)

Institution: \_\_\_\_\_

Month: \_\_\_\_\_

1. Total Revenues: \_\_\_\_\_

Revenues from the General Ledger/Spreadsheet for the Institution

***NOTE: If the Institution is a state, tribal, church, or governmental entity, the revenues would be for the child care part of that entity only.***

2. Total Expenditures: \_\_\_\_\_

Expenditures from the General Ledger/Spreadsheet for the Institution

3. Profit/Loss: \_\_\_\_\_

***NOTE: Calculate total revenues minus total expenditures. Negative number represents a loss.***

# 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.

- ( ) 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/Title XIX 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
- ( ) Procurement Documentation

## 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.

# 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 millions of 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 Five Groups)
Milk, 1% Fruit Vegetable Grains	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable	Milk, 1% Meat or Meat Alternate Grains Fruit 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 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 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

## END OF MONTH INVENTORY

Month: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]

## END-OF-MONTH MILK INVENTORY

Fiscal Year: \_\_\_\_\_

<b>MONTH</b>	<b>UNIT SIZE GALLONS/QUARTS/ HALF-PINTS</b>	<b>HOW MANY GALLONS/QUARTS/ HALF-PINTS ARE ON HAND</b>
<b>OCTOBER</b>		
<b>NOVEMBER</b>		
<b>DECEMBER</b>		
<b>JANUARY</b>		
<b>FEBRUARY</b>		
<b>MARCH</b>		
<b>APRIL</b>		
<b>MAY</b>		
<b>JUNE</b>		
<b>JULY</b>		
<b>AUGUST</b>		
<b>SEPTEMBER</b>		

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



## WEEKLY MENU PLANNER

BREAKFAST	AM SNACK	LUNCH

## WEEKLY MENU PLANNER

PM SNACK	SUPPER	LATE PM SNACK

# BREAKFAST

## HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

Children Present: \_\_\_\_\_ (Aged 1 through 2)  
 \_\_\_\_\_ (Aged 3 through 5)  
 \_\_\_\_\_ (Aged 6 through 12)

Number of Children/Adults Served					
<b>MILK (Only Approved Types Allowed)</b>					
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)	=	
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon.					

<b>FRUIT/VEGETABLE</b>					
Aged 1 through 2		X	1 (1/4 cup)	=	
Aged 3 through 5		X	2 (1/4 cup)	=	
Aged 6 through 12		X	2 (1/4 cup)	=	
Program Adults*		X	2 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups</b>

<b>MEAT/MEAT ALTERNATE (Optional)</b>					
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	=	
					<b>Total Ounces Needed</b>

<b>GRAINS</b>					
Aged 1 through 2		X	1 (1/2 serving)	=	
Aged 3 through 5		X	1 (1/2 serving)	=	
Aged 6 through 12		X	2 (1/2 serving)	=	
Program Adults*		X	2 (1/2 serving)	=	
					<b>Total 1/2 Servings Needed</b>

•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

Children Present: \_\_\_\_\_ (Aged 1 through 2) \_\_\_\_\_ (Aged 3 through 5) \_\_\_\_\_ (Aged 6 through 12)

<b>Number of Children/Adults Served</b>					
<b>MILK (Only Approved Types Allowed)</b>					
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)	=	
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon.					
<b>MEAT/MEAT ALTERNATE (Optional)</b>					
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	=	
					<b>Total Ounces Needed</b>
<b>VEGETABLE</b>					
Aged 1 through 2		X	.5 (1/4 cup)	=	
Aged 3 through 5		X	1 (1/4 cup)	=	
Aged 6 through 12		X	2 (1/4 cup)	=	
Program Adults*		X	2 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>
<b>FRUIT</b>					
Aged 1 through 2		X	.5 (1/4 cup)	=	
Aged 3 through 5		X	1 (1/4 cup)	=	
Aged 6 through 12		X	1 (1/4 cup)	=	
Program Adults*		X	1 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>
<b>GRAINS</b>					
Aged 1 through 2		X	1 (1/2 serving)	=	
Aged 3 through 5		X	1 (1/2 serving)	=	
Aged 6 through 12		X	2 (1/2 serving)	=	
Program Adults*		X	2 (1/2 serving)	=	
					<b>Total 1/2 Servings Needed</b>

•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 five food components.)

Children Present: \_\_\_\_\_ (Aged 1 through 2) \_\_\_\_\_ 3 (Aged 3 through 5) \_\_\_\_\_ (Aged 6 through 12)

<b>Number of Children/Adults Served</b>					
<b>MILK (Only Approved Types Allowed)</b>					
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)	=	
					<b>Total Number of Fluid Ounces Needed</b>
There are 128 ounces of milk in one gallon.					
<b>VEGETABLE</b>					
Aged 1 through 2		X	2 (1/4 cup)	=	
Aged 3 through 5		X	2 (1/4 cup)	=	
Aged 6 through 12		X	3 (1/4 cup)	=	
Program Adults*		X	3 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>
<b>FRUIT</b>					
Aged 1 through 2		X	2 (1/4 cup)	=	
Aged 3 through 5		X	2 (1/4 cup)	=	
Aged 6 through 12		X	3 (1/4 cup)	=	
Program Adults*		X	3 (1/4 cup)	=	
					<b>Total Number of 1/4 Cups Needed</b>
<b>MEAT/MEAT ALTERNATE</b>					
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	=	
					<b>Total Ounces Needed</b>
<b>GRAINS</b>					
Aged 1 through 2		X	1 (1/2 serving)	=	
Aged 3 through 5		X	1 (1/2 serving)	=	
Aged 6 through 12		X	2 (1/2 serving)	=	
Program Adults*		X	2 (1/2 serving)	=	
					<b>Total 1/2 Servings Needed</b>

•Adult meals on this form are calculated using the 6- through 12-year-old serving size.

# MENUS AS SERVED

☐ Regular Meals  
☐ At-Risk Meals

Comments/Special Dietary Needs:

Date: \_\_\_\_\_

MEAL TYPE	MENU	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
<b>BREAKFAST</b> Total children served: _____  Number of children served: 1-2: _____ 3-5: _____ 6-12: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>AM SNACK</b> Total children served: _____  Number of children served: 1-2: _____ 3-5: _____ 6-12: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>LUNCH</b> Total children served: _____  Number of children served: 1-2: _____ 3-5: _____ 6-12: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>PM SNACK</b> Total children served: _____  Number of children served: 1-2: _____ 3-5: _____ 6-12: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>SUPPER</b> Total children served: _____  Number of children served: 1-2: _____ 3-5: _____ 6-12: _____  Program Adults: _____			WG <input type="checkbox"/>			
<b>LATE PM SNACK</b> Total children served: _____  Number of children served: 1-2: _____ 3-5: _____ 6-12: _____  Program Adults: _____			WG <input type="checkbox"/>			

## PRODUCT FORMULATION STATEMENT FOR MEAT/MEAT ALTERNATE

Provide a copy of the label in addition to the following information on company letterhead 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		
<b>A. Total Creditable Amount<sup>1</sup></b>				

\*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	%	÷ 18	
		X	%	÷ 18	
		X	%	÷ 18	
<b>B. Total Creditable Amount<sup>1</sup></b>					
<b>C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest 1/4 oz)</b>					

\* 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.

<sup>1</sup> 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: \_\_\_\_\_

## 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:

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I certify that the above information is true and correct and that \_\_\_\_\_ (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.



# 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.

**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).**

A manufacturer's Product Formulation Statement (PFS) is a signed, certified document that provides a way for a manufacturer to demonstrate how a product may contribute to the meal pattern requirements of USDA's CNP. A PFS is typically provided for processed products that do not have a CN label. Program operators must request a signed manufacturer's PFS when purchasing a processed product with a CN label. Program operators are responsible for ensuring menu items meet meal pattern requirements; therefore, program operators should review and verify the crediting statement on a manufacturer's PFS before purchasing the product.

CHECKLIST FOR EVALUATING A MANUFACTURER'S PFS		
(If <i>N</i> is checked for any question below, contact the manufacturer to request the information)		
Y	N	Is the PFS on signed company letterhead? The signature on the PFS can be handwritten, stamped, or electronic.
Y	N	Does the PFS include product name, product code number, and serving/portion size?
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description as the ingredients listed on the product label? For example, if the PFS lists <i>ground beef (not more than 20% fat)</i> , the product label should also list <i>ground beef (not more than 20% fat)</i> .
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the <i>Food-Buying Guide</i> (FBG) for <i>School Meal Programs</i> or <i>FBG for Child Nutrition Programs</i> (available at <a href="http://www.fns.usda.gov/tn/food-buying-guide-school-meal-programs">http://www.fns.usda.gov/tn/food-buying-guide-school-meal-programs</a> or <a href="http://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs">http://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs</a> )?
Y	N	If the product is a meat/meat alternate, does it contain an Alternate Protein Product (APP) such as soy concentrate? If <i>Yes</i> , does the manufacturer provide supporting documentation that meets USDA's APP requirements? Specific requirements for APP products and examples of supporting documentation are available at <a href="http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry">http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry</a> .
Y	N	Does the PFS demonstrate how creditable ingredients* contribute toward the meal pattern requirement(s) (i.e., provides information to calculate crediting)?
Y	N	Are the manufacturer's calculations correct and verified?

- The total creditable amount should **NEVER** be rounded up. The total creditable amount must **round down** to the nearest 0.25 oz (e.g., total creditable amount of 0.99 oz must **round down** to 0.75 oz.).
- The meat/meat alternate credit cannot exceed the total serving size of the product (e.g., a 2.15-oz beef patty may not credit more than 2.00 oz meat/meat alternate).
- Fruits and vegetables (including purees) credit on the volume served (cup servings). For example, if 1/2 cup red/orange vegetables is served, then the contribution toward the red/orange vegetables subgroup is 1/2 cup credit.

***The only exceptions are:***

- Tomato paste and tomato puree are credited based on their whole food equivalency using the percent natural tomato soluble solids in the paste or puree. See FBG for additional information on calculated volume.
- Dried fruits credit as double the volume served in school meals only (e.g., 1/4 cup raisins credit as 1/2 cup fruit). All other CN programs credit dried fruit on the volume served.
- Raw leafy vegetables credit as half the volume served in school meals only (e.g., 1 cup raw spinach credits as 1/2 cup dark-green vegetable). All other CN programs credit as volume served.

- A PFS may include crediting information for more than one meal component. For instance, a cheese pizza may credit toward the meat/meat alternate, grains, and the red/orange vegetable subgroup. The crediting information for each meal component may be documented on the same PFS.

PFS templates for each meal component are available on the CN labeling Web site at <http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry>. Manufacturers may use PFS templates as a guide to help develop a PFS; however, they are not required to use the same format as the USDA's template, but they must present the same information on their company letterhead.

- \* A ***creditable ingredient*** is a food/ingredient that contributes to one of the food components of USDA's meal pattern requirements.

## **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 MEALS AS SERVED

DATE: \_\_\_\_\_

TOTAL INFANTS SERVED: \_\_\_\_\_

Breakfast: \_\_\_\_\_ Lunch/Supper: \_\_\_\_\_ Snack: \_\_\_\_\_ REMEMBER TO ADD INFANT MEALS TO THE MEAL COUNT WORKSHEET.

Meal Type	Quantity Served Meat/Meat Alternate	Quantity Served Breads/Cereals	Quantity Served Fruit/Vegetable	Quantity Served Formula/Breast Milk
<b>Names and Ages</b>				
<b>Breakfast</b>				
1.				
2.				
3.				
4.				
5.				
<b>Lunch/Supper</b>				
1.				
2.				
3.				
4.				
5.				
<b>Snack</b>				
1.				
2.				
3.				
4.				
5.				
<b>Supper</b>				
1.				
2.				
3.				
4.				
5.				

Place an asterisk (\*) beside the formula or breast milk provided by the parent/guardian.

**CONTRACT MEAL SERVICE DELIVERY RECEIPT**  
**(Keep in your institution's monthly folder. *USE ONE RECEIPT PER MEAL SERVICE.*)**

DATE: \_\_\_\_\_

MEAL TYPE: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ AM/PM/LATE PM Snack \_\_\_\_\_ Supper \_\_\_\_\_  
 (Circle One)

SITE PREPARING MEAL: \_\_\_\_\_

SITE RECEIVING MEAL: \_\_\_\_\_

DELIVERY TIME: \_\_\_\_\_ NUMBER OF MEALS ORDERED/DELIVERED: \_\_\_\_\_

**FOOD ITEMS AND QUANTITIES DELIVERED**

Menu	Quantity Delivered: Number of 1-2 _____ Number of 3-5 _____ Number of 6-12 _____  Bulk Delivery: _____ Preportioned: _____	*Crediting/Portioning Information	Temperature at Delivery
Milk	Milk provided by:  SITE                  VENDOR (Circle One)  Record Quantity: _____		
Vegetable/Juice			
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 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, Production Information Statements, and/or recipes are available for all combination food 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.**