CHILD AND ADULT CARE FOOD PROGRAM

ADULT DAY CARE TRAINING MANUAL

OKLAHOMA STATE DEPARTMENT OF EDUCATION

FY2023

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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LIST OF CHILD NUTRITION AND RELATED ACRONYMS

#	Pound or Number
AD	Adult Daycare
AR	Administrative Review
CACFP	Child and Adult Care Food Program
CAP	Corrective Action Plan
CFDA	Catalog of Federal Domestic Assistance
CMDR	Contract Meal Delivery Receipt
CN	Child Nutrition
CNA	Child Nutrition Act
CNP	Child Nutrition Programs
CR	Civil Rights
DGA	Dietary Guidelines for Americans
DHS	Department of Human Services
DOB	Date of Birth
EC	Early Childhood
EPA	Environmental Protection Agency
EQ	Equivalent
FBG	Food-Buying Guide
FDA	Food and Drug Administration
FDCH	Family Day Care Home
FDPIR	Food Distribution Program on Indian Reservations
FNS	Food and Nutrition Service (USDA)
FSIA	Family-Size and Income Application
FSIS	Food Safety and Inspection Service (USDA)
FY	Fiscal Year
HACCP	Hazard Analysis of Critical Control Points (USDA)
ICN	Institute of Child Nutrition
IEG	Income-Eligibility Guidelines
IFB	Invitation for BidOMB Office of Management and Budget
NDL	National Disqualification List
OSDE	Oklahoma State Department of Education (also known as the *State Agency*)
OvS	Offer vs Serve
OZ	Ounce
P&L`	Profit and Loss
PFS	Product Formulation Statement
RDA	Recommended Dietary Allowance
RFP	Request for Proposal
SA	State Agency (also known as the State Department of Education)
SD	Seriously Deficient
SO	Sponsoring Organization
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamp)
SOP	Standard Operating Procedures
SWRO	Southwest Regional Office
TANF	Temporary Assistance to Needy Families
USDA	United States Department of Agriculture
VCA	(Financial) Viability, Capability, and Accountability
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WG	Whole Grain
WGR	Whole Grain Rich

INTERACTIVE FORMS ARE LOCATED IN *THE RESOURCE LIBRARY.* MOST OF THESE FORMS ARE LOCATED IN THE INTERACTIVE FORM SECTION

PROGRAM SPECIALIST TERRITORIES

Program Specialist are available to provide technical assistance to Child Nutrition Programs (CNP) personnel. The following is a list of the program specialist, their assigned counties, email address, and telephone number where the specialist may be reached.

ALBERTA BURGESS **405-213-8327** Alberta.Burgess@sde.ok.gov	Craig—18 Nowata—53 Ottawa—58 Tulsa (1/2)—72 Washington—74
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
CAROLE PETERS **405-248-8365** Carole.Peters@sde.ok.gov	Cleveland—14 Oklahoma (1/4)—55
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
JILL HARDIN **405-239-0598** Jill.Hardin@sde.ok.gov	Choctaw—12 LeFlore—40 McCurtain—48 Pushmataha—64
KAREN JOHN **405-301-7689** Karen.John@sde.ok.gov	Atoka—03 Bryan—07 Coal—15 Hughes—32 Murray—50 Pontotoc—62 Seminole—67
KATHY KUCK **405-249-7918** Kathy.Kuck@sde.ok.gov	Blaine—06 Kingfisher—37 Logan—42 Oklahoma (1/4)—55

State Agency Telephone Number: 405-521-3327

State Agency Fax Number: 405-521-2239

State Agency Email: CACFP@sde.ok.gov

CACFP website: https://cnp.sde.ok.gov/CACFP/

KRISTEN 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
LEIGHANN RAUSCH **405-301-5786** LeighAnn.Rausch@sde.ok.gov	Canadian—09 Oklahoma (1/4)—55
MONA KING **405-219-9015** Mona.King@sde.ok.gov	Cherokee—11 Delaware—21 Mayes—46 Wagoner—73
NANCY McCULLOUGH **405-834-2962** Nancy.McCullough@sde.ok.gov	Caddo—08 Comanche (1/2)—16 Grady—26 McClain—47
RHONDA STEVENS **405-219-9637** Rhonda.Stevens@sde.ok.gov	Creek—19 Rogers—66 Tulsa (1/2)—72
SANDY BULLARD **405-246-5648** Sandy.Bullard@sde.ok.gov	Lincoln—41 Oklahoma (1/4)—55 Pottawatomie—63
SHARON WHEELER **405-306-0736** Sharon.Wheeler@sde.ok.gov	Carter—10 Garvin—25 Jefferson—34 Johnston—35 Love—43 Marshall—45 Stephens—69
TAMMY FLUTE **405-249-0964** Tammy.Flute@sde.ok.gov	Adair—01 Haskell—31 Muskogee—51 Sequoyah—68
TINA BRANSCUM **405-394-4425** Tina.Branscum@sde.ok.gov	Latimer—39 McIntosh—49 Okfuskee—54 Okmulgee—56 Pittsburg—61

Notes

BASIC RESPONSIBILITIES

BASIC RESPONSIBILITIES—AT A GLANCE

All records must be maintained daily and *MAY NOT* leave the premises.

All of the forms provided in this manual are to be used in the 2023 fiscal year ***ONLY*** (October 1, 2022, through September 30, 2023).

1. **REQUIRED DOCUMENTATION**
   a. ***INSTITUTION APPLICATION FOR PARTICIPATION***
      - Applications are 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 time as the institution is terminated or drops from participation.
      - Annual updates are required.

2. **ELIGIBILITY DOCUMENTATION**
   a. ***MEDICAL STATEMENT, IF APPLICABLE***
   b. ***MILK SUBSTITUTION REQUEST, IF APPLICABLE***
   c. ***LETTER TO HOUSEHOLD*** and ***FAMILY-SIZE AND INCOME APPLICATION (FSIA)***
      - Distribute **annually** to all participants, making sure to use the current FSIA.
      - Parents or guardians are ***NOT*** required to complete this form.
      - The institution must use the ***CURRENT*** 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 or a new enrollment).
      -

   d. ***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 service).
      - Total each column, and record at bottom of page.
      - Maintain with FSIAs.

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. ***(Reminder: At least 3 hours between main meals and 2 hours between snack and main meal)***
   - If more than one shift is approved per meal type, report counts separately.
   - Total each column, and record at bottom of page.
   - Adult Care Centers: All meals claimed must be served to adults 60 years of age or older.

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 required. 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. ***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.

e. ***CACFP CLAIM FOR REIMBURSEMENT/PAYMENT NOTICE***
   - Complete claim based on the records maintained at the institution.
   - Submit to the Oklahoma State Department of Education (SDE) Child Nutrition Programs (CNP) (hereinafter referred to as the *State Agency*).
   - ***Claims submitted after 60 days cannot be paid without approval of a one-time exception.***

4. **OTHER REQUIRED RECORDS**
   a. Canceled checks for labor costs, food receipts, and for any other cost reported as a CACFP expense.
   b. Title XIX documentation from DHS, if applicable.
   c. Individual Plan of Care
   d. Group Program

e. Health Department inspection.
f. Procurement documentation for CACFP purchases.

5. INVENTORY - MAINTAINED MONTHLY - MAINTAINED MONTHLY

a. ***MONTHLY RECORD OF INVENTORY***
- Maintain monthly to reflect purchased foods and milk remaining at the end of the month.
- Inventory only unopened items in the correct section.
- Schools can maintain perpetual food inventory instead
- Maintain in center at all times.

6. **FOOD MENUS AS SERVED—MAINTAINED DAILY**

a. Must follow the CACFP minimum meal pattern requirements for adult care institutions.
b. Must record daily meals served, including total quantities served, counts by age group, date, etc. (as shown in ***Menus as Served*** section).
c. Must maintain in center at all times.
d. 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.
e. ***Child Nutrition (CN) label*** or ***Product Formulation Statement*** must be maintained for any processed and/or combination food used.
f. ***Contract Meal Service Delivery Receipt*** must be maintained in lieu of the ***Menus as Served***, if applicable.

NOTE: All meals must be consumed on-site.

7. **TRAINING**

a Annual Training is required for the application and agreement to be approved.
b. Person designated by the institution as the program's trainer must conduct annual CACFP training and maintain documentation.
c. 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.
d. Documentation should include date, agenda, list of topics, and signatures of participants.
e. Required training topics include meal patterns, reimbursement process, meal counting, claims submission, record keeping, and civil rights.

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

8. **CIVIL RIGHTS**

a. . . . *And Justice for All* poster displayed at each facility.
b. 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.)
c. Civil rights complaint-filing procedure on file.

9. **COMPLIANCE MONITORING**

a. Administrative Reviews (ARs)—Reviews are conducted of each participating institution to ensure compliance with Performance Standards and all other requirements of the CACFP.
b. Audits—Nonprofit or for profit institutions expending $750,000 or more in total

federal funds in the prior fiscal year are required to submit an organization-wide audit annually. These audits are due nine months after the end of the institution's fiscal year.

10. **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.

11. **CONTRACTING WITH OUTSIDE VENDOR FOR OTHER SERVICES**
    a. State Agency approval required prior to executing contract

12. Centers are required to offer water to throughout the day. These requirements to make water available and offer water throughout the day do not apply to adult day care centers; however, adult day care centers are encouraged to ensure drinking water is offered and made available to adult participants throughout the day.

Notes

PROGRAM INTEGRITY AND FINANCIAL MANAGEMENT

PROGRAM INTEGRITY

Fiscal integrity and accountability for all funds and property received, held, and disbursed The integrity and accountability of all expenses incurred That claims will be processed accurately and in a timely manner That funds and property are properly safeguarded and used only for authorized CACFP uses.

A. All Administrative Reviews (ARs) conducted are ***Unannounced***.

1. Records are to be produced within one-hour of the Program Specialist arrival.
2. All records should be maintained daily, by month, and at each site participating in CACFP.
3. All records are to be kept at the address listed on file in the institution's online application and agreement.

B. Claim Validations

1. Claim data is analyzed three times per year to determine high risk institution. Entities who show as high risk is selected for claim validated.
2. Institutions must send in documentation to the State Agency within three business days.
   - The documentation requested is much like what is requested for an Administrative Review (AR)
3. Examples of Criteria for Claim Validation *(not limited to)*:
   - Claiming meals every day of the month
   - Claiming all meal types
   - Claiming the same number of meals for every meal (also known as block claiming)
   - Claiming uncommon meal types, such as At-Risk breakfast or lunch
   - Multiple claim revisions

C. In Good Standing with the State of Oklahoma

1. All institutions are required to be in good standing with the State of Oklahoma in order to participate in CACFP. This information is checked every year. ***This is not required for schools, tribes, or military.***

   https://www.sos.ok.gov/corp/order/orderdefault.aspx

2 All nonprofit institutions have to have a valid 501(c)3 in order to participate in CACFP. This informatin is checked every year.

   https://www.irs.gov/charities-non-profits/tax-exempt-organization-search

D. Proof of Ownership

1. Proof of ownership must be updated with OSDE if the organization changes their Employer Identification Number (EIN) or Taxpayer Identification Number (TIN)
   Example: Daycare ABC changes from sole proprietor to LL

   NOTE: Not submitting this documentation when the organization changes will delay CACFP reimbursement payments

2. Documentation required to be submitted the State Agency *(see chart on **page AD-15**)*

Entity Type	Employer Identification Number (EIN), or Taxpayer Identification Number (TIN)	Additional Documentation
Sole Proprietor	Any correspondence or documentation with the pre-printed EIN or TIN and name of business entity or individual from the Internal Revenue Service (IRS)	
Corporation	Any correspondence or documentation with the pre-printed EIN and name of the business entity from IRS.	1) A copy of the certificate of incorporation; and 2) corporate meeting minutes or letterhead stationery listing members and officers of the board of directors of the corporation; and 3) if applicable, a statement on letterhead stationery authorizing another person to obligate the business entity.
Limited Liability Company (LLC)	Any correspondence or documentation with the pre-printed EIN and name of the business entity from IRS	1) A copy of the certificate of Limited Liability; and 2) company meeting minutes or letterhead stationery listing the members of the LLC; and 3) if applicable, a statement on letterhead stationery authorizing another person to obligate the business entity.
Private Non-Profit Organization	Any correspondence or documentation with the pre-printed EIN or TIN and name of business entity or individual from the Internal Revenue Service (IRS)	1) Documentation of 501(c)(3); 2) If required, copy of most recent 990/990-EZ/990-N; 3) board meeting minutes or letterhead stationery listing the members of the organization; and 4) if applicable, a statement on letterhead stationery authorizing another person to obligate the business entity.
Other (only designated for a school or church as if they are not an entity type listed in previous categories)	Any correspondence or documentation with the pre-printed EIN and name of business entity from IRS	A statement on letterhead stationery listing the names and title of the person has authorization to obligate the business entity such as: • Military-base commander or designee. • School-superintendent, president, principal, dean of college, or division that administers the program. • Tribal-chief, governor, assistant chief, business manager, or tribal council member. • Church-pastor, business manager, or member of the governing board.

FINANCIAL MANAGEMENT

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:

A. Financial Viability, Administratively Capable, and Program Accountability

1. 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 to pay debts when fiscal claims have been assessed.
   - Adequate resources to operate CACFP on a daily basis—able to pay employees and suppliers during periods of program payment interruptions and when fiscal claims have been assessed, if applicable.
   - The submitted budget contains costs that are necessary, reasonable, allowable, and documented
   - Audits or financial statements - bank statements and credit card statements used for the institution, canceled checks, year to date report, profit/loss statement, or any other financial statement or documents.

2. 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 institution has management procedures in place to ensure that CACFP requirements are met.
   - The number of monitoring staff in relation to the number of facilities is adequate.
   - An organizational chart is needed to show ***ALL*** of the institutions staff. An example is located for ***nonprofit*** organizations is on **pages AD-23** and ***for profit*** organizations is on **pages AD-24.** A blank form is located in Original Documents section.
   - Written policies and procedures fulfill program responsibilities and civil rights requirements.

3. 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—maintaining 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.

B. Financial Information Required for the Administrative Review

1. For Profit and Nonprofit Status

   During the Administrative Review, it is required the institution shows the State Agency they are in for profit status as an organization and in nonprofit status with CACFP funds. The following is to help define what the meaning of for profit and nonprofit are in CACFP and what documentation is needed to determine if you are in compliance with USDA regulations.

   a. For Profit Status

      The institution has adequate financial resources to maintain operations, even if there is a disruption in normal income or a delay in CACFP reimbursements. A center must have a positive net gain/profit – it cannot be operating at a loss. This simply means your center made money instead of lost money.

      (1) Documentation needed during the review to determine if For Profit:
      - Bank statements used for CACFP funds;
      - Credit card statements used for any CACFP transaction(s);
      - Year to Date report;
      - Profit/loss statement; or
      - Any other financial statements or documentation used for CACFP funds whether money was spent, deposited or transferred.

   b Nonprofit Status

      The entity cannot make money on the CACFP program. All the money received in reimbursement and/or more has to be spent on CACFP allowable expenses.

      ***Example*:** If the institution is receiving an average of $1,000 a month in CACFP reimbursement, the institution should be spending $1,000 or more a month on food, milk, labor, and other CACFP allowable expenses.

      (1) Documentation needed during the review to determine if Nonprofit:
      - Expenditure/Reimbursement worksheet *(all for the current fiscal year must be available)*
      - Schools only: Revenue & Expenditure report for code 700
      - Food Purchasing forms
      - Receipts of allowed CACFP items and goods
      - Canceled checks for labor *(cash apps or cash payments not allowed for labor)*
      - Items charged off for CACFP are approved in online application budget

   c. Audits

      All organizations expending ***$750,000 or more in federal funds*** in the prior fiscal year, must have outside audit performed ***annually***.

1. ***Nonprofit institutions*** are required to submit an organization-wide audit annually. These audits are due nine months after the end of the institution's fiscal year. You will be contacted by OSDE.

2. ***For Profit institutions*** are required to have a program specific audits annually. This audit will be performed by a contracted company paid for my OSDE. Your organization will receive this audit every year your institution is not receiving a CACFP Administrative Review.

d. Three Month Operating Balance

The institution may not spend the entire reimbursement every month. USDA does allow centers to carry over a small percentage of its funds to be used at a later time. The amount that can be carried over is the institutions 3 month operating balance. To figure out this amount, take the total amount of the institution's CACFP expenses from current month back to October of the same fiscal year, divided by the number of months, and multiply by 3 ***At no point in time is the entity allowed to exceed the 3 month operating balance***.

Example*:* The CACFP expenses incurred from October - January is $4,325.85. ***$4,325.85 divided by 4 months (Oct-Jan) = $1,081.46 x 3 months operating = $3,244.39 can be used another month.***

d. Child Nutrition Funds

CACFP revenue can be used on ***ANY*** child nutrition program such as:

- NSLP/SBP
- SSO
- SFSP

C. End of the Year Report ***(Effective FY2023)***

1. All institutions are **REQUIRED** to submit an end of the year report ***annually*** to ensure the institution is in compliance with the nonprofit food service account. This report will be due before and renewal application can be approved.

2. The end of the year report can be based on the institution's fiscal year, the federal fiscal year (October-September), or twelve consecutive recent months financial document. The institution fiscal year information is indicated in the online application and agreement.

3. End of the Year Report can be:

- Annual Expenditure and Reimbursement form on **page AD-21**
- A Profit Loss Statement
- A report from Quick Books or any other accounting software used
- End of the Year report
- Revenue and Expenditure Report Documentation from your account or treasurer
- Any documentation used at the end of the fiscal year to close out your books
- ***Sponsors***: Sponsor & Site Profit/Loss Worksheet (1 year of forms)

ANNUAL EXPENDITURE/REIMBURSEMENT WORKSHEET

All institutions must send the State Agency an annual financial End of Year report. The Annual Expenditure/Reimbursement Worksheet will meet this requirement. When this form is submitted to the State Agency, it must include each of the institution's monthly Expenditure/Reimbursement Worksheets listed to the validate the information on the Annual form.

Note: If there are any questions or discrepancies, the State Agency may require documentation to be turned in for validation.

- Enter the Institution name
- Enter the fiscal year of the report
- Enter the months of the fiscal year. The center can use their fiscal year, the federal fiscal year from October - September, or twelve, recent consecutive months of financial information. OSDE must have twelve full months of expenditures and reimbursements.

Column 1: List the months beginning with the first month of your fiscal year or the federal fiscal year starting October through September.

In Columns 2 through 10: List each month's total from the institution's monthly Expenditure and Reimbursement Worksheet. It is REQUIRED the institution use twelve recent, consecutive months of Expenditure/Reimbursement Worksheets.

Column 2: Administrative Labor—Cost of administrative personnel's (director, bookkeeper, supervisors) time spent on the CACFP. Gross cost must be reported.

Column 3: Administrative Expenses—Cost related to the administration of the CACFP

Column 4: 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 menu of served forms.

Column 5 : Food Service Rent/Utilities/Janitorial—Utilities, when documented by separate meter reading; pest control service; transportation reimbursement.

Column 6: Food Service Equipment—Equipment purchased for use in preparing meals with the acquisition cost of $2,500 or more per site.

Column 7: Food Purchases—Edible items used to prepare reimbursable meals per site and/or the monthly total from delivery receipt for contract meals.

Column 8: Nonfood Purchases—Nonedible items needed to provide meal service.

Column 9: Miscellaneous Expenditures—Cost related to the operation of the CACFP and not reported under any other category.

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

Column 10: Total CACFP Reimbursement received by the institution each month. Use each month's Payment Notice.

Grand Totals: Total of each column.

Column 11: Total CACFP Expenditures: Add the grand totals from columns 2 through 9

Column 12: Total Reimbursement: This is the Grand Total from Column 10

Column 13: Operating Balance: Item 11 minus Item 12 indicates operating balance. This dollar amount can be negative or positive number.

Indicate who completed this form.

NOTE: Attach and submit ALL expenditure/reimbursement worksheets listed on this form to be validated by OSDE.

EXAMPLE

ANNUAL EXPENDITURE/REIMBURSEMENT WORKSHEET

Institution Name: TOYS N NOISE Year: YYYY Fiscal Months: January - December

Expenditure for EACH Month (starting with first month of the fiscal year) (1)	OPERATING AND ADMINISTRATIVE COSTS ($)								
	CACFP Admin. Labor (2)	CACFP Admin. Expenses (3)	Food Service Salaries/ Benefits (4)	Food Service Rent/Utilities/ Janitorial (5)	Food Service Equipment (6)	Food Purchases (Food & Milk) (7)	Nonfood Purchases (Food-Related Supplies) (8)	Misc. (9)	CACFP Reimbursement for each month (10)
JANUARY	$ 250	$	**$ 2,000**	$	$	$ 2,567.23	$ 285.78	$	**$ 4,769.09**
FEBRUARY	$ 250	$	**$ 1,900**	$	$	$ 2,563.93	$ 175.85	$	**$ 4,005.91**
MARCH	**$ 150**	$	**$ 2,250**	$	$	$ 2,060.28	$ 105.07	$	**$ 4,996.45**
APRIL	**$ 150**	$	**$ 2,200**	$	**$**	$ 3,167.93	$ 224.08	$	**$ 5,060.34**
MAY	**$ 250**	$	**$ 2,200**	$	$	$ 3,599.23	$ 167.78	$	**$ 6,109.87**
JUNE	**$ 250**	$	**$ 2,500**	$	$	$ 4,567.32	$ 87.03	$	**$ 6,793.59**
JULY	**$ 250**	$	**$ 2,500**	$	$	$ 4,987.22	$ 308.94	$	**$ 6,979.23**
AUGUST	**$ 200**	$	**$ 1,800**	$	$	$ 3,579.45	$ 212.81	$	**$ 4,943.82**
SEPTEMBER	**$ 175**	$	**$ 1,900**	$	**$**	$ 2,874.38	$ 137.78	**$ 56.78**	**$ 4,793.77**
OCTOBER	**$ 150**	$	**$ 1,800**	$	$	$ 2,327.03	$ 147.83	$	**$ 4,421.11**
NOVEMBER	**$ 175**	$	**$ 1,800**	$	$	$ 3,587.77	$ 162.28	$	**$ 5,089.05**
DECEMBER	**$ 200**	$	$ 2,000	$	$	$ 3,598.60	$ 238.95	$	**$ 5,361.08**
Grand Totals	**$ 2,450**	$	**$ 22,650**	$	**$**	**$ 39,480.37**	**$ 2,254.18**	**$56.78**	**$ 58,873.31**

(11) Total CACFP Expenditures (Total of Columns 2 through 9) $ _____

(12) Total Reimbursement Received (Total of Column 10) $ _____

(13) Operating Balance (Item 11 Minus Item 12—See Instructions) $ _____

Form completed by: Sam Gov

Contact Info: Sam.Gov@email.com

NOTE: Attach and submit ALL expenditure/reimbursement worksheets listed on this form to be validated by OSDE

ORGANIZATION CHART INSTRUCTIONS

An organizational chart shows the internal structure of an organization. The title of the positions are represented in each of these boxes to show the chain of **c**ommand.

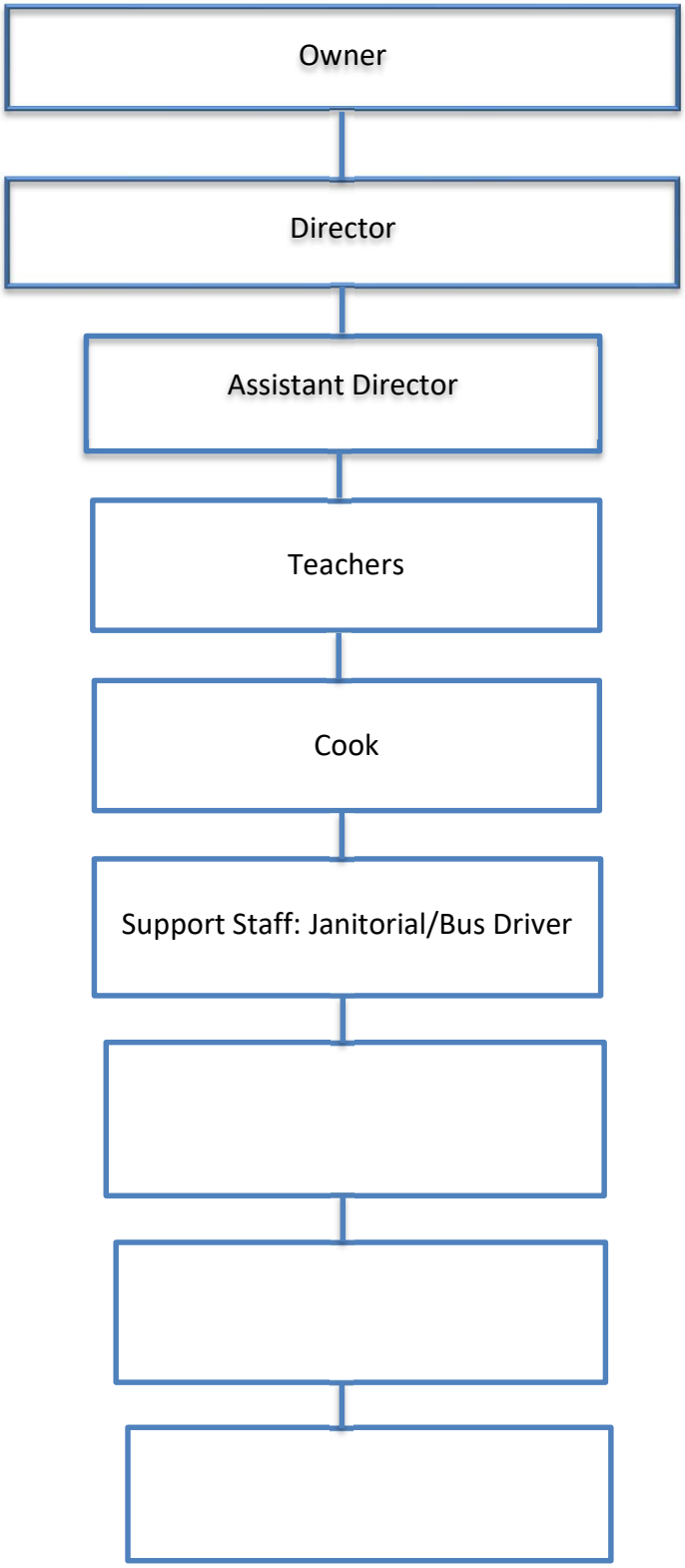
Examples of an organizational chart are listed on **page 23-24** The examples given are for a non-profit institution and a for profit institution. The institution can use the blank forms located in the originals sections or create your own.

Note: A nonprofit institution should always include board members.

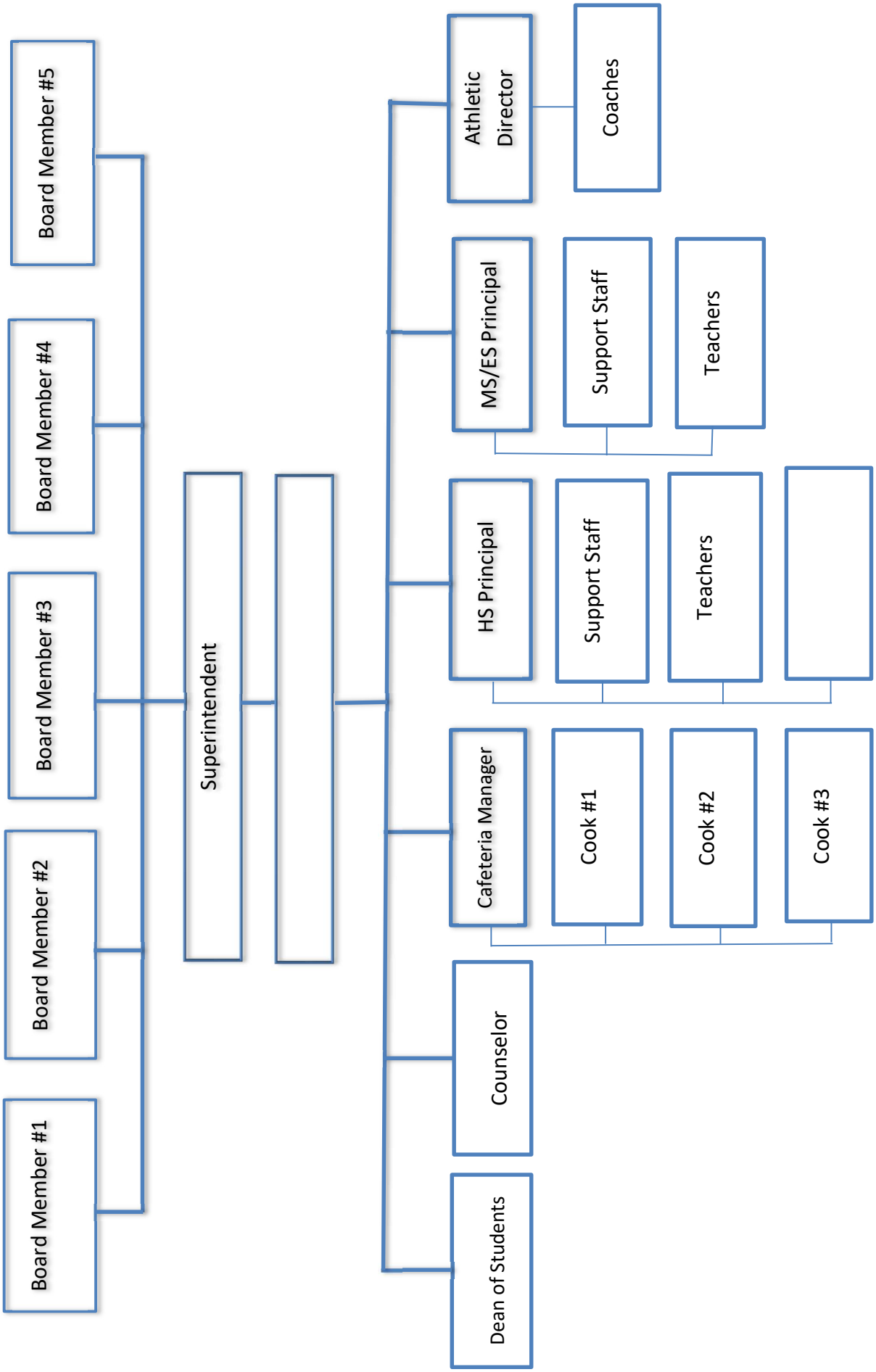
A copy of this form is *REQUIRED* in order for the Institution's application and agreement to be approved.

NOTE: It is not required to list names. Titles are the only items needed.

For Profit Organizational Chart Example



Nonprofit Organizational Chart Example



ELIGIBILITY

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, FDPIR, 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) 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.***

      (4) SSI numbers are recognized as social security numbers.

      NOTE: SNAP, Medicaid, FDPIR, and SSI numbers must be Oklahoma-issued.

      * If an application contains a single case number for SNAP, Medicaid, FDPIR, 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, FDPIR, 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, FDPIR, 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 AD-197**)

2. Households may report incomes for different periods; e.g., monthly, one every two weeks, one twice a month, and one weekly. The institution representatives 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.

4. If a member of the household does not have reportable income, the institution must still request that applicants write a ***ZERO or mark the Zero Income box***.

   - Any household member with no reportable income should mark the zero income box.
   - When no income is provided for any of the adult household members, the application is still considered complete if it includes a social security number, date, and signature.
   - If the institution has known or available information that household income was reported incorrectly, the application will be verified for cause

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 for 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.***

   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.

6. Effective Date

   CACFP institutions have flexibility concerning the effective date of certification for program benefits. The date to be used to make this determination may be either the date the participant or the adult household member 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 the participant or adult household member's signature is not within the month of certification or the immediately preceding month, the effective date must be the date of certification. (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-speaking 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 ***https://www.fns.usda.gov/school-meals/translated-applications***.

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 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 Forced 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.)

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.)

(c) *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 the 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.)

(d) The Earned Income Tax Credit (EITC). (Reference All-State Directors' Memo 2003-CN-13.)

(e) Any payments made under the Agent Orange Compensation Exclusion Act.

(f) Any payments made or any mandatory salary reduction related to the Veteran's Educational Assistance Act of 1964 (GI Bill).

(g) 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 income 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 babysitting 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 Director's Memo 2006-CN-04.)

EXAMPLE

Life Long Adult Day Care
565 "O" Street
Happytown, OK 77777

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 (IEG), 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 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)*** *918-444-0000* .

Sincerely,

(Signature) *Gettin Older*

INSTRUCTIONS FOR COMPLETING THE ADULT FAMILY-SIZE AND INCOME APPLICATION

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

Part 1:
a. List all enrolled participants.
b. List all household members, including enrolled adult participant(s). For each enrolled participant, 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, 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

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

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION (FSIA) FY2022-2023

PART 1. ALL HOUSEHOLD MEMBERS		
a. Name(s) of Adult Participant(s) *FLORENCE SCOTT*		
b. Names of All Household Members (First, Middle Initial, Last)	**Age of Adult Participant(s)**	**Check If *NO* Income**
FLORENCE SCOTT	*94*	[x]
FRANK SCOTT		[x]
FELECIA SCOTT		[ ]

PART 2. BENEFITS

If any member of your household receives ***SNAP, FDPIR, SSI,*** or ***Medicaid*** 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. 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	$ *2200 / monthly*	$ ____/____	$ ____/____	$ ____/____
	$ ____/____	$ ____/____	$ ____/____	$ ____/____
	$ ____/____	$ ____/____	$ ____/____	$ ____/____
	$ ____/____	$ ____/____	$ ____/____	$ ____/____
	$ ____/____	$ ____/____	$ ____/____	$ ____/____

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. ***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 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.

Sign Here: *Felecia Scott*		Print Name: *Felecia Scott*
Date: *10/4/YYYY*		
Address:		Phone Number: *555-6666*
City:	State:	Zip Code:
Last four digits of social security number: *** - ** - *5 5 5 5*		[ ] I do not have a social security number

PART 5. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (Optional)

Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*		
[ ] Hispanic or Latino	[ ] Asian	[ ] American Indian or Alaskan Native	[ ] Black or African American
[X] Not Hispanic or Latino	[X] White	[X] 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: *2200.00*	Per Week:	Every 2 Weeks:	Twice a Month:	Month: *X*	Year:
Household Size: *3*					
Categorical Eligibility:		Date Withdrawn:	Eligibility: Free *X*	Eligibility: Reduced	Eligibility: Denied
Reason:					
Determining Official's Signature: *Ima Fishul*				Date: *10/4/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	25,142
2	33,874
3	42,606
4	51,338
5	60,070
6	68,802
7	77,534
8	86,266
Each Additional Person:	8,733

"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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OAS-CR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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 or (202) 690-7442; or

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

This institution is an equal opportunity provider

CACFP ROSTER

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***).
- Indicate who completed this form.
- List eligible participants 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 adult who was in attendance and received at least one reimbursable meal (participated) during that month.
- Use X_D to indicate that an adult participated that month but was also dropped from enrollment during the month.
- Use X_{RE} to indicate that the participant reenrolled and ate a meal during that month.
- Use X_E to indicate that an adult enrolled for the first time and participated during that month.
- Use ***NP*** to indicate anyone who is enrolled in the center but does not participate in CACFP meals.
- Totals for each category are reported monthly on the claim for reimbursement.

It is recommended that the rosters be maintained in a loose-leaf binder. CACFP Family-Size and Income Applications should be placed behind the roster on which they are listed.

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

EXAMPLE

FREE CACFP ROSTER

Center: Boomer Adult Day **Fiscal Year:** YYYY

Form completed by: Sam Gov

NAME	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1. Phillips, Peter	10/4/YYYY	X												
2. Simonsky, Barbara	10/4/YYYY	X												
3. Douglas, Steffy	10/4/YYYY	X												
4. Douglas, Julie	10/4/YYYY	X												
5. Douglas, Debbie	10/4/YYYY	X												
6. Smith, Kathy	10/4/YYYY	X												
7. Robbins, Cindy	10/4/YYYY	X												
8. Hanks, Tommy	10/4/YYYY	NP												
9. Public, Tonya	10/4/YYYY	NP												
10. Public, Robert	10/4/YYYY	X												
11. Public, John Q	10/4/YYYY	X												
12. Public, Velva	10/4/YYYY	X												
13. Olson, Mariah	10/6/YYYY	X												
14.														
15.														
16.														
17.														
18.														
19.														
20.														
21.														
22.														
23.														
24.														
25.														
26.														
27.														
28.														
29.														
30.														
TOTAL		**11**												

*EF = Enrollment Form obtained

EXAMPLE

REDUCED-PRICED CACFP ROSTER

Center: **Boomer Adult Day** **Fiscal Year:** **YYYY**

Form completed by: **Sam Gov**

NAME	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1. Jensen, Jodi	10/4/YYYY	X												
2. Cashion, Amber	10/4/YYYY	X												
3. Sanders, Sue	10/4/YYYY	NP												
4. Sanders, Todd	10/4/YYYY	X												
5. Childs, Brenda	10/4/YYYY	NP												
6. Scott, Florence	10/4/YYYY	X												
7. Scott, Frank	10/4/YYYY	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: NP IDENTIFIED A PERSON WHO IS NOT PARTICIPATING IN CACFP.

*EF = Enrollment Form obtained

EXAMPLE

NOT ELIGIBLE CACFP ROSTER

Center: Boomer Adult Day **Fiscal Year:** YYYY

Form completed by: Sam Gov

NAME	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1. Butler, Addie	10/4/ YYYY	X												
2. Butler, Thatcher	10/4/ YYYY	X												
3. Butler, Harrison	10/4/ YYYY	X												
4. Thomas, Cathy	10/4/ YYYY	X												
5. Thomas, Gary	10/4/ YYYY	X												
6. McClain, Johnny	10/4/ YYYY	X												
7. McClain, Joanie	10/4/ YYYY	X												
8. McClain, David	10/4/ YYYY	X												
9. McClain, Chase	10/4/ YYYY	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

RECORD KEEPING

Notes

RECORD-KEEPING REQUIREMENTS

All records must be maintained on a daily basis and *MAY NOT* leave the premises.

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 AD-8-11** for a summary of basic responsibilities, which includes all record-keeping requirements.

All required forms have a section ***Form Completed By***. Each person that fills out a required form needs to print their name in this section. A signature is not required. ***(Some required forms are dependent on how you are running the food program at your entity, example: serving more than 3 meals per day)***

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 or audit 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 child nutrition program specialist prior to use.

DAILY ATTENDANCE RECORDS

Participants must be enrolled and in attendance to be qualified as participants in the CACFP. Attendance records verify that a participant claimed was actually in attendance.

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

- Indicate the institution's name and the current month and year at the top of the page.
- Indicate who completed this form.
- List the full (first and last) name of each adult left for care at the center.
- Daily, using the following key, check each participant's status:
  - For an adult not in attendance, use an ***A*** for ***absent***.
  - For an adult in attendance, use an ***X*** or a check mark.
  - For an adult who is no longer enrolled, use a ***D*** for ***dropped***.
- Identify participant who are in attendance but do not receive reimbursable meals.
  - For an adult who does not participate, use an ***NP*** for ***does not participate***.

EXAMPLE

DAILY ATTENDANCE RECORD

Name of Day Care Center: Boomer Adult Day Month: OCT Year: YYYY

Form completed by: Sam Gov

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	A	A	X			X	X	X	X	X			X	X	A	X	X			X	A	X	X	X			X
Douglas, Julie			X	X	A	A	X			X	X	X	X	X			X	X	X	X	A			A	A	X	X	X			X
Douglas, Debbie			X	X	A	A	X			X	X	X	X	X			X	X	X	X	A			A	X	X	X	X			X
Phillips, Peter			X	X	X	X	X			X	A	A	A	X			X	X	X	A	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	X	X	X	X			X
Olson, Mariah			X	X	A	X	X			X	X	X	X	X			X	X	X	A	A			X	X	X	X	X			X
McClain, Johnny			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	D	D	D			D	D	D	D	D			D
McClain, David			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	D	D	D	D			D	D	D	D	D			D
Scott, Florence			—	—	—	—	—			—	—	—	—	—			—	—	—	—	—			—	—	—	X	X			X
Scott, Frank			—	—	—	—	—			—	—	—	—	—			—	—	—	—	—			—	—	—	X	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
Cashion, Amber			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	A	A	A			A	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Sanders, Todd			X	X	A	A	A			A	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Butler, Addie			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
Thomas, Cathy			X	X	X	X	X			X	X	X	X	X			X	A	A	A	X			X	X	X	X	X			X
Thomas, Gary			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 name of center, current month and year at the top of the page.
- Enter the full name (first and last) of each adult enrolled in the center.
- Each day a participant who is in attendance, indicate on the first line the arrival time and on the second line the participant's departure time. If ***absent***, indicate with an ***A***.
- Identify who are in attendance but do not participate by using an ***NP***.
- Indicate who completed this form.

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.

EXAMPLE

DAILY ATTENDANCE RECORD
ARRIVAL AND DEPARTURE TIMES

☒ Regular Meals
☐ At-Risk Meals

Name of Day Care Center: Boomer Adult Day Month: OCT Year: YYYY

Form completed by: **Sam Gov**

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
			7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00			7:00	A	A	7:17	7:30			A	7:05	7:05	7:00	7:00			7:30
Douglas, Steffy			5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00			5:25	A	A	10:05	5:30			A	5:00	5:15	5:15	5:15			5:00
			7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00			7:00	7:00	7:30	A	A			A	7:05	7:05	7:00	7:00			7:30
Douglas, Julie			5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00			5:25	5:00	5:30	A	A			A	5:00	5:15	5:15	5:15			5:00
			7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00			7:00	7:00	7:30	A	A			7:00	7:05	7:05	7:00	7:00			7:30
Douglas, Debbie			5:00	5:30	A	A	5:30			5:25	5:10	5:10	5:10	5:00			5:25	5:00	5:30	A	A			5:00	5:00	5:15	5:15	5:15			5:00
			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			7:10	7:20	7:30	7:20	7:30			7:30
Phillips, Peter			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			5:30	5:00	5:30	5:35	5:40			5:00

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 participant'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 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 participant 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 participant per day. Meals exceeding these limits are nonclaimable.

Instructions for using the Daily Record of Meals Served include:

- Record the name of each adult who participates in the CACFP.
- At the time of each meal service, place a mark for the meal each participant is receiving.
- Circle in red nonclaimable meals.
- At the end of the month, total the number of meals by service for each adult. (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.
- Indicate who completed this form.

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.

DAILY RECORD OF MEALS SERVED

Center/Sponsor Name: *Patty Perfect* Center/SponsorAgreement: DC-00-001 Month and Year: October XXXX

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	Total Reimbursable Meals B	AM	L	PM	S	L PM
1. Douglas, Steffy	B*			X	X			X			X	X	X	X	X			X	X			X			X		X	X	X			X	9					
	AM*																																	NA				
	L*			X	X			X			X	X	X	X	X			X				X			X		X	X	X			X			14			
	PM*			X	X			X			X		X		X			X	X			X			X		X	X	X			X				7		
	S*			X				X			X		X		X			X				X															7	
Age: 6	LPM*																																					NA
2. Douglas, Julie	B			X	X			X			X	X	X	X	X			X	X	X						X	X	X	X			X	15					
	AM																																	NA				
	L			X	X			X			X	X	X	X	X			X	X	X						X	X	X	X			X			15			
	PM			X	X			X			X	X	X	X	X			X	X	X						X	X	X	X			X				15		
	S																																				NA	
Age: 4	LPM																																					NA
3. Douglas, Debbie	B			X			X	X			X	X	X	X	X			X	X	X					X	X	X	X	X			X	15					
	AM																																	NA				
	L			X			X	X			X	X	X	X	X			X	X	X					X	X	X	X	X			X			16			
	PM			X			X	X			X	X	X	X	X			X	X	X					X	X	X	X	X			X				16		
	S																																				NA	
Age: 2	LPM																																					NA
4. Phillips, Peter	B			X	X	X	X	X						X	X			X	X			X			X	X	X	X	X			X	15					
	AM																																	NA				
	L			X	X	X	X	X						X	X			X	X			X			X	X	X	X	X			X			15			
	PM			X	X	X	X	X						X	X			X	X			X			X	X	X	X	X			X				15		
	S																																				NA	
Age: 2	LPM																																					NA
5.	B																																					
	AM																																					
	L																																					
	PM																																					
	S																																					
	LPM																																					

*B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper; LPM = Late PM Snack Form completed by: **Sam Gov**

You may not claim more than two main meals and one snack or two snacks and one main meal per child daily.

	B	AM	L	PM	S	L PM
Totals	55	NA	60	61	7	NA
Grand Totals From All Pages	55	NA	60	61	7	NA

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.

- Indicate who completed this form.

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*

Form Completed By: **Sam Gov**

(To be maintained at institution 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.

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 and 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 (these will not be entered on the Expenditure/Reimbursement Worksheet)

   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.
   5. Indicate who completed this form.

D. Unallowable Receipts
   - Denoting that SNAP was used to make CACFP purchases***. If found claiming such expenses, the center and this practice will be reported to the Oklahoma Department of Human Services (DHS)***
   - A copy of a receipt/invoice without the original attached.
   - Any receipt/invoice that has been altered, missing information, or is cut off at the bottom.
   - Any receipt/invoice that does not have the date of purchase.
   - A receipt from grocery pick up or delivery that is not the FINAL receipt. ***It cannot be a receipt from when the order was submitted or still in process.***

Receipts/invoices will be validated against bank/credit card statements

Note: If an owner has multiple institutions and each one has a different agreement number, EACH facility MUST have their own CACFP receipts.

EXAMPLE

FOOD-PURCHASING FORM

(To Be Completed for Each Purchase)

Store Name/Vendor*: Discount Grocery Center: Boomer Adult Day Date: 10/6/YYYY

Attach receipt containing name of store and date of purchase. Check #: 1092

FOOD AND MILK					FOOD-RELATED SUPPLIES				
# of Units	Unit Size	Items Used to Prepare Required CACFP Meals	Unit $ Cost	Total $ Cost	# of 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	each	HP365xr (Ink)	.99	.99
1	10 oz	Cheese crackers	1.69	1.69	1	200 ft	Foil	3.59	3.59
2	15 oz	Cornflakes	3.19	6.38	1	roll	Paper towel	1.59	1.59
1	8 oz	Tub (Butter)	.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	Cojk Shrf (Colby/Jack 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	Whole- Wheat bread	.89	.89					
1	.96 lb	Bananas	.50	.50			Food-Related Subtotal		8.66
1	10 oz	Twin 18P Eg (Eggs)	.63	.63			Food-Related Tax		.74
1	4 oz	Com Pantry (cream of mush)	1.79	1.79			Total Food-Related Supplies		9.40
1	6 oz	Hildychdr (cheddar cheese)	1.99	1.99	# of Units	Unit Size	***Nonreimbursable Items**	Unit $ Cost	Total $ Cost
1	16 oz	GV RTN (rotini noodles)	1.15	1.15	1	ltr	Root beer	1.89	1.89
1	gal	Milk, whole	3.00	3.00	1	6 pk	Toilet tissue	4.69	4.69
					2	pack	Coffee	10.39	10.39
					1	pkg	Chocolate Chip cookies	1.99	1.99
		Food and Milk Subtotal		44.32	(Local Tax Rate = .08375)		Nonreimbursable Subtotal		19.96
		Food and Milk Tax		3.80			Nonreimbursable Tax		.85
		Total Food and Milk		48.12			Total Nonreimbursable Items		20.81

* 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 specialist.

Summary of Costs	
Total Food and Milk	$48.12
Total Food-Related Supplies	9.40
Total Nonreimbursable Items	20.81
Grand Total (Must Agree With Receipt)	$78.33

Form completed by: John Doe

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 that 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 participants while they eat, and/or completing of Menu As Served forms. 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 = $600.00
   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. 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* non-reimbursable 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 USDA Foods (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 negative or positive number.

17. Indicate who completed this form.

Maintain in institution records.

EXAMPLE

EXPENDITURE/REIMBURSEMENT WORKSHEET

INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Institution Name: Boomer Adult Day Month: OCTOBER Year: YYYY

DATE (1)	ITEM/ENTRY (Vendor or Personnel, Etc.) (2)	CHECK NUMBER (3)	OPERATING AND ADMINISTRATIVE COSTS ($)																	
			CACFP Admin. Labor (4) $		CACFP Admin. Expenses (5) $		Food Service Salaries/ Benefits (6) $		Food Service Rent/ Utilities/ Janitorial (7) $		Food Service Equipment (8) $		Food Purchases (Food and Milk) (9) $		Nonfood Purchases (Food-Related Supplies) (10) $		Misc. (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						$3.51 (free rate) +		$.3700 (commodities rate)				= $ 3.88		x 15 (adults) =				58	20
(13)	**Grand Totals**		264	00			1,914	00					564	09	41	66			58	20

(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

Form completed by: Sam Gov

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

OTHER REQUIRED RECORDS

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.

EXAMPLE
INDIVIDUAL PLAN OF CARE

Adult Day Care Center: *Life Long Adult Day Care* Fiscal Year: *YYYY*

Participant's Name: *Douglas, Steve* Current Date: *10/4/YYYY*

Medical Diagnosis: *CRF, CVA, HTN, DM II*
Orders: *GENERAL DIABETIC, RENAL DIET*
Caregiver's/Participant's Expectations: *ACTIVITY, SOCIALIZATION, ADL ASSIST*
Needs/Goals:

1. Physical: *Altered nutrition: High risk for more than body requirements R/T noncompliance with restrictions*
2. Cognitive: *Altered thought processes R/T physiological changes*
3. Social: *Impaired social interactions R/T alienation from others 2 depressive behavior*
4. Other: *Self-care deficit (feeding) R/T decreased interest in caring for own needs*

GOAL	RESPONSIBLE STAFF/ DISCIPLINE	STRATEGY	MEASURE	OUTCOME
1	Nursing Dietary Activities Social Services	•Serve renal, diabetic diet •Restrict sodium & potassium •Encourage frequent change of position •Encourage chair exercise twice daily	•Will eat >75% renal, diabetic diet •Will assist with repositioning and transfers	
2	Nursing Activities Social Services	•Orient to new surroundings and new faces (introduce self) •Communicate information in short, simple sentences	•Will be oriented X^4	
3	Nursing Activities Social Services	•Provide an individual, supportive relationship	•Will socialize with staff/peers daily	
4	Nursing	•Set up tray and encourage PT to feed self •Assist as needed to complete meal	•Will feed self finger foods	

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: *Boomer 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	Good Morning 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	Snacks and Music	Snacks and Music	Snacks and Music	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	Good Morning Exercise	Good Morning Exercise	Good Morning Exercise	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	Snacks and Music	Snacks and Music	Snacks and Music	Snacks and Music
2:30	Trivia	Bean Bag	Trivia	Hang Man	
3:00	Balloon	Toss	Bean Bag	Game	The D-Jay

CRAFT ROOM SCHEDULE

Monday: 10 AM Weaving | **1 PM Acrylic Painting** | **Tuesday: 10 AM Ceramics** | **1 PM Woodworking** | **Wednesday: 10 AM Ceramics** | **1 PM Bingo** | **Thursday: 10 AM Painting** | **1 PM General Crafts** | **Friday: 10 AM Weaving** | **1 PM Bingo**

Notes

END OF MONTH RECORD OF INVENTORY

It is **required** to have an end of the month record of inventory for all unopened items on hand at the center. An inventory system is a management tool used for an efficient food service operation. The inventory provides a systemic 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 carryover of food/food-related supplies surplus.

INVENTORY INSTRUCTIONS

Additional forms may be needed to ensure all items are inventoried. Please specify the page number at the top of the page if using more than one page for the month.

Center Name: Enter the Name of the Center

Inventory Month/Year: Enter the month and year food and milk item(s) were not used

Date Conducted: Enter the date inventory was conducted

Enter food/milk item(s) including the brand name in the correct section:

Component sections include meat/meat alternate, bread/grain, fruit, vegetable, and milk.

Optional sections include condiments, extra food items, and food-related supplies.

Column 1: Enter the name of each unopened food item on hand at the end of the month such as creamed corn, french-style green beans, 80/20 ground beef, or mayonnaise in the correct section.

Column 2: Enter the purchase unit of each unopened food item on hand such as 5 lbs, #10 can, 4# bag, etc. If different size container of the same food are on hand, use a separate line for each purchase unit type.

Example: Mandarin oranges are bought fresh by the pound and in #10 cans, one line is for fresh and another line for canned oranges.

Column 3: Enter the number of unopened units found on hand from actual count.

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

(Additional forms may be needed to ensure all items are inventoried)

Center Name: Boomer Adult Day

Inventory Month/Year: October 20XX

Date Conducted: 10/31/20XX

Form Completed By: Sam Gov

Meat/Meat Alternate	Purchase Unit	# of Units	Grain/Bread	Purchase Unit	# of Units
80/20 ground beef	pound	10	Graham Crackers - Market Pantry	16 oz box	2
Cheddar Cheese, shredded - Good & Gather	pound	2	Whole Wheat bread - Wonder	lb loaf	2
Beef Hot Dogs - Bar S	16oz pkg	3	Saltine Crackers - Great Value	16oz box	1
Beef Bologna - Bar S	16 oz pkg	4	Cheerios	32 oz box	2
			Kix Berries	32 oz box	1
			Spaghetti Noodles - Good & Gather	16 oz	2
			Tortilla Chips - Great Value	2lb bag	1
			Hot Dog buns - Wonder	1lb	4
			Bagels - Lenders	1lb	2

Fruit	Purchase Unit	# of Units	Vegetable	Purchase Unit	# of Units
Peaches, diced - Dole	#10 can	2	French Style Green Beans - Libby's	15 oz can	5
Apples, Gala - fresh	5lb bag	1	Mixed Vegetables, frozen - Great Value Brand	3lb bag	2
Fruit Cocktail - Sysco	#10 can	4	Baby Carrots - fresh	5lb bag	1
Mandarin Oranges - Dole	5lb bag	2	Tator Tots, frozen - Ore Ida	10lb bag	2
Pineapple, tidbits - Sysco	#10 can	5	Instant Mashed Potatoes - Idaho Spuds	1lb	5
Pineapple, chunks - Del Monte	15 oz can	3	Salsa - Member's Mark	#10 can	3
Apple Juice, 100% - Welch's	Gallon	5	Spaghetti sauce - Hunt's	16 oz jar	2

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

(Additional forms may be needed to ensure all items are inventoried)

Milk	Purchase Unit	# of Units	Extra Foods *(optional)*	Purchase Unit	# of Units
Whole Milk	gallon	2	Meatballs - Good & Gather	2lb bag	1
1%	gallon	4	Chili, Wolf brand, canned	28oz	3
Fat Free, Chocolate	pints	25			
Lactose Free Milk, 1%	quart	2			

Condiments *(optional)*	Purchase Unit	# of Units	Food-Related Supplies *(optional)*	Purchase Unit	# of Units
Ketchup - Hunts	32 oz	1	Dish soap - Palmolive	32 oz	1
Ranch - Kraft	16oz	2	Paper Plates - Member's Mark	250 count	1
Cheese, singles - Kraft	16 oz	3	Trash Bags - Hefty	30 gallon	1
Cream Cheese - Great Value Brand	8 oz	3			

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 without submission of one-time exception documentation. A copy must be maintained on file for a minimum of three years.

1. **GENERAL DATA**

   a. Report number of days in operation for the month.

   b. Eligibility Data
      (1) Report total enrollment. (Total enrollment may differ from CACFP participation if you have adults enrolled who do not eat reimbursable meals.)

2. Participation Data:

   a. Title XIX Data, if applicable.
      (1) Number of Title XIX (adult centers) or free and reduced-price participants.

   b. Participation Data: Report current number of enrollees participating (who ate at least one regular meal) for the claiming 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.

   c. ***MEAL COUNTS CLAIMED FROM MEAL COUNT WORKSHEET:***
      (1) Enter number of regular breakfasts served to participants.
      (2) Enter number of regular lunches served to participants.
      (3) Enter number of regular suppers served to participants.
      (4) Enter number of regular snacks served to participants.

   d. **Cash-in-Lieu of USDA Foods Data***:* To be completed ***ONLY*** by those institutions electing to receive cash-in-lieu of USDA Foods.

Be sure to check and recheck your numbers; if your claim is correct, select *View Claim Summary* and then submit your claim by entering the date and clicking *Certify*.

EXAMPLE

OKLAHOMA STATE DEPARTMENT OF EDUCATION
Child Nutrition—Child and Adult Care Food Program (CACFP)

CACFP Child/Adult Care Food Program—Claim Entry

AD-XX-XXX - *Boomer Adult Day*
1234 NW Block St
Oklahoma City, OK 73124
TIN: 000000000

Staff Quick-Picks											
May	June	July	August	September	October	November	December	January	February	March	April

Claim Month October ∨

Claim Year YYYY Search

Verify Eligibility

Claim Listing for Month/Year Requested						
Select	Adjust	Submit Date	Month	Claim Year	Status	Permit Expires
Select	Adjust		4	2020	Active	1/1/2099
1						

View Claim Summary

Individual CACFP Business—No Sites

Individual CACFP Business—No Sites

Number of Days in Operation	20
Total Enrollment	91
Participation Data	
Title XX/XIX (if applicable)	91
Number Free Eligible	91
Number Reduced-Price Eligible	0
Number Not Eligible	0

Meal Counts	Child Care	At-Risk	Adult Care
Number of Breakfasts	0	0	1418
Number of Lunches	0	0	664
Number of Suppers	0	0	0
Number of Snacks	0	0	1452

Average Daily Attendance	Child Care	0	At-Risk	0	Adult	71
Cash-in-Lieu Total	$152.72					
Total of Meals Claimed	$5,771.74					
Subtotal	$5,924.46					

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 can locate a copy of the Payment Notice reflecting the electronic deposit of the CNP reimbursement at the bottom of the *Claim Summary* page on the CACFP Web site.

EXAMPLE
STATE DEPARTMENT OF EDUCATION
2500 N Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599

PAYMENT NOTICE

PAYMENT OF FEDERAL CHILD NUTRITION FUNDS

TO: Boomer Adult Day
Hilda Brand
1234 NW Block Street
Oklahoma City, OK 73124

000 00 0000 Institution Name **Agreement No.: AD-55-999**
(FEI Number)

FROM: **STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS**

The following payment(s) was(were) electronically deposited in your account on ***November 14, YYYY***:

WARRANT NO.	***$ AMOUNT***	***APPORTIONMENT OF TITLE***	***CFDA NO.***
0000000000	$5,924.46	Child and Adult Care Food Program	10.5580000

Funds to the above agency for reimbursement claimed for ***October YYYY***.

These funds should be deposited to the credit of the Child Nutrition Programs. These funds shall be accounted for in a manner that will make all expenditures clearly identifiable.

TO REIMBURSE PROGRAM CODE 700/FY-XXXX

AWARD NAME: U.S. Department of Agriculture—CNP Block Consolidated
AWARD NUMBER: 60K300329

AWARD NAME: U.S. Department of Agriculture—Cash-in-Lieu
AWARD NUMBER: 60K300349

Very truly yours,

STATE SUPERINTENDENT
OF PUBLIC INSTRUCTION

If you have any questions concerning this payment, please contact Child Nutrition Programs

EXAMPLE

MONTHLY RECORD-KEEPING CHECKLIST

Month: OCTOBER **Year:** YYYY

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.

(X) Meal Count Worksheet

(X) Expenditure/Reimbursement Worksheet (Summary of All Allowable Operating and Administrative Costs)

(X) Financial Documentation - Any bank and credit card statement(s) where CACFP funds were deposited, spent, or transferred to or from, Year to date report, Profit/Loss statement, canceled checks, etc.

(X) Food-Purchasing Forms/Itemized Receipts

(X) End of the Month Inventory for Food and Milk

( ) Title XIX Documentation

(X) Canceled Checks (Documentation of CACFP Expenditures)

(X) Daily Attendance Records

( ) Daily Attendance Records—Arrival and Departure Times, if applicable

( ) Daily Record of Meals Served, if applicable

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

(X) Obtain FSIAs on new participants and maintain with all other FSIAs.

( ) Add new participants in attendance to the CACFP Roster for updated monthly count of ***free, reduced-price,*** and ***not eligible***.

(X) 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.

(X) Individual and Group Plan

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

ANNUAL REQUIRED DOCUMENTATION

(X) Procurement Documentation

(X) Training Records

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FY 2023 NOTIFICATION OF ADMINISTRATIVE REVIEW (AR)

MEMO TO_____AGREEMENT #_____ DATE_____

An Unannounced Administrative Review will be conducted at your institution between October 1, 2022, and September 30, 2023. Records are to be maintained on-site at all times for review purposes. If records are not immediately available, you will be given 1 hour to produce them. Per state auditor requirements, a copy of all documentation must be provided at the time of the review for the program specialist to retain and submit to the State Agency.. Records to be reviewed from October 1, 2022, to the last claim submitted include, but are not limited to:

1. Fiscal year 2023 application and agreement
2. Approved Family-Size and Income Applications (FSIAs) for the current year
3. CACFP participation data/CACFP Roster
4. Attendance records/arrival and departure times
5. Title XIX Documentation (Title XIX centers only)
6. Meal count worksheet/ Daily Record of Meals Served (DROMS)
7. Itemized receipts/Food Purchasing Form
8. Documentation of total revenues/income received by the institution/center. This includes bank and/or credit card statements of accounts where CACFP funds are deposited or are transferred to
9. Documentation of total expenditures of the institution/center. This should include bank and/or credit cards statements of accounts used to make any purchases of CACFP related expenses or used to pay for any other allowable CACFP expense
10. Documentation to verify that the institution is both financially viable and operating a nonprofit food program service such as Profit/Loss Statement, End-of-the-Year Report, Expenditure/Revenue report, etc.
11. End of the Month Inventory for food and milk
12. Monthly reimbursement claims
13. Menus as Served or Contract Meal Services Delivery Receipt
14. Group Plan
15. Individual Plan of Care
16. Child Nutrition (CN) labels/Product Formulation Statements (when applicable)
17. Labels for Cereal, Yogurt, and whole grain items served.
18. Procurement Documentation including Procurement Plan, Chart of Procedures, & Protest Procedures
19. Proof of CACFP record retention for three years
20. Documentation of CACFP key staff training
21. License or permit to operate a day care facility
22. Civil Rights Complaint-Filing form
23. And Justice for All poster displayed
24. Board Minutes for Nonprofit institutions
25. Institution's Organizational Chart
26. If multisited (in addition to the above items):
    a. Preapproval visits for new centers
    b. On-site monitor reviews
    c. Policies & Procedures
    d. Household contact documentation, if applicable
    e. Proof of edit checks
26. Copy of the State Agency-approved contract if institution is under contract with an outside source.
27. Other _____

_____ _____

Child Nutrition Programs' (CNP) Program Specialist Program Specialist Telephone Number

2500 North Lincoln Boulevard, Oklahoma City, OK 73105-4599

CLAIM REVISION

If an institution needs to make a claim revision, this entire form will need to be filled out with an explanation of what was revised and why.

Once this form has been completed, it can be sent to Lesia King by faxed at 405-521-2239 or emailed to Lesia.King@sde.ok.gov.

CACFP Claim Revision

Agreement #: AD-55-999

Institution/Site Name: Boomer Adult Day

Please provide the revised counts

Claim Month/Year: October 20XX

Number of days in operations: 19

Total enrollment: 43

At-Risk number of days in operation, if applicable: 0

At-Risk total enrollment, if applicable: 0

Participation Data:

Title XX/XIX, if applicable: 30

Number free eligible: 25

Number reduced eligible: 5

Number not eligible: 13

	Child Care	At-Risk	Adult Care
Number of Breakfasts			602
Number of Lunches			553
Numbers of Suppers			0
Number of Snacks			736

Reason for revision: Lunch meals were transposed. It should have been 553 and not 535.

MEAL TIME CHANGE FORM INSTRUCTIONS

If an institution needs to make changes to make changes to the meal time information in the application and agreement, the following form needs to be filled

Agreement Number: Institutions agreement number

Institution/Site Name: The institutions name. Add the name of the site, if multisited

Top Section: The entire top section needs to be filled out with information currently in the system for the Center/Site.
Note: One form per site needing updates

- List meal times currently being served in military time (0-2400)
- Maximum number of meals
- Current approved days to serve meals
- Times of operation

Bottom Section: ONLY fill out the changes or updates that need to be made from the top section.

- List meal times currently being served in military time (0-2400)
- Maximum number of meals
- Current approved days to serve meals, include justification for weekend or shift meals
- Times of operation

Signature of Authorized Representative

This form can be emailed to the assigned person for your application at Lesia.King@sde.ok.gov, Jenniffer.Pryor@sde.ok.gov, or Lori.Bourroughs@sde.ok.gov or it can be faxed to 405-521-2239.

CACFP Notification of Meal Service Change

Agreement Number: AD-55-999 Institution/Site Name: Boomer Adult Day

This form must be submitted if any of the following information has changed from the original application. Please complete and submit to our office for approval *prior* to meal service change.

For recordkeeping purposes, please list the days and times of meal service that you are currently approved for.

Please list currently approved mealtimes here:

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st shift		1st shift		1st shift		1st shift		1st shift		1st shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
700	830			1130	1230	1400	1430				
2nd shift		2nd shift		2nd shift		2nd shift		2nd shift		2nd shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
						1600	1630				

Please list currently approved maximum number of meals:

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
50				50		30	20				

Please check the box for each day currently approved to serve meals and current hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
✓	✓	✓	✓	✓	✓	☐

Open	Close
600	1800

Please enter the new information you wish to change and submit for approval below.

If applicable, list NEW mealtimes here: ☐ No change to mealtimes

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st shift		1st shift		1st shift		1st shift		1st shift		1st shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
				1100	1200	1400	1430				
2nd shift		2nd shift		2nd shift		2nd shift		2nd shift		2nd shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

Please list NEW maximum number of meals: ■ No change to max number

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd

If serving shift or weekend meals, please provide justification:

If applicable, check the box for each day you wish to serve meals: ☐ No change to days of the week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
✓	✓	✓	✓	✓	☐	☐

If applicable, list your NEW hours of operation:

Open	Close

■ No change to hours of operation

I further certify that all the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, disability, age, reprisal, and retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Authorized Representative Signature: _____ Date:_____

SDE Signature: _____ Date:_____

Notes

TRAINING

STATE AGENCY TRAININGS

It is required to attend a Training Manual workshop each year. The center/sponsor's renewal application will not be approved until this training has been completed.

A. Training Calendar

1. All Zoom and in-person trainings offered by the State Agency can be found in the Training Calendar located in the CACFP Application & Claiming system.

   https://cnp.sde.ok.gov/CACFP/DCCWelcomeM.aspx

2. To receive credit for ANY state agency training(s) attended whether in-person or zoom, every participant MUST BE REGISTERED in the Training Calendar even if everyone is watching on one device.

   - At least one person will need to be able to log into the CACFP Website
   - Registration ***MUST*** be done on the website for every person attending training.
   - Certificates are not sent out for Zoom classes. All courses the participant completes will show up in the Business Maintenance Page.
   - Classes in the Training Calendar are always being added. If the course is on Zoom, the link will be located in the comments section.
   - Slides & Handout are found in the RESOURCE LIBRARY under the TRAINING SLIDES & HANDOUTS section.

3. Registration Instructions:
   1. Go to the CACFP Online Application System: ***https://cnp.sde.ok.gov/CACFP/SNP-WelcomeM.aspx***
   2. Log into the system using your assigned username & log-in
   3. Go to the mustard yellow column on the left-hand side
   4. Click on Training Calendar
   5. Look at all the Titles and Dates of the Trainings available
   6. Select Details for the Training you would like to attend. Scroll to the bottom of the details section and fill out the information – Name, Title, and Institution you are affiliated.

      NOTE: If it is a training on Zoom, the link will be located in the Details/Comments box of the training to be attended.

*Certificates are not sent out after Zoom Trainings. To receive credit, each participant ***MUST*** register in the Training Calendar. The training completed will show up in the Business Maintenance page.

B. OSDE Connect Trainings (Self -paced)

- To receive a certificate, the participant will have to complete the module and the quiz at the end of the course.
- ***OSDE Connect courses are the ONLY trainings that will meet the required training for New or Seriously Deficient (SD) institutions.***
- Courses offered in OSDE Connect are located in the OSDE Connect catalog or in Resource Library under Training & Workshop section.

- These trainings can be used as a reference tool. The quiz does not have to be taken at the end if used only as a resource tool.

ADDITIONAL TRAININGS

A Institute of Child Nutrition (ICN)

The Institute of Child Nutrition (ICN) is part of the School of Applied Sciences at The University of Mississippi. It is the only federally funded national center dedicated to applied research, education and training, and technical assistance for child nutrition programs. The Institute was established by Congress in the Child Nutrition and WIC Reauthorization Act of 1989.

https://theicn.org/

B. Cooking for Kids

Cooking for Kids is a multi-agency effort aimed at changing the paradigm of child nutrition in Oklahoma. The project includes menu planning and recipes for child care, child nutrition leadership training, and web-based resources. Trainings and consultation are provided at no cost to institutions or child nutrition personnel. Training is offered during the summer.

https://cookingforkids.ok.gov/

C. Team Nutrition

Team Nutrition is a USDA initiative to support the child nutrition programs through training and technical assistance. The organization offers grants, training materials, and recipes schools and child care centers can use.

https://www.fns.usda.gov/TN

IN-SERVICE 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.

Training must be completed PRIOR to beginning program operations.

Training must be completed by September 30th of EACH year.

In-service 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 System
3. Accurate meal counts
4. Claims submission
5. Claim Review Procedures
6. Record keeping
7. Civil rights

Acceptable training methods include:

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

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

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM IN-SERVICE TRAINING AGENDA

Trainer—Jane Jones
October 4, 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

- Menu as Served forms

  I. Menu as Served Forms —Emphasis on the Importance of Proper Documentation
  II. Menu as Served Form Documentation Examples

- Reimbursement System Process

- Accurate Meal Counts

- Claims Submission

- Claim Review Procedures

- Civil Rights Training

SIGN-IN/Name and Position

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

Notes

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 U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: 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*** will be included at a minimum in print size **no smaller than the text**.

Example: If the document was typed in 12 point font, "This institution is an equal opportunity provider" must be in 12 point font or higher.

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 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 (on the next page) 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 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. (Not all bases apply to all programs.)

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 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 AD-89**. The person who has allegedly been discriminated against must complete and sign.

UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) PROGRAM DISCRIMINATION COMPLAINT FORM INSTRUCTIONS

OMB Control Number 0508-0002

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 email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not 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 email will be considered filed on the day the complaint is faxed or emailed. 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 (including gender identity and sexual orientation), 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 this form to which this notice is attached. The United States Department of Agriculture‟s Office of the Assistant Secretary for Civil Rights (USDA) 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.

REPRISAL (RETALIATION) PROHIBITED:
No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and 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 an investigation or other proceeding raising claims of discrimination.

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

   - ☐ Farm Service Agency
   - ☐ Rural Development
   - ☐ Forest Service
   - ☐ Food and Nutrition Service
   - ☐ Natural Resource Conservation Service
   - ☐ 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:

   Name and Street, P O Box, or RD Number: _____

   City, State, and 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: 833-256-1665

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

PROCUREMENT

CACFP Allowable and UnAllowable Costs

- USDA 2 CFR §200 Uniform Guidance
- USDA 796-2 Revision 4

This is not an all-inclusive list.

Allowable Cost (Related to CACFP Food Service)	**UnAllowable Cost** (Not related to Food Service)
Appliances (toaster, blender, microwave)	Alcohol/Cigarettes
Baby bottles and nipples	Candy/Gum
Bibs	Classroom activities
Bleach/sanitizing solution	Clothing
CACFP training tools	Coffee, tea, and creamer
Cookware (pots, pans, etc.)	Diapers
Cups	Facial tissue
Dish cloths	Food costs for meals/snacks NOT claimed
Dish soap	Food NOT CACFP approved (cookies, donuts, non-CN labeled products, etc.)
Food cost for meals/snacks claimed	Food NOT for daycare children
Food service equipment*, parts, and repairs	Food served to non-program persons
Food storage containers	Holiday decorations
Kitchen aprons, hairnets, uniforms	Paper towels for bathroom and classroom
Laundry soap for washing aprons, bibs, etc.	Personal purchases
Staff time spent on food service duties	Pet food
Paper plates	Pop/Soda
Spray bottles for sanitizing	Toilet paper
Thermometer for refrigerator/freezer	Toys
Trash can and lid for food service	Volunteer or non-paid staff
Utensils (forks, spoons, etc.)	

**Equipment over $5,000 must have pre-approval from the State Agency.*

NOTE: Any items purchased for both CACFP and daycare use *must* be prorated.

Example: The center purchases a 12 roll package of paper towels for $12.00. The towels are used for the classroom and kitchen. The classroom received six rolls and the kitchen received six rolls. Since the item was split, ONLY $6.00 can be listed on CACFP Food Purchasing form NOT the full amount of purchase. 12 rolls/$12.00 = $1.00; 6 rolls x $1.00 = $6.00 ***OR*** $12.00/50% = $6.00)

PROCUREMENT PROCEDURES AND PRACTICES

A. The primary purpose of procurement is to assure that open and free competition exists to the maximum extent possible. The procurement procedures practiced by an institution must not restrict or eliminate competition. For example, descriptions of goods, equipment, or services to be procured should not contain features that unduly restrict competition. ***A person (contractor or vendor) who develops or drafts specifications, requirements, statements of work, Invitations to Bid (IFB), Requests for Proposal (RFP), contract terms and conditions, or other documents for use by a grantee or subgrantee conducting procurement under the United States Department of Agriculture (USDA) entitlement programs shall be excluded from competing for such procurements.*** (Reference 2 CFR 200.318[a]) Competition helps assure that goods, equipment, and services will be obtained at the lowest possible cost. All procurements must be obtained through competition. The actual type of procurement method used is of secondary importance. Of primary importance is that open and free competition exists when purchases are made. Each Institution must have protest procedures in place to handle any protest a district may receive concerning its procurement practices.

METHODS OF PROCUREMENT

Informal Methods:

A. **Micropurchasing**—The purchase of products and services (similar or dissimilar purchased once as a single, collective unit) whose aggregate (total) costs do not exceed $50,000.

1. Price comparisons are not required for micropurchases as long as the Institution considers the price to be reasonable. Institutions must maintain documentation of the reason they chose a particular vendor.

2. Institutions ***cannot always purchase from only one source, store, or vendor***. Purchases must regularly be distributed among multiple qualified suppliers.

3. If the aggregate cost of these items (that is, the total bill) does not exceed the micropurchase threshold, this transaction qualifies as a micropurchase under 2 CFR Part 200.320(a).

B. **Small Purchase Procedures—**Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, goods, or equipment that do not cost more than the simplified acquisition threshold fixed at 41 U.S.C. 403(11), currently set at $250,000. (2 CFR 200.320[b])

1. When small purchase procedures are used, the following stipulations and terms must be considered:

   a. The Institution can set a lower threshold than $250,000. ***NOTE: If the Institution has a lower threshold, it must follow that lower amount.***

   b. Price quotes shall be obtained from an adequate number of qualified sources. USDA defines an adequate number as two or more. ***(Checking prices from at least 2 stores or vendors)***

c. The goods, equipment, or services to be purchased must be adequately and consistently described for each prospective supplier so that each one can provide price quotes on the same merchandise or service. These specifications must be either verbal or written. Both must be documented.

(1) Send specifications by fax, e-mail, telephone, or deliver in person to at least two vendors.

(2) Responses from vendors can be either in written or verbal form. Verbal quotes must be documented.

d. Price quotation records must be retained three years plus the current year or until audit findings are resolved.

e. May include fresh produce as long as the aggregate (total) amount is $250,000 or less.

2. Procurement Plan Prototype

For centers only using informal procedures (micropurchasing & small purchase), a small center procurement plan prototype can be adopted by the institution. The prototype can be found in the manual on **page AD-110** or in the Resource Library under the Procurement section.

C. ***Formal Methods:***

When a formal procurement method is required, if the threshold is over $250,000, the following competitive **sealed bid** or an **Invitation for Bid (IFB)** or Competitive Proposal in the form of a Request for Proposal (RFP) procedures will apply.

- An announcement of an IFB or an RFP will be placed in the *newspaper/media, IPS Web site, other Internet source* to publicize the intent of the Institution to purchase needed items. The advertisement for bids/proposals or legal notice will be run for *length of time*.
- An advertisement is required for all purchases over the Institution's small purchase threshold. The announcement *advertisement or legal notice* will contain a:
- The Institution will be ***PROHIBITED*** from submitting bids or proposals for such products or services.

In an IFB or RFP, each vendor will be given an opportunity to bid on the same specifications.

- Specifications and estimated quantities of products and services prepared by Institution and provided to potential contractors desiring to submit bids/proposals for the products or services requested.

  In awarding a competitive negotiation (RFP), a set of award criterion in the form of a weighted evaluation sheet will be provided to each bidder in the initial bid document materials. Price alone is not the sole basis for award, but remains the primary consideration when awarding a contract. Following evaluation and negotiations, a firm fixed price or cost reimbursable contract is awarded.

- The contracts will be awarded to the responsible bidder/proposer whose bid or proposal is responsive to the invitation and is most advantageous to the Institution, price, and other factors considered. Any and all bids or proposals may be rejected in accordance with law.

1. **Contract Cost and Price** (§200.323)—Applies to competitive, noncompetitive, and sealed bid.

2. The Institution must perform a ***cost or price analysis in connection with every procurement action in excess of the Simplified Acquisition Threshold***, including contract modifications. The method and degree of analysis is dependent on the facts surrounding the particular procurement situation, but as a starting point, the Institution must make independent estimates before receiving bids or proposals.

3. Cost or prices based on estimated costs for contracts under the federal award are allowable only to the extent that costs incurred or cost estimates included in negotiated prices would be allowable for the Institution entity under Subpart E—Cost Principles of this part. The Institution may reference its own cost principles that comply with federal cost principles.

4. The ***cost plus a percentage of cost and percentage of cost methods of contracting must not be used***.

5. The Institution may be required to submit proposed procurement to the Oklahoma State Department of Education (the ***State Agency***) for preaward review.

   NOTE: Institutions cannot divide purchases to fall below simplified acquisition threshold to avoid formal procurement methods.

6. Procurement Plan Prototype

   For centers only using formal and informal procedures, a formal procurement plan prototype can be adopted by the institution. The prototype can be found in the Resource Library under the Procurement section.

   - If your center is using formal procurement procedures, you may contact Kendra Merveldt at 405-521-3327 to ensure you are following proper formal procurement practices required by USDA.

TYPES OF PROCUREMENT

Did you spend *UNDER* $50,000 AND purchase items from multiple stores?

→ NO → **Did you spend *UNDER* $250,000 with a store or vendor and compare prices?**

→ NO → **Did you spend *OVER* $250,000 with a store or vendor?**

YES → **This is MICROPURCHASING**

Quotes or Price comparison is not required. However, the prices must be reasonable.

YES → **This is a SMALL Purchase = Informal Procurement**

YOU NEED:

1. **Written Specifications/detailed grocery list.**
2. **Specification need to be sent to at least 2 or more vendors or *prices must be compared from least 2 or more stores.***
3. **Maintain documentation on a price comparison sheet indicating what stores and prices were compared.**

YES → **This is a LARGE Purchase = Formal Procurement**

YOU NEED:

1. **Formal Bids/RFP**
2. **Formal Evaluation**
3. **Work with our contract specialist to ensure procurement was conducted correctly.**

Types of Formal

***Sealed bid* = Awarded to lowest price.**

***RFP* = Price is most important factor but can be selected by other factors as well.**

PROCUREMENT PLAN

Each Institution shall have on file a written procurement plan which provides justification for using a certain procurement method to obtain an item. The procurement plan identifies the Institution's purchasing periods for the goods, equipment, and services related to the CNP. In addition, the plan documents the various methods of procurement procedures being practiced. A new procurement plan does not need to be developed every year. However, an annual review of the plan is suggested to assure its relevance to current procedures. See an example of a procurement plan on the following pages.

PROCUREMENT PLAN GENERAL REQUIREMENTS

1. The procurement plan provides for free and open competition, transparency in transactions, comparability, and documentation of all procurement activities.

2. The following ***Code of Conduct*** will be expected of all persons who are engaged in the awarding and administration of contracts supported by CNP reimbursement funds. These written standards of conduct include:
   a. No employee, officer, or agent shall purchase or establish a contract if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award:
      (1) The employee, officer, or agent
      (2) Any member of the immediate family
      (3) His or her partner
      (4) An organization that employs or is about to employ one of the above
   b. Employees, officers, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to subagreements.
   c. The purchase of any food or service from a contractor for individual use is prohibited.
   d. No item, food, or beverage purchased with nonprofit food service funds will be removed from the premises by Institution personnel.

3. Regardless of procurement method, the following factors will be determined regarding the allowable costs:
   a. Be necessary and reasonable for proper and efficient administration of the program(s)
   b. Be allocable to federal awards applicable to the administration of the programs(s)
   c. Be authorized and not prohibited under state and local laws

4. All purchasing records will be maintained no less than the current year plus 3 additional years.

5. The Center/Sponsor will maintain a ***CHART OF PROCEDURES*** indicating how all items are procured, and how often they are procured.

6. **Nonkickback Affidavit**

Please note that Oklahoma statute 62 O.S. §310.9 requires a signed and notarized nonkickback affidavit on every purchase order of $25,000 or more. The affidavit is to be signed by the person or persons authorized to accept payment on behalf of the architect, contractor, engineer, or supplier.

7. **Lobbying Certification** (Reference 200.326[1])

a. Lobbying certification must be obtained for procurement contracts of more than $100,000. Any vendor whose contract award is for more than $150,000 must complete a Certification Regarding Lobbying form. The Institution must keep this signed certification statement on file with a copy of the vendor's contract.

b. Any Institution or its vendors who participate in lobbying activities must complete a Disclosure of Lobbying Activities form. Institutions must submit this completed form to the State Agency. A vendor would submit its completed form to the Institution.

8. **Debarment or Suspension**

An Institution is prohibited from contracting with an individual or company that has been debarred or suspended in accordance with 2 CFR §180, as adopted and modified by USDA regulations at 2 CFR §417. This prohibition does not extend to contracts in existence at the time of the debarment or suspension or to most contracts under $25,000. Rather, it applies to new contracts and extensions or renewals of existing contracts of $25,000 or more and to contracts for audit services, regardless of amount.

9. Contracts in excess of $150,000 shall contain provisions that require compliance with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857[h]), Section 508 of the **Clean Water Act** (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) Regulation (40 CFR §15) which prohibit the use of nonexempt federal contracts, grants, or loans of facilities included on the EPA list of violating facilities. The provision shall require reporting of violations to the granter agency and to the EPA Assistant Administrator for Enforcement (EN-329). The contract must recognize mandatory standards and policies relating to energy efficiency that are contained in the State Agency conservation plan issued in compliance with the Energy Policy and Conservation Act (Public Law 94-163).

10. The Institution will take all necessary affirmative steps to assure that ***minority firms, women's business enterprises,*** and ***labor surplus area firms*** are used when possible. Affirmative steps shall include:

a. Placing qualified small and minority businesses and women's business enterprises on solicitation lists.

b. Assuring that small and minority businesses and women's business enterprises are solicited whenever they are potential sources.

c. Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses and women's business enterprises.

d. Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses and women's business enterprises.

e. Using the services and assistance of the Small Business Administration (SBA) and the Minority Business Development Agency of the Department of Commerce.

f. Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed above.

Unallowable Procurement Practices

1. For cost plus fee contracts to pay any amount above net allowable costs, computed by deducting certain rebates, discounts, and other credits.

2. Allowing a potential contractor to write the bid or proposal terms, product specifi cations, procurement procedures, or contract terms.

3. Placing unreasonable requirements on firms.

4. Allowing a potential contractor to evaluate bids or proposals submitted by competitors.

5. Delegating bid/proposal acceptance or recommendation for acceptance to a potential contractor competing on the procurement.

6. Allowing a potential contractor access to sealed bid information before the bids are publicly opened.

7. Disclosing the content of proposal off ers submitted by others to a potential supplier prior to the supplier submitting an offer.

8. Negotiating under the formal advertising method (sealed bid) of procurement.

9. Accepting nonresponsive bids or offers.

10. Cost-plus-a-percentage-of-cost or ***cost-plus-percentage-of-reimbursement*** method of procurement is prohibited.

PROCUREMENT CHECKLIST

Use this checklist when preparing solicitation documents, conducting informal and formal procurements, evaluating bids and proposals and executing contracts that involve the use of Child Nutrition Programs. (This checklist may or may not be applicable to all purchasing processes.)

Procurement Plan	_____ Written procurement plan _____ Authorized purchaser(s) specified _____ Detailed procurement methods to be used (Micropurchasing, Small Purchase, IFB, RFP, noncompetitive negotiation), including detailed procedures for each purchasing method along with thresholds for each method used _____ Award method clearly described (i.e., line item, bottom line) _____ Vendor notification notified of award/nonaward of contract _____ Code of ethics/conflict of interest policy _____ Other state/local requirements
Procurement Procedures	_____ Letter of invitation _____ Advertisement procedures _____ Intent of procurement activity _____ Contract time period _____ Bid/proposal/quote submission procedures (i.e., sealed bid, written specifications) _____ Prebid/proposal meeting date/time/location (if applicable) _____ Bid opening date/time/location; proposal opening procedures _____ Contact information _____ Civil Rights statement _____ Other state/local requirements
Terms and Conditions	_____ Certification regarding disclosure of lobbying ($100,000+) _____ Debarment/suspension certification form ($25,000+) _____ Noncollusion statement _____ Assurance of ethical practices _____ Escalation/de-escalation clause _____ Price determination statement (fixed, fixed with firm price for delivery, etc.) _____ Contract extension or *roll-over* clause if warranted _____ Bid/proposal protest procedures _____ Remedy for nonperformance/termination of contract _____ HUB statement to involve minority business where possible _____ *Equal Employment Opportunity* compliance statement _____ Energy Policy and Conservation Act statement _____ Clean Air/Water Act statement _____ Civil Rights Act statement _____ Return of discounts, credits, and rebates to SFA statement _____ Record retention and record access requirements (records maintained for three years from final payment of contract and/or renewal; all base solicitations must be maintained for three years after the final payment on the contract)

Terms and Conditions continued	_____ Method of shipment/delivery requirements _____ Method of payment invoices, statements, etc. _____ Purchase instrument to be used and how vendor will receive purchase orders _____ Bid certification form _____ Specifications that are sufficiently detailed to get what is needed but not so specific as to restrict competition _____ Product specifications (approved brand and/or equivalent) _____ Quantity _____ Quality _____ Packaging _____ Pricing (unit and extended) _____ Procedures for documenting/preapproving any substitutions and/or deviations _____ Other state/local requirements
Documentation and Records	_____ All IFBs/RFPs/RFQs with appropriate documentation and signatures of authorized purchasers maintained on the original solicitations _____ Comparison charts to document procurement decisions and contract awards _____ Record of public bid openings and/or proposal openings if proposals will be publicly opened _____ Copies of contract award/nonaward letters _____ Copies of advertisements for solicitation of goods/services _____ Determination/document action of correct procurement method used _____ Evaluation of escalation/de-escalation clause _____ Evaluation of contract extension/amendment (roll-over clause) _____ Evaluation/documentation of contract renegotiations/changes to original contract at the timelines and under the same conditions specified in the original solicitation document _____ Evaluation of return of discounts, credits, and rebates (as applicable), and detailed procedure indicating how/when the discounts, rebates, and credits would be assigned to the SFA by the contractor _____ Evaluation of whether procurement methods/activities are consistent with the SFA's approved written procurement plan where/how all documents pertaining to the solicitation and contract/contract amendments will be maintained _____ Noncompetitive purchases (sole source, emergency, etc.) are approximately documented and have received approval from state agency or governing board prior to award, including purchases through means of *piggybacking* onto another SFA's solicitation document _____ Invoices/payments for items purchased with school nutrition funds _____ Documentation of any contractor performance or breach of contract from vendors _____ Other state/local requirements

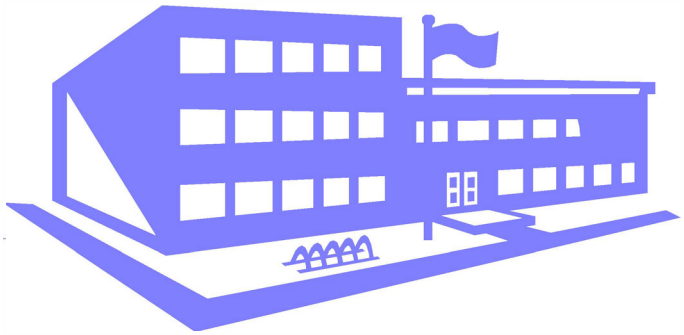
Product Specifications must be developed for both Small Purchase and Formal Procurement.

Specifications must:

√ Be written to be clear and understandable.
√ Use terms identifiable in the market place.
√ Be capable of being met by several bidders.
√ Should not be written by the vendor—do not accept price printouts.
√ Include the item descriptions; e.g., CN label, whole grain.

Solicitation Letter must be included with product specifications and should include:

√ Institution letterhead
√ Date on letter
√ Specifications to be attached
√ Method of response and evaluation
√ Deadline to submit bid
√ Termination for cause
√ Any special conditions; i.e., delivery time and place, substitutions



BOOMER ADULT DAY CARE
1234 MODINE AVENUE
MODINE, OKLAHOMA OOOOO

EXAMPLE OF A SOLICITATION ANNOUNCEMENT

June 26, 20__

Boomer Adult Day announces the opportunity for responsible bidders from the food industry to respond to the attached food specifications valid for the period of ***August 6, 20__***, to ***December 17, 20__***. All bidders wishing to respond to this bid period must do so by ***2 p.m.***, ***July 31, 20__***, at the Education Service Center at the above address. No e-mail or facsimile responses will be accepted.

No other format for the bid response other than the attached specification forms will be accepted. Responses will be evaluated based on the following criteria:

- Best price
- Meeting food descriptions Quantity
- Availability
- Past history, if applicable Quality of food
- Line up meeting delivery requirements

Vendors will be expected to ensure that deliveries to Toys and Noise will be dropped at 1234 Modine Avenue on Mondays and Tuesdays between the hours of 1 to 3 p.m. Delivery trucks and product drops must meet Health Department Standards. Sales staff will provide on-site, phone, or e-mail/ online ordering methods with e-mail/online confirmation of orders. Any vendors making substitutions of product must provide equal or better quality at bid price and meet original specifications.

Nutrition Facts information or Nutrition Facts labels and CN labels must be provided on all products. Bids will be evaluated on a *per* Prime Vendor.

Toys and Noise reserves the right to accept or reject any part, or all, of the bid you submit. If all criteria contained within this document are met, successful bidders will be considered.

Bids will be awarded on August 6, 20__, and all bidders will be notified in writing. Toys and Noise reserves the right to terminate a vendor who is awarded business but does not follow through with the above requirements.

SPECIFICATIONS Page 1 of 4						
Item Description	**Product Specification**	**Pack Size**	**Bid Unit**	**Est Quantity**	**Unit Price**	**Comments**
Fruits/Vegetables Apples, canned	Manufacturer brand label, water-packed Private label, texture regular	6/10	Case			
Applesauce, canned	Private label, texture regular	6/10	Case			
Fruit for salads, canned	Private label, fruit juice medium	6/10	Case			
Fruit cocktail, canned	Private label, light syrup	6/10	Case			
Peaches, canned		6/10	Case			
Pears, canned	Private label, standard, Bartlett, halves, 50/60 count, light syrup	6/10	Case			
Pineapple, canned	Distributor's choice label, standard medium slices, light syrup	6/10	Case			
Pineapple, canned	Distributor's choice label, standard, crushed, solid pack in juice	6/10	Case			
Pumpkin, solid-pack	Manufacturer brand label, good flavor, aroma, color, and texture	6/10	Case			
Beans, green canned	Distributor's choice label, Blue Lake variety #3 or #4 size cut, low sodium	6/10	Case			
Peas, black-eyed, dry, canned	Cooked with seasoning, brand like Allen's, low sodium	6/10	Case			

EXAMPLE ONLY

SPECIFICATIONS Page 2 of 4						
Item Description	**Product Specification**	**Pack Size**	**Bid Unit**	**Est Quantity**	**Unit Price**	**Comments**
Fruits/Vegetables Peas and carrots, canned	Private label standard, carrots to be diced, packing medium to be low sodium	6/10	Case			
Potatoes, French-fried, frozen	Oven-ready, private label standard, crinkle-cut, 1/2 x 1/2 inch, 30% to 34% solid, approved brands equivalent to: ABC Foods A-103, DEF Foods X502, Pots R29	6/10	Case			
Tomatoes, canned	Private label, peeled, diced, low sodium	6/10	Case			
Vegetables blends, frozen	Stew vegetables, mixture contains potatoes, carrots, celery, onion, predominance to be order listed, low sodium	12/2 lb	Case			
Grains Muffins, frozen	Whole grain-rich flour, fat per muffin not to exceed 5 g, round style, minimum 1 oz, maximum 2 oz, bulk pack only, produced by commercial bakery methods in commercial bakery	Individually wrapped	Case			
Pasta: spaghetti	Made from whole grain-rich semolina and durum wheat flour, 10 lb only	10-lb box	Pound			
Pasta: egg noodles	Whole grain-rich, flat ribbon shape, medium width, made from enriched semolina durum flour	10-lb box	Pound			

EXAMPLE ONLY

SPECIFICATIONS Page 3 of 4						
Item Description	**Product Specification**	**Pack Size**	**Bid Unit**	**Est Quantity**	**Unit Price**	**Comments**
Meat/Meat Alternate Beef patty, fully cooked, frozen	Ground beef patty, fully cooked, frozen, IMPS 631, minimum 2 1/2 oz, maximum 3 1/2 oz, CN-labeled to provide 2 oz meat/ meat alternate, IQF, natural char marks, cooking temperatures to comply with FSIS requirements, approved brands: D924, C568, B234	Please specify portions	Case			
Bologna, turkey, frozen	Sliced, lower-fat formulation, maximum 1 g fat per serving, pork or beef allowable as second meat, each slice to weigh 1 oz; no binders, extenders, fillers; CN label required, equivalent brands; Rain 956, Sunny 459	12-lb bulk	Pound			
Cheese, mozzarella, lite	Milk fat 10.85 or less, moisture 52% to 60%, pleasing flavor, free-flowing natural white or light cream color, melts completely, shredded, lower sodium	6/5 lb	Case			
Chicken nuggets, breaded, frozen	Boneless chicken breast patty nugget, whole grain-rich breaded, chopped, and formed, breast meat 80-85% maximum skin 5%, soy concentrate up to 10% when rehydrated in accord with Title CFR 210, maximum 6 nuggets, minimum 5 nuggets, fully cooked, maximum 17 g fat, minimum 12 g protein/serving, CN label required	Please specify portions	Case			

EXAMPLE ONLY

SPECIFICATIONS

Item Description	Product Specification	Pack Size	Bid Unit	Estimated Quantity	Unit Price	Comments

PURCHASING EQUIPMENT

If the amount of purchases for ***equipment**** is greater than $5,000, the following procedure will be used: *(list the name or title of person/position responsible for purchasing equipment below)*

1. Written specifications will be prepared and provided to vendors.

2. Each vendor will be contacted and given an opportunity to provide a price quote on the same specifications. A minimum of two vendors shall be contacted.

3. The price quotes will receive appropriate confidentiality before award.

4. If using USDA funding for the purchase, the Institution will seek prior approval from the State Agency.

5. Quotes will be awarded by _____. Quotes awarded will be to the lowest and best quote based upon quality, service availability, price, and/or _____.

6. The _____will be responsible for documentation of records to show selection of vendor, reasons for selection, names of all vendors, price quotes, from each vendor, and ***written specifications***.

7. The _____will be responsible for documentation that the actual product specified is received.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the nonfederal entity for financial statement purposes or $5,000. See also §§200.12 capital assets, 200.20 computing devices, 200.48 general purpose equipment, 200.58 information technology systems, 200.89 special purpose equipment, and 200.94 supplies.

EMERGENCY PURCHASING

1. If it is necessary to make a one-time emergency procurement to continue service to obtain goods, the purchase shall be made and a log of all such purchases shall be maintained by the ***Institution***. The following emergency procedures shall be followed. All emergency procurements shall be approved by the ***Institution Official***. At a minimum, the following emergency procurement procedures shall be documented:
   - Item name
   - Dollar amount
   - Vendor
   - Reason for emergency

2. If the emergency purchasing need requires a contract, all books, records, and other documents relative to the award of the contract must be retained for three years after final payment. Specifically, the Institution shall maintain, at a minimum, the following documents:
   - Written rationale for the method of procurement
   - A copy of the original solicitation
   - The selection of contract type
   - The bidding and negotiation history and working papers
   - The basis for contractor selection
   - Approval from the State Agency to support a lack of competition when competitive bids or offers are not obtained
   - The basis for award cost or price
   - The terms and conditions of the contract
   - Any changes to the contract and negotiation history
   - Billing and payment records
   - A history of any contractor claims
   - A history of any contractor breaches

INSTITUTION PROCUREMENT PLAN

The_____ plan for procuring items for use in the Child Nutrition Program is as follows:

1. The procurement plan provides for free and open competition, transparency in transactions, comparability, and documentation of all procurement activities.

2. The following ***Code of Conduct*** will be expected of all persons who are engaged in the awarding and administration of contracts supported by Child Nutrition reimbursement funds. These written standards of conduct include:
   a. No employee, officer, or agent shall purchase or establish a contract if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award:
      1. The employee, officer, or agent;
      2. Any member of the immediate family;
      3. His or her partner;
      4. An organization which employs or is about to employ one of the above.
   b. Employees, officers, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to sub-agreements.
   c. The purchase during the school day of any food or service from a contractor for individual use is prohibited.
   d. No item, food, or beverage purchased with CACFP funds will be removed from the center premises by center personnel.
   e. Penalties for violation of the standards of code of conduct of the (Center). Child Nutrition Program (CNP) should be:
      1. Reprimand
      2. Dismissal
      3. Any legal action necessary

3. Regardless of procurement method, the following factors will be determined regarding the allowability of costs:
   a. Be necessary and reasonable for proper and efficient administration of the program(s)
   b. Be allocable to federal awards applicable to the administration of the programs(s)
   c. Be authorized and not prohibited under state and local laws

4. All purchasing records will be maintained no less than the current year plus 3 additional years.

5. The center will take all necessary affirmative steps to assure that ***minority firms, women's business enterprises, and labor surplus area firms*** are used when possible. Affirmative steps shall include:
   a. Placing qualified small and minority businesses and women's business enterprises on solicitation lists.
   b. Assuring that small and minority businesses and women's business enterprises are solicited whenever they are potential sources.

c. Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses and women's business enterprises.

d. Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses and women's business enterprises.

e. Using the services and assistance of the Small Business Administration (SBA) and the Minority Business Development Agency of the Department of Commerce.

f. Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed above.

Note: This institution is affiliated with a school, technology center, or government entity. _____ is required to sole source the meals served with _____ (Name of school, tech center, or government).

Centers cannot be billed on cost-plus-a-percentage-of-cost OR cost-plus-a-percentatge-of-reimbursement. This methods of contracting CANNOT be used and is UNALLOWED.

MICRO PURCHASING

If the amount of purchases for items is less than $50,000 and less than the Centers' small purchase threshold, the following procedure will be used.

Select one:

☐ Purchases below $50,000

☐ Purchases below $_____ *(If Center/Sponsor threshold is below $50,000, use most restrictive)*

1. Purchases will not be separated into 3 or more purchases to meet or be below the $50,000 threshold.

2. Checking prices is not be required. Competition is not required.

3. Micro-purchases will be distributed equitably among multiple qualified suppliers.

4. _____ will be responsible for documentation of purchase.

SMALL PROCUREMENT

Name and Title of those responsible for Small Purchase Procedures: _____

_____

If the amount of purchases for items is less than $250,000 *(or the Center's small purchase threshold*), Small Purchase Procedures must be followed. Quotes documented from an adequate number of qualified sources will be required.

Select one:

☐ Purchases below $250,000

☐ Purchases below _____ *(If Center/Sponsor threshold is below $250,000, use most restrictive)*

Quotes

1. Written specifications will be prepared and provided to the vendor.

2. Each vendor will be contacted and given an opportunity to provide a price quote on the same specifications sent to them.

3. A minimum of two vendors shall be contacted.

4. The person(s) listed above will be responsible for contacting potential vendors when price quotes are needed.

5. The price quotes will receive appropriate confidentiality before award.

6. Quotes will be awarded by the person(s) listed above. Quotes awarded will be to the best quote based upon quality, service, availability, and price.

7. The documentation of records is to show selection of vendor, reasons for selection, names of all vendors contacted, price quotes from each vendor, and written specifications.

8. The person(s) listed above will be responsible for documentation that the actual product specified is received.

9. Any time an item is not available, the center will select the acceptable alternate. Full documentation will be made available as to the selection of the acceptable item. Substituted items will not be made at the vendor's discretion.

CERTIFICATIONS

1. Nonkickback Affidavit - Please note that Oklahoma statute 62 O.S §310.9 requires a signed and notarized nonkickback affidavit on every contract $25,000 or more. The affidavit is to be signed by the person or persons authorized to accept payment on behalf of the architect, contractor, engineer or supplier.

Note: Due to the rural location of the center, it is feasible to only receive one response. Documentation is required to show intent to purchase from additional vendors.

Example

CHART OF PROCEDURES

The *Boomer Adult Day* Center/Sponsor will purchase the following products or group of products and services as per the stated purchase period using the identified procurement method. Price quote time frame period is defined as the time frame for which bids or quotes are obtained and awarded.

PRODUCT	HOW OFTEN ARE PRICE QUOTES OBTAINED	PROCUREMENT METHOD USED
Milk	*Annually*	*Small Purchase*
Bread	*As Needed*	*Micropurchasing*
Fruits (canned/frozen)	*4 times a year*	*Small Purchase*
Vegetables (canned/frozen)	*4 times a year*	*Small Purchase*
Fruit (Fresh)	*As Needed*	*Micropurchasing*
Vegetables (Fresh)	*As Needed*	*Micropurchasing*
Meats	*Twice a year*	*Small Purchase*
Processed Food Items (CN labeled)	*Twice a year*	*Small Purchase*
Plates/Utensils	*Annually*	*Small Purchase*
Chemicals - Cleaning Products	*As Needed*	*Micropurchasing*
Non-Food related supplies	*As Needed*	*Micropurchasing*
Small equipment	*As Needed*	*Micropurchasing*

CHART OF PROCEDURES

The _____ Center/Sponsor will purchase the following products or group of products and services as per the stated purchase period using the identified procurement method. Price quote time frame period is defined as the time frame for which bids or quotes are obtained and awarded.

	HOW OFTEN ARE PRICE QUOTES OBTAINED	PROCUREMENT METHOD USED
Milk	_____	_____
Bread	_____	_____
Fruits (canned/frozen)	_____	_____
Vegetables (canned/frozen)	_____	_____
Fruit (Fresh)	_____	_____
Vegetables (Fresh)	_____	_____
Meats	_____	_____
Processed Food Items (CN labeled)	_____	_____
Plates/Utensils	_____	_____
Chemicals - Cleaning Products	_____	_____
Non-Food related supplies	_____	_____
Small equipment	_____	_____
_____	_____	_____

INFORMAL PROCUREMENT LOG

TO BE USED FOR PURCHASES OF $250,000 OR LESS

Indicate the supplier that you choose. If chosen supplier does not provide the lowest overall price, explain decision on attached sheet. Document contact with 2 or more vendors.

Items to be purchased and specifications:

Name of Supplier/Vendor	Date & Method of Contact	Bid Price	Negotiated Price	Notes
Supplier #1				
Supplier #2				
Supplier #3				

Date Completed: _____

Small Purchase/Informal Procurement Log

Item(s) to be purchased and specifications: _____

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

Item(s) to be purchased and specifications: _____

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

Item(s) to be purchased and specifications: _____

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

Annually, pricing of three different items must be documented from three vendors and kept on file.

FORMAL PROCUREMENT REQUIREMENTS

If conducting formal procurement method, we have provided a checklist that shows all the required duties and requirements in order to meet USDA guidelines.

Checklist and Requirements

___ **Newspaper Advertisement** (all formal bids)

newspaper advertised: _____

___ **Solicitation sent to a minimum of 2 vendors**

Vendor 1: _____

Vendor 2: _____

Vendor 3: _____

___ **Evaluation criteria for RFP.**

An RFP is awarded based on overall scoring. The evaluation scoring should be given with the solicitation. **PRICE** must be given the most points. Other items scored on can be – Experience/references, Diversity in products and/or services, Quality of products, Cost & Performance Bonds, Personnel Management, Business Practices, Accounting and Reporting systems, and Service Capability plan are examples of how an RFP can be eval uated.

__ **Evaluation criteria for IFB/SEALED BIDS**

An IFB/Sealed Bid is awarded lowest price ONLY. No other factors can determine the award. The bids must be delivered to the entity by the specified date and opened at the specified time indicated in the solicitation and the newspaper. When opened, the lowest priced bidder automatically gets the bid.

FORMS & CLAUSES

___ USDA Equal Opportunity information (contracts $10,000 or more)

___ Termination for Cause information (contracts $10,000 or more)

___ Clean Water Act provision (contracts $100,000 or more)

___ Contract work Hours and Safety Standards Act (contracts $2,500 or more)

___ Nonkickback Affidavit (Purchase orders over $25,000)

___ Davis-Bacon information (Construction contracts $2,000 or more)

___ Debarment & Suspension form (all contracts)

Formal Bid Procurement Log

Name of Institution _____

Agreement Number _____

Attach copies of:

- ☐ Names of known vendors to whom the Invitation for Bid (IFB) was sent
- ☐ Name and date of publication in which the IFB was advertised and copy of the advertisement
- ☐ Written procedures for bid opening

How many bids were received? _____

Were any bids rejected? ☐ Yes ☐ No

If rejected, describe why:

Name of Bidder	Date of Bid	Specifics of Bid	Bid Price

Additional Comments:

Awarded Vendor: _____ Award Date: _____

I certify that the Institution has met state and federal procurement requirements.

Institution Signature: _____

Printed Name: _____ Title: _____

Institution _____

Year _____

VENDOR CONTACTS

This form is to be used for Institution to document single vendor responses.
If only one vendor responds, the Institution does not need to do price comparisons.

NAME, ADDRESS, AND TELEPHONE NUMBER OF VENDOR	NAME OF PERSON CONTACTED	DATE OF CONTACT	TYPE OF CONTACT (LETTER, PHONE, IN PERSON)	RESPONSE RECEIVED

INSTRUCTIONS FOR CERTIFICATION REGARDING DEBARMENT/ SUSPENSION

1. By signing and submitting this form, the prospective lower-tier participant is providing the certification set out on the reverse side in accordance with these instructions.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower-tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower-tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower-tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower-tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower-tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which the transaction originated.

6. The prospective lower-tier participant further agrees by submitting this form that it will include this clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower-Tier Covered Transactions, without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith that certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower-tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT/SUSPENSION

CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY, AND VOLUNTARY EXCLUSION—LOWER-TIER COVERED TRANSACTIONS

This certification is required by the regulations implementing Executive Order 12549 and 12689, Debarment and Suspension, Title 2 CFR §180, as adopted and modified by USDA regulation at 2 CFR §417, Responsibilities of Participants Regarding Transactions.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE.)

1. The prospective lower-tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

2. Where the prospective lower-tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

_____

Institution Name

_____

Name(s) and Title(s) of Authorized Representative(s)

_____ _____

Name of Institution Official Title of Official

_____ _____

Signature Date

NONKICKBACK AFFIDAVIT FORM

STATE OF OKLAHOMA)
) SS
COUNTY OF)

The undersigned (architect, contractor, supplier, or engineer), of lawful age, being first duly sworn, on oath says that this contract (purchase order) is true and correct. Affiant further states that the (work, services, or materials) will be (completed or supplied) in accordance with the plans, specifications, orders, or requests furnished the affiant. Affiant further states that he or she has made no payment, directly or indirectly, to any elected official, officer, or employee of the SFA or technology center SFA, of money or any other thing of value to obtain or procure the contract or purchase order.

_____
(Contractor, Supplier, Engineer, or Architect)

_____
Vendor/Company Name

Attested to before me this _____ day of _____

_____
Notary Public (or Clerk or Judge)

My Commission Expires: _____

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action or a material change to a previous filing, pursuant to Title 31 U.S.C. §1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Use a Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget (OMB) for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.

2. Identify the status of the covered federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.

4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee; e.g., the first subawardee of the prime is the first tier. Subawards include, but are not limited to, subcontracts, subgrants, and contract awards under grants.

5. If the organization filing the report in Item 4 checks *Subawardee*, then enter the full name, address, city, state, and zip code of the prime federal recipient. Include Congressional District, if known.

6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example: Department of Transportation, United States Coast Guard.

7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1; e.g., Request for Proposal (RFP) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency. Include prefixes; e.g., *RFP-DE-90-001*.

9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or Item 5.

10. a. Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.

    b. Enter the full name of the individual performing services, and include full address if different from 10a. Enter last name, first name, and middle initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

12. Check the appropriate item. Check all items that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate box. Check all boxes that apply. If *Other*, specify nature.

14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the dates of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal officials or employees contacted or the officers, employees, or Members of Congress that were contacted.

15. Check whether Continuation Sheets are attached.

16. The certifying official shall sign and date the form, print his or her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

CERTIFICATION REGARDING LOBBYING

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding $100,000 in Federal Funds

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by Section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $150,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.

2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, *Disclosure Form to Report Lobbying*, in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding $100,000 in federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

_____

Name/Address of Organization

_____

Name/Title of Submitting Official

_____ _____

Signature Date

STANDARD FORM-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
APPROVED BY OMB
COMPLETE THIS FORM TO DISCLOSE LOBBYING ACTIVITIES PURSUANT TO 31 U.S.C. 1352
(SEE REVERSE FOR PUBLIC DISCLOSURE)

1. **Type of Federal Action:**	2. **Status of Federal Action:**	3. **Report Type:**
☐ a. Contract ☐ b. Grant ☐ c. Cooperative Agreement ☐ d. Loan ☐ e. Loan Guarantee ☐ f. Loan Insurance	☐ a. Bid/Offer/Application ☐ b. Initial Award ☐ c. Postaward	☐ a. Initial Filing ☐ b. Material Change **For Material Change Only:** Year _____ Quarter _____ Date of Last Report _____

4. **Name and Address of Reporting Entity:** ☐ Prime ☐ Subawardee Tier _____, if known: Congressional District, if known: _____	5. **If Reporting Entity in No. 4 Is Subawardee, Enter Name and Address of Prime:** Congressional District, if known: _____
6. **Federal Department/Agency:**	7. **Federal Program Name/Description:** CFDA Number, if applicable: _____
8. **Federal Action Number:** *(if known)*	9. **Award Amount:** *(if known)* **$** _____
10. a. **Name and Address of Lobbying Entity:** *(if individual, last name, first name, MI)*	b. **Individual Performing Services:** *(including address if different from No. 10a) (last name, first name, MI)*
11. **Amount of Payment:** (*check all that apply)* $_____ ☐ Actual ☐ Planned 12. **Form of Payment:** *(check all that apply)* a. Cash Nature _____ b. In-kind (specify) Value _____	13. **Type of Payment:** *(check all that apply)* ☐ a. Retainer ☐ b. One-Time Fee ☐ c. Commission ☐ d. Contingency Fee ☐ e. Deferred ☐ f. Other: *(specify)* _____

14. **Brief Description** of services performed or to be performed and date(s) of service, including officer(s), employee(s), or member(s), contracted for payment indicated in Item 11:

(Attach Confirmation Sheets if necessary)

15. **Continuation Sheets Attached:** ☐ **Yes** ☐ **No**

16. Information requested through this form is authorized by Title 31 U.S.C. §1352. This disclosure of lobbying activities is a material representation of fact upon which evidence was place by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. §1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosures shall be subject to a civil penalty of not less than $10,000 and not more than $150,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone Number: _____ Date: _____

Federal Use Only:	Authorized for Local Reproduction

CONTRACTING FOR OTHER SERVICES AND FOOD SERVICE

CONTRACTING FOR SERVICES

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 United States Department of Agriculture (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 subcontracting out for critical 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, accounting services, security, records storage, equipment maintenance, the services of a nutritionist, etc. Such contracting is permissible whether the institution provides its own or contracts out for food service. The institution must confirm that invoices and/or contracts document the claimed amounts billed. (Reference FNS Instruction 792-2, Rev. 4 and USDA Monitoring for State Agencies Handbook page 33)

Contracted services require prior written approval from the Oklahoma State Department of Education (the State Agency).

Cost per percentage of reimbursement is NOT ALLOWED

CONTRACTING FOR FOOD SERVICE

Child care institutions may contract with an outside entity to provide meals for their child care institutions. Every year, the CACFP institution and outside entity providing the meals must have a completed and approved *Agreement to Furnish Food Service* on file with 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.

A. Meal Contracts under $250,000

1. All institutions ***REQUIRED*** to use the State Agency's Agreement to Furnish Food for all entities contracting for food service. The Agreement to Furnish Food can be located in the Resource Library under the Procurement section or by contacting Kassi Reddell at Kassandra.Reddell@sde.ok.gov.
   - *Agreement to Furnish Food (school or other entitiy)* is used for contracts under $250,000

2. Meal Contracts over $250,000 or if the Institution uses Formal Procurement Procedures to Procure and the Amount is lower than the Formal Threshold

   a. All institutions are **required** to use the State Agency prototype for any food contract or agreement.

   b. *Agreement to Furnish Food (FSMC)* is a Request for Proposal (RFP) for institution contracts over $250,000
      - The State Agency Request for Proposal has an option to have a one year contract with up to four renewals.

3. Any entity who has a contract over $250,000 or uses formal procurement for a contract less than $250,000 is **REQUIRED** to inform the State Agency of the location, date, and time of the bid opening. ***This applies for both RFP and IFB contracts.***

   - ***OSDE is required to attend all IFB or sealed bid openings and it is at the discretion of the State Agency to attend RFP bid openings.***

B. 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 invoice amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

1. ***If contracting with a public school, the institution must be charged at the minimum for each meal service provided:***
   - ***Breakfast: Free reimbursement rate for breakfast***
   - ***Lunch: Free reimbursement rate for lunch plus the value of USDA Foods (formerly commodities) (unless the center gives the school the USDA Foods allocated to the center)***
   - ***Snack: Free reimbursement rate for snack***

2. **An agreement with a school district must be from July 1 - June 30th.** The institution will need to get a new agreement with the district prior to July each year and submit to the State Agency ***AFTER*** it has been signed.

C. 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 program specialist. 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 invoice amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

D. 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 and delivered, but not served to a child 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.

EXAMPLE

CONTRACT MEAL SERVICE DELIVERY RECEIPT

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

DATE: **10/06/YYYY**

MEAL TYPE: Breakfast _____ Lunch **X** AM/PM/LATE PM Snack _____ Supper _____
(Circle One)

SITE PREPARING MEAL: **XYZ DAY CARE CENTER**

SITE RECEIVING MEAL: **TOYS N NOISE DAY CARE CENTER**

DELIVERY TIME: **11:30 AM** NUMBER OF MEALS ORDERED/DELIVERED: **14**

FOOD ITEMS AND QUANTITIES DELIVERED

MENU	Quantity Delivered: Number of 1-2 4 Number of 3-5 10 Number of 6-12 _____ Bulk Delivery X Preportioned _____	*Crediting/Portioning Information	Temperature at Delivery
Milk	Milk provided by: SITE (VENDOR) (Circle One) Fat-free milk Record Quantity 1 gallon	1-2 = 4 oz each 3-5 = 6 oz each	40°
Vegetable/Juice	Green beans, cut, drained, heated, 2 15-oz cans	1-2 = 1/8 cup each 3-5 = 1/4 cup each	140°
Fruit/Juice	Pineapple chunks, natural juice, 2 20-oz cans	1-2 = 1/8 cup each 3-5 = 1/4 cup each	
Grains/Breads	Country biscuit, 14 1-oz	1/2 biscuit each	140°
Meat/Meat Alternate	Chicken, drumsticks w/bone and skin, 4.46#	1 drumstick each	165°
Extras	Margarine patties, 14 pats	1 each	

* 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.

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? (Yes) or No
Were food temperatures proper? (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.

MEAL PATTERNS AND MENU AS SERVED

ADULT MEAL PATTERN

Breakfast	
Food Components and Food Items[1]	**Minimum Quantities**
Fluid Milk[2]	8 fluid ounces
Vegetables, fruits, or portions of both[3]	1/2 cup
Grains (oz eq)[4,5,6]	
Whole grain-rich or enriched bread	2 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 oz eq
Whole grain-rich, enriched, or fortified cooked breakfast cereal[6], cereal grain, and/or pasta	1 cup cooked
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold)[5,6]	
Flakes or rounds	2 cups
Puffed cereal	2 1/2 cups
Granola	1/2 cup

[1] Must serve three components for a reimbursable meal. Offer versus Serve (OvS) is an option for adult participants.

[2] Must be unflavored lowfat (1 percent), unflavored fat-free (skim), flavored lowfat (1 percent), or flavored fat-free (skim). Six ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

[3] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

[4] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.

[5] Meat and meat requirements may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

[6] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).

ADULT MEAL PATTERN

Lunch/Supper	
Food Components and Food Items[1]	**Minimum Quantities**
Fluid Milk[2,3]	8 fluid ounces
Meat/Meat Alternates	
Lean meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product[4]	2 ounces
Cheese	2 ounces
Large egg	1
Cooked dry beans or peas	1/2 cup
Peanut butter or soy nut butter or another nut or seed butter	4 Tbsp
Yogurt, plain or flavored, sweetened or unsweetened[5]	8 ounces or 1 cup
The following may be used to meet no more than 50 percent of the requirement: Peanuts, soy nuts, tree nuts, or seeds as listed in Program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	1 ounce = 50 percent
Vegetables[6]	1/2 cup
Fruits[6,7]	1/2 cup
Grains (oz eq)[8,9]	
Whole grain-rich or enriched bread	2 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 oz eq
Whole grain-rich, enriched, or fortified cooked breakfast cereal[9], cereal grain, and/or pasta	1 cup cooked

[1] Must serve all five components for a reimbursable meal if not doing Offer versus Serve (OvS) .
[2] Must be unflavored lowfat (1 percent), unflavored fat-free (skim), flavored lowfat (1 percent), or flavored fat-free (skim). Six ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.
[3] A serving of fluid milk is optional for suppers served to adult participants.
[4] Alternate protein products must meet the requirements.
[5] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
[6] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
[7] A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be used.
[8] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.
[9] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).

ADULT MEAL PATTERN

Snack (Select two of the five components for a reimbursable meal)	
Food Components and Food Items[1]	**Minimum Quantities**
Fluid Milk[2]	8 fluid ounces
Meat/Meat Alternates	
Lean meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product[3]	1 ounce
Cheese	1 ounce
Large egg	1/2
Cooked dry beans or peas	1/4 cup
Peanut butter or soy nut butter or another nut or seed butter	2 Tbsp
Yogurt, plain or flavored, sweetened or unsweetened[4]	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
Vegetables[5]	1/2 cup
Fruits[5]	1/2 cup
Grains (oz eq)[6,7]	
Whole grain-rich or enriched bread	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1 oz eq
Whole grain-rich, enriched, or fortified cooked breakfast cereal[8], cereal grain, and/or pasta	1/2 cup cooked
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) [7]	
Flakes or rounds	1 cup
Puffed cereal	1 1/4 cups
Granola	1/4 cup

[1] Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
[2] Must be unflavored lowfat (1 percent), unflavored fat-free (skim), flavored lowfat (1 percent), or flavored fat-free (skim). Six ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.
[4] Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
[5] Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
[6] At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the grains requirement.
[7] Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).

Offer vs Serve in the Adult Food Care Program

If your site serves meals to adult participants in the Child and Adult Care Food Program (CACFP), you may use a type of meal service called Offer vs Serve (OVS). OVS allows adults to decline some of the food offered in a reimbursable breakfast, lunch, or supper. OVS may not be used at snacks or in other CACFP settings. OVS can help reduce food waste and give adults more choices.

How to use Offer vs Serve at Meals:

OVS at Breakfast	OVS at Lunch and Supper
1. Offer these 3 **food components**: - Milk - Vegetables and/or Fruits - Grains 2. Offer at least 4 different **food items** at breakfast, at lease 1 from each **food component** above. The 4th food item can com from the vegetables or fruits, grains, or meat/meat alternate component 3. Ask the adult to **choose at least 3** different or more food co.. Note: The 4th food items can be selected as well.	1. Offer these 5 **food components**: - Milk - Vegetables - Fruits - Grains - Meat and meat alternates 2. Offer at least one **food items** from each **food component** above. 3. Ask the adult to **choose food items** from **3 or more food components**. Note: The adult can select food from all components. Foods from a**t least 3 components** are needed for a reimbursable meal.

Milk is optional at supper. If milk is not offered, the adult still needs to select food items from 3 different food components to have a reimbursable meal.

Terms to know:

- **Food component -** the name of a group of foods in a reimbursable meal. **Food components** include milk, vegetables, fruits, grains, and meat and meat alternates. At breakfast only, vegetales and fruits are one combined component. This means you can serve vegetables, fruits, or a combination of both to meet this requirement.

- **Food item -** food that are part of a **food component.** For example, broccoli is a **food item** in the vegetables food component.

MILK

CACFP regulations require that to be eligible for reimbursement, each program participant's breakfast, lunch, or supper must include fluid milk.

Fluid Milk Basics

Ages and Milk Requirements

- Ages 6 years and older and adults
  - Unflavored lowfat (1%)
  - Flavored lowfat (1%)
  - Unflavored fat-free (skim)
  - Flavored fat-free (skim)

  Flavored milk may be commercially prepared or flavored using syrup or flavored milk powders (includes flavored straws) using fat-free milk.

- Adults (Only)
  - Yogurt may be served in place of fluid milk once per day.
  - Yogurt may not served as a substitute for fluid milk and as a meat alternate in the same meal.

Nondairy Milk Substitute

- Nondairy milk substitutes that are nutritionally equivalent to cow's milk may be served to participants with special dietary needs.
- Nondairy beverages must meet the nutritional standards found in cow's milk as outlined in 7 CFR 226.20(g)(3).
- Parents, guardians, adult participants, or a person on behalf of the adult participant may request in writing that a nondairy milk substitute that meets the Nutrition Standards be served in place of milk.
- A medical statement signed by a state-recognized medical authority is only required for nondairy substitutions that, due to a disability, do not meet the Nutrition Standards of cow's milk as described in 7 CFR 226.20(g)(3).

Questions and Answers About Milk

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

   Yes, you may be reimbursed if a participant 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 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}. See example of Milk Substitution Form on **page AD-191**.

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

   Participants 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.

3. **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.

4. **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.

5. **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.

   NOTE: Refer to USDA FNS-425 CACFP Crediting Handbook Slightly Revised April 2022 under the Resource Library on the CACFP Web site for additional guidance.

EXAMPLE

MILK SUBSTITUTION REQUEST

Participant's Name: ***Jude Johnson***	Age: ***74***

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 mcg

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a guardian has a participant who follows a vegan diet, the parent can submit a written request of the participant'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 participant. A copy of a request form is on **page AD-191**. ***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.

MEAT/MEAT ALTERNATES

CACFP regulations require that each meal where meat/mear alternate is served, the required serving is specified in the meal patterns. .

Meat/meat alternates may replace the entire grains component at breakfast a maximum of three times per week.

Meat/Meat Alternates Basics

Meat

- Meat options include lean meat, poultry, or fish.
- The creditable quantity of meat/meat alternates must be the edible portion.
- Lunch meats are only creditable if they can be found in the USDA Food Buying Guide (FBG) and the label on the pack" (AP) column of the FBG, or a CN Label/Product Formulation Statement can be obtained for the product. If the lunch meat does not meet one of those criteria, meals containing lunch meat may be disallowed during a review.

Meat Alternates

- Meat alternates such as cheese, eggs, yogurt, and nut butters may be used to meet all or a portion of the meat/meat alternates component.

Beans and Peas (Legumes)

- Cooked dry beans and peas may be used to meet all or part of the meat/meat alternates component. Beans and peas include black beans, garbanzo beans, lentils, kidney beans, mature lima beans, navy beans, pinto beans, and split peas.
- Beans and peas may be credited as either a meat alternate or as a vegetable, but not as both in the same meal.

Nuts, Seeds, and Nut Butters

- For lunch and supper, nuts and seeds may be used to meet half (1/2) of the meat/meat alternates component. They must be combined with other meat/meat alternates to meet the full requirement for a reimbursable meal.
- Nut and seed butter may be used to meet the entire meat/meat alternates requirement.
- Nut and seed meal or flour may be used only if they meet the requirements for alternate protein products.
- Acorns, chestnuts, and coconuts are noncreditable meat alternates because of their own protein and iron content.

Tofu and Soy Products

- Commercial tofu may be used to meet all or part of the meat/meat alternates component in accordance with FNS guidance.
- Noncommercial and nonstandardized tofu and soy products are not creditable.
- Commercial tofu must be easily recognized as a meat substitute. For example, tofu sausage would credit as a meat substitute because it is easily recognized as a meat. However, tofu noodles would not credit as a meat substitute because it looks like a grain instead of a meat.

- Commercial tofu or soy products must contain 5 grams of protein per 2.2 ounces (1/4 cup) to equal 1 ounce of the meat/meat alternate.

Yogurt

- Yogurt may be plain or flavored, unsweetened or sweetened.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- Noncommercial or nonstandardized yogurt products are not creditable food items. Some common examples include frozen yogurt, drinkable yogurt products, homemade yogurt, yogurt bars, and yogurt-covered fruit or nuts.
- ***For adults, yogurt may be used as a meat alternate only when it is not being used to meet the milk component in the same meal***.
- There are many types of yogurt that meet this requirement. It is easy to find them by using the Nutrition Facts label and following the steps below:.

1	Use the Nutrition Facts label to find the **Serving Size,** in ounces (oz) or grams (g), of the yogurt.
2	Find the **Sugars** line. Look at the number of grams next to Sugars.
3	Use the serving size identified in Step 1 to find the serving size of your yogurt in the table below.

Serving Size* Ounces (oz)	**Serving Size Grams (g)** (Use when the serving size is not listed in ounces)	**Sugars Grams (g)**
If the serving size is:		Sugars must not be more than:
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g
8 oz	227 g	31 g
4	In the table, look at the number to the right of the serving size amount under the *Sugars* column. ***If your yogurt has that amount of sugar or less, the yogurt meets the sugar requirement.***	

Nutrition Facts

Serving Size 8 oz (227 g)
Servings about 4

Amount Per Serving	
Calories 130	Calories from Fat 20
	% Daily Value*
Total Fat 2g	**3%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 10mg	**3%**
Potassium 400mg	**1%**
Sodium 160mg	**7%**
Total Carbohydrate 21g	**7%**
Dietary Fiber 4g	**17%**
Sugars 9g	
Protein 10g	
Vitamin A 6%	Vitamin C 4%
Calcium 35%	Iron 0%
Vitamin D 6%	

TEST YOURSELF:

Does the yogurt above meet the sugar requirement?

Serving Size: *8*

Sugars: *9*

☑ Yes ☐ No

SUGAR LIMITS IN YOGURT

Serving Size Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars
If the serving size is:		Sugar must not be more than:
1 oz	28 g	0-4 g
1.25 oz	35 g	0-5 g
1.5 oz	43 g	0-6 g
1.75 oz	50 g	0-7 g
2 oz	57 g	0-8 g
2.25 oz	64 g	0-9 g
2.5 oz	78 g	0-10 g
2.75 oz	85 g	0-11 g
3 oz	85 g	0-11 g
3.25 oz	92 g	0-12 g
3.5 oz	99 g	0-13 g
3.75 oz	106 g	0-14 g
4 oz	113 g	0-15 g
4.25 oz	120 g	0-16 g
4.5 oz	128 g	0-17 g
4.75 oz	135 g	0-18 g
5 oz	142 g	0-19 g
5.25 oz	149 g	0-20 g
5.3 oz	150 g	0-20 g
5.5 oz	156 g	0-21 g
5.75 oz	163 g	0-22 g
6 oz	170 g	0-23 g
6.25 oz	177 g	0-24 g
6.5 oz	184 g	0-25 g
6.75 oz	191 g	0-26 g
7 oz	198 g	0-27 g
7.25 oz	206 g	0-28 g
7.5 oz	213 g	0-29 g
7.75 oz	220 g	0-30 g
8 oz	227 g	0-31 g

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 aged three 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 ounce 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).

4. **Can vegetarian meals be served in the CACFP?**

   Yes; however, these foods 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.

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, and 783-14, Rev. 1.

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

   Although yogurt is credited at a ratio of 4 ounces of yogurt to 1 ounce 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 ounces (credited as 1/2 ounce of meat alternate) to 8 ounces (credited as 2 ounces 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 ounces of fruit or nonfruited yogurt fulfill the equivalent of 1 ounce 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. **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 formation should be maintained on file and is especially important when serving novelty-shaped products.

10. **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.

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.

Two Vegetables at Lunch and Supper

Two vegetables can be served at lunch and supper rather than a serving of vegetables and a serving of fruit. The entire fruit component at lunch and supper may be substituted by a vegetable. When two vegetables are served at lunch or supper, they must be two different kinds of vegetables. Please note that vegetables do not need to be from different vegetable subgroups (e.g., dark green vegetables, red and orange vegetables, starchy vegetables, beans and peas [legumes], or other vegetables).

Vegetable and Fruit Basics

Vegetables

- Vegetables may be served fresh, frozen, canned, or as 100 percent pasteurized vegetable juice.
- Pasteurized, 100 percent vegetable juice (or fruit juice) may be served at only one meal, including snacks, per day.
- Cooked dry beans and peas may credit as either a vegetable or as a meat alternate, but not as both in the same meal.
- A vegetable may be used to meet the entire fruit requirement at lunch and supper. When two vegetables are served at lunch or supper, two different types of vegetables must be served.
- When crediting vegetables, they are credited based on volume, except 1 cup raw leafy greens credits as 1/2 cup vegetable.

Fruits

- Fruits may be served fresh, frozen, canned, dried, or as 100 percent pasteurized fruit juice.
- Pasteurized, full-strength, 100 percent fruit juice (or vegetable juice) may be served at one meal, including snack meals, per day.
- When crediting fruits, they are credited based on volume, except 1/4 cup of dried fruit counts as 1/2 cup of fruit.

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 and 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 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.***

Questions and Answers About Vegetables/Fruits (Memo CACFP-09-2017)

1. **Can two servings of broccoli be served at lunch to fulfill the vegetable component and fruit component?**

   No, two servings of broccoli to meet the vegetable component and fruit component would not be reimbursable under the updated lunch and supper child and adult meal patterns. While centers and day care homes may serve two servings of vegetables at lunch and supper, the two servings of vegetables must be different.
   The two servings of vegetables do not need to be from different subgroups (e.g., dark green vegetables, red and orange vegetables, starchy vegetables, beans and peas [legumes], or other vegetables). For example, a lunch or dinner with a serving of carrots and a serving of red peppers (both red and orange vegetables) would be allowable. Although serving vegetables from different subgroups is not a requirement in CACFP, offering a variety of vegetables can help improve the overall nutritional quality of the meals served to participants.

2. **Is a tomato a fruit or a vegetable? What about an avocado?**

   Both tomatoes and avocados are considered vegetables. CACFP centers and day care homes can refer to the *Food-Buying Guide for School Meal Programs* **(http://www.fns.usda.gov/tn/food-buying-guide-school-meal-programs)**, which provides a list of creditable vegetables and a list of creditable fruit.

   CACFP centers may also reference ChooseMyPlate.gov to determine if a food is a vegetable or a fruit. The Web site includes a list of vegetables, including vegetable subgroups, and a list of fruits. CACFP centers should work with their sponsor or State Agency, as appropriate, when they have questions about the crediting of foods.

3. **How do raw leafy greens contribute to the vegetable component? Similarly, how does dried fruit contribute to the fruit component?**

   One cup of leafy greens (e.g., lettuce, raw spinach) counts as 1/2 cup of vegetables and 1/4 cup dried fruit counts as 1/2 cup of fruit under the updated CACFP meal patterns.

4. **With separate vegetable and fruit components at lunch, supper, and snack in the updated CACFP meal patterns, how do food items that are mixtures of vegetables and fruit, such as carrot-raisin salad, credit?**

   Food items that are mixtures of vegetables and fruits, such as a carrot-raisin salad, can only credit toward the vegetable component ***OR*** the fruit component, not both, at lunch, supper, and snack. For a mixed food item to credit toward the vegetable component or fruit component, it must contain at least 1/8 cup vegetable or fruit per serving.

5. **May food ingredients that are unrecognizable contribute to meal pattern requirements (for example, carrots pureed in a sauce for macaroni and cheese)?**

   Pureed vegetables or fruits may contribute to the CACFP meal pattern requirements as long as the dish also provides an adequate amount (1/8 cup) of recognizable, creditable fruits or vegetables. If the dish does not contain at least 1/8 cup of a recognizable component, then the blended foods do not contribute to the meal requirements. Therefore, in the carrots and mac and cheese scenario, the pureed or mashed carrots can count toward the vegetable/fruit component if there is at least 1/8 cup of another recognizable vegetable or fruit in the dish.

6. **How should vegetables, fruits, or other foods not listed in the Food-Buying Guide be credited?**

   Foods not listed in the Food-Buying Guide may be served in CACFP. If a food is served as part of a reimbursable meal but not listed in the Food-Buying Guide, the yield information of a similar food or in-house yield may be used to determine the contribution toward meal pattern requirements with State Agency approval.

7. **What meal would be disallowed if a center provides juice at lunch and snack?**

   If juice is served more than once a day, the meal with the lowest reimbursement rate in which juice was served is disallowed. In this example, snack would be disallowed because it is the meal with the lower reimbursement rate.

8. **Can a 100 percent fruit and vegetable juice blend be served to fulfill both the vegetable component and the fruit component?**

   One hundred percent fruit and vegetable juice blends are allowable in CACFP, but they cannot fulfill both the vegetable component and fruit component in the same meal. A 100-percent fruit and vegetable blend may contribute to the fruit component when fruit juice or puree is the most prominent ingredient; and a 100 percent fruit and vegetable blend may contribute to the vegetable component when vegetable juice or puree is the most prominent ingredient. Keep in mind that fruit or vegetable juice may not be served to infants and may only be served once per day to children aged 1 year and older and adults

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 inch 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
Cherry Tomatoes	• 5 half cherry tomatoes = 1/4 cup • 3 whole cherry tomatoes = 1/4 cup

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 part of your reimbursable meal.

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

GRAINS AND BREADS

Breads or grain products must be included with all meals. Breads and grains served must be made primarily of whole-grain, enriched, or fortified flour or meal. When trying to determine if a product is whole-grain, look for the word "whole" (whole wheat, whole corn, etc) in the first ingredient listed on the food package.

Examples of grains and breads

- **Enriched breads, cereals, pasta**

  Bagels, cornbread, grits, crackers, pasta, corn muffins, noodles, pita bread, ready-to-eat cereal, white bread, rolls, corn tortillas

- **Whole Grain breads, cereals, pasta**

  Brown rice, whole corn tortilla chips, whole-grain rye bread, whole-grain ready-to-eat cereal, whole-wheat pasta, whole-grain crackers, whole-wheat bread, whole-wheat rolls, whole-wheat tortillas

Grain Basics

Whole Grain-Rich Items

- At least one serving of grains per day must be whole grain-rich.
- Whole grain-rich foods are those that contain 100 percent whole grains or at least 50 percent whole grains, and the remaining grains in the food are enriched.
- Common and usual names for whole grains include:
  - Whole listed before grain (e.g., whole wheat and whole corn)
  - Berries or groats
  - Rolled oats and oatmeal

Grain-Based Desserts

- Grain-based desserts do not count toward the grains requirement.
- Grain-based desserts are identified in Exhibit A in the memorandum CACFP-02-2017 *Grains Requirements in the Child and Adult Care Food Program*; *Questions and Answers*
- Some common examples include the following items:
  - Cakes
  - Cookies
  - Sweet pie crusts
  - Doughnuts
  - Granola bars
  - Sweet rolls
  - Brownies

Breakfast Cereals

- Breakfast cereals include ready-to-eat, instant, and regular hot cereals.
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).
- Centers and homes may use any WIC-approved breakfast cereals. See link below for approved WIC cereals.
  - ***https://www.ok.gov/health2/documents/2015%20Oklahoma%20Unified%20WIC%20Approved%20Food%20Card.pdf***
- You can also find cereals that meet the requirement using the Nutrition Facts label and by following the steps below:

1	Use the Nutrition Facts label to find the **Serving Size,** in ounces (oz) or grams (g), of the cereal.
2	Find the **Sugars** line. Look at the number of g next to Sugars.
3	Use the serving size identified in Step 1 to find the serving size of your cereal in the table below.

Serving Size	Sugars
If the serving size is:	Sugars cannot be more than:
12-16 grams	3 grams
26-30 grams	6 grams
31-35 grams	7 grams
45-49 grams	10 grams
55-58 grams	12 grams
59-63 grams	13 grams
74-77 grams	16 grams

4	In the table, look at the number to the right of the serving size amount under the *Sugars* column. ***If your cereal has that amount of sugar, or less, your cereal meets the sugar requirement.***

YUMMY BRAND CEREAL

Nutrition Facts

Serving Size 3/4 cup (30g)
Servings Per Container about 15

Amount Per Serving	Cereal	With 1% cup skim milk
Calories 100	100	140
Calories from Fat	5	5
		% Daily Value*
Total Fat 0.5g	**1%**	**1%**
Saturated Fat 0g	**0%**	**0%**
Trans Fat 0g		
Polyunsaturated Fat 0g		
Monounsaturated Fat 0g		
Cholesterol 0mg	**0%**	**1%**
Potassium 90mg	**3%**	**8%**
Sodium 140mg	**6%**	**9%**
Total Carbohydrate 22g	**7%**	**9%**
Dietary Fiber 3g	**11%**	**11%**
Sugars 5g		
Other Carbohydrate 14g		
Protein 140mg		

TEST YOURSELF:

Does the cereal above meet the sugar requirement?

Serving Size: *30g*

Sugars: *5*

☑ Yes ☐ No

SUGAR LIMITS IN CEREAL

If the serving size is:	Sugars cannot be more than:
8-11 grams	0-2 grams
12-16 grams	0-3 grams
17-21 grams	0-4 grams
22-25 grams	0-5 grams
26-30 grams	0-6 grams
31-35 grams	0-7 grams
26-40 grams	0-8 grams
41-44 grams	0-9 grams
45-49 grams	0-10 grams
50-54 grams	0-11 grams
55-58 grams	0-12 grams
59-63 grams	0-13 grams
64-68 grams	0-14 grams
69-73 grams	0-15 grams
74-77 grams	0-16 grams
78-82 grams	0-17 grams
83-87 grams	0-18 grams
88-91 grams	0-19 grams
92-96 grams	0-20 grams
97-100 grams	0-21 grams

Identifying Whole Grains

Whole grains consist of the entire cereal grain seed or kernel. The kernel has three parts—the bran, the germ, and the endosperm. Usually, the kernel is cracked, crushed, or flaked during the milling process. If the finished product retains the same relative proportions of bran, germ, and endosperm as the original grain, it is considered a whole grain.

When looking for whole grain-rich foods, there are some key terms to remember to ensure you purchase just what you need.

- The word *whole* listed before a grain; for example, *whole* corn.
- The words *berries* and *groats* are also used to designate whole grains; for example, wheat berries or oat groats.
- Rolled oats and oatmeal (including old-fashioned, quick-cooking, and instant oatmeal).

Identifying Whole Grain-Rich Foods

There are two key ways for identifying whole grain-rich foods

1. Whole grains are the primary ingredient by weight.

   Nonmixed Dishes

   - Breads, cereals, and other nonmixed dishes: A whole grain is listed as the first ingredient on the product's ingredient list or second after water. Some examples of whole grain-rich ingredients are whole wheat, brown rice or wild rice, oatmeal, bulgur, whole-grain corn, and quinoa.

     When a whole grain is not listed as the first ingredient, the primary ingredient by weight may be whole grains if there are multiple whole-grain ingredients and the combined weight of those whole grains is more than the weight of the other ingredients.

     Multiple Ingredients Example
     A bread may be made with three grain ingredients:

     —Enriched wheat bread (40 percent of grain weight)

     —Whole-wheat flour (30 percent of grain weight)

     —Whole oats (30 percent of grain weight)

     This bread could meet the whole grain-rich criteria with proper documentation from the manufacturer or a recipe for food prepared by a CACFP operator because the combined weight of the two whole-grain ingredients (whole wheat and whole oats) is greater (60 percent) than the enriched wheat flour (40 percent), even though the enriched wheat flour may be listed first on the ingredient list. All grains in the food that are not whole-grain must be enriched (e.g., enriched flour).

     Mixed Dishes

     - Pizza, burritos, and other mixed dishes: A whole grain is the first grain ingredient listed on the product's ingredient list or multiple whole grains are the primary grain ingredient by weight. Proper documentation from the manufacturer or a recipe for foods prepared by a CACFP operator is used as the basis for calculating whether the total weight of the whole-grain ingredients is higher than the total weight of the grain

ingredients that are not whole grain. All grains in the food that are not whole grain must be enriched (e.g., enriched flour).

2. The product includes one of the following FDA-approved whole-grain health claims on the food products packaging.

   - Diets rich in whole-grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may reduce the risk of heart disease and some cancers.

   OR

   - Diets rich in whole-grain foods and other plant foods and low in saturated fat and cholesterol may help reduce the risk of heart disease.

Identifying Whole Grains on Food Labels

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.

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
- 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)

LIST OF 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
- 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 or whole cornmeal
- whole-grain grits
- Nixtamalized corn
- Ground Corn treated with Lime
- Hominy
- Corn Masa
- Masa harnia

BROWN RICE

- brown rice
- brown-rice flour

WILD RICE

- 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

DETERMINING NUMBER OF SERVINGS AVAILABLE IN GRAINS/BREADS RECIPES

Frequently, centers will prepare bread/bread alternate food items using recipes. In lieu of using the minimum serving sizes, the contribution of a grains/bread in a recipe may be calculated determine the number of grains/breads servings the recipe provides. The crediting of a food item as a grains/breads serving is determined by the total amount of enriched or whole-grain meal and/or flour in the recipe divided by the number of servings the recipe yields.

1 bread serving = 16 grams of enriched or whole-grain flour.

1/2 bread serving = 8 grams of enriched or whole-grain flour.

WEIGHTS OF COMMONLY USED GRAINS

Food items (weight of 1 cup)	*Grams*
Bran	
Oat, dry	92
Wheat, crude	58
Cornmeal	122
Flour, rice	
Brown	158
White	158
Flour, rye	
Dark	128
Light	101
Flour, wheat	
All-purpose, unsifted	125
All-purpose, sifted	116
Bread, unsifted	130
Bread, sifted	117
Self-rising, unsifted	131
Self-rising, sifted	106
Whole-wheat	120
Oats, quick (not instant)	
Uncooked	81
Cooked	246
Rice, white enriched	
Instant, ready-to-serve, cooked	165
Long grain, raw	185
Long grain, cooked	205
Parboiled, raw	185
Parboiled, cooked	175
Wheat germ	115

To determine the number of creditable grains/breads servings that are available, use your recipe and the grains/gram equivelant from *WEIGHTS OF COMMONLY USED GRAINS CHART*.

STEP 1:

_____Cup x _____grams/cup = _____
Total grams

_____Cup x _____grams/cup = _____
Total grams

_____Cup x _____grams/cup = _____
Total grams

ADD ALL TOTAL GRAMS = _____
TOTAL GRAMS

STEP 2:

How many 1/2 grains servings does this recipe have?

TOTAL GRAMS Divide by **8** = _____ **1/2 servings**

OR

How many 1 grains servings does this recipe have?

_____ **TOTAL GRAMS** Divide by **16** = _____ **1 servings**

CACFP GRAINS CHART

Exhibit A—Grains for Child Nutrition Programs[1,2]

GROUP A	MINIMUM SERVING SIZE FOR GROUP A
•Bread-type coating •Breadsticks (hard) •Chow mein noodles •Croutons •Pretzels (hard) •Savory crackers (saltines and snack crackers) •Stuffing (dry) ***NOTE: Weights apply to bread in stuffing.***	1 oz eq = 22 gm or 0.8 oz 3/4 oz eq = 17 gm or 0.6 oz 1/2 oz eq = 11 gm or 0.4 oz 1/4 oz eq = 6 gm or 0.2 oz
GROUP B	**MINIMUM SERVING SIZE FOR GROUP B**
•Bagels •Batter-type coating •Biscuits •Breads (white, wheat, whole-wheat, French, Italian) •Buns (hamburger and hot dog) •Egg roll skins •English muffins •Pita bread (white, wheat, whole-wheat) •Pizza crust •Pretzels (soft) •Rolls (white, wheat, whole-wheat, potato) •Sweet crackers (graham crackers—all shapes, animal crackers) •Tortillas (wheat or corn) •Tortilla chips (wheat or corn) •Taco shells	1 oz eq = 28 gm or 1.0 oz 3/4 oz eq = 21 gm or 0.75 oz 1/2 oz eq = 14 gm or 0.5 oz 1/4 oz eq = 7 gm or 0.25 oz
GROUP C	**MINIMUM SERVING SIZE FOR GROUP C**
•Cookies[3] (plain, includes vanilla wafers) •Cornbread •Corn muffins •Croissants •Pancakes •Pie crust (dessert pies[3], fruit turnovers[3], cobbler[3], and meat/meat alternate pies) •Waffles	1 oz eq = 34 gm or 1.2 oz 3/4 oz eq = 26 gm or 0.9 oz 1/2 oz eq = 17 gm or 0.6 oz 1/4 oz eq = 9 gm or 0.3 oz

1 Under the CACFP, the following foods are whole grain or enriched or made with enriched or whole-grain meal and/or flour, bran, and/or germ. For meals and snacks served to children and adults, at least one serving of grains per day in the CACFP must be whole grain-rich starting October 1, 2017. Under the NSLP and SBP, the following food quantities from Group A-G must contain at least 16 grams of whole grain or can be made with 8 grams of whole grain and 8 grams of enriched meal and/or enriched flour to be considered whole grain-rich.

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 Considered a grain-based dessert and cannot count toward the grain component at any meal served under the CACFP beginning October 1, 2017, as specified in §226.20(a)(4).

4 Refer to program regulations for the appropriate serving size for supplements served to children and adult participants. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

5 Under the CACFP, cereals may be whole grain, enriched, or fortified, and must contain no more than 6 grams of sugar per dry ounce.

CACFP GRAINS CHART

Exhibit A continued

GROUP D	MINIMUM SERVING SIZE FOR GROUP D
•Doughnuts[3] (cake and yeast-raised, unfrosted) •Granola bars[3] (plain, cereal bars, breakfast bars) •Muffins (all except corn) •Sweet roll[3] (unfrosted) •Toaster pastry[3] (unfrosted)	1 oz eq = 55 gm or 2.0 oz 3/4 oz eq = 42 gm or 1.5 oz 1/2 oz eq = 28 gm or 1.0 oz 1/4 oz eq = 14 gm or 0.5 oz
GROUP E	**MINIMUM SERVING SIZE FOR GROUP E**
•Cookies[3] (with nuts, raisins, chocolate pieces, fruit purees) •Doughnuts[3] (cake and yeast-raised, frosted and glazed) •French toast •Granola bars[3] (with nuts, chocolate pieces, or dried fruit) •Sweet rolls[3] (frosted) •Toaster pastry[3] (frosted)	1 oz eq = 69 gm or 2.4 oz 3/4 oz eq = 52 gm or 1.8 oz 1/2 oz eq = 35 gm or 1.2 oz 1/4 oz eq = 18 gm or 0.6 oz
GROUP F	**MINIMUM SERVING SIZE FOR GROUP F**
•Cake[3] (plain, unfrosted) •Coffee cake[3]	1 oz eq = 82 gm or 2.9 oz 3/4 oz eq = 62 gm or 2.2 oz 1/2 oz eq = 41 gm or 1.5 oz 1/4 oz eq = 21 gm or 0.7 oz
GROUP G	**MINIMUM SERVING SIZE FOR GROUP G**
•Brownies[3] (plain) •Cake[3] (all varieties, frosted)	1 oz eq = 125 gm or 4.4 oz 3/4 oz eq = 94 gm or 3.3 oz 1/2 oz eq = 63 gm or 2.2 oz 1/4 oz eq = 32 gm or 1.1 oz
GROUP H	**MINIMUM SERVING SIZE FOR GROUP H**
•Cereal grains (barley, quinoa, etc.) •Breakfast cereals[4,5] (cooked) •Bulgur or cracked wheat •Macaroni (all shapes) •Noodles (all varieties) •Pasta (all shapes) •Ravioli (noodle only) •Rice (enriched white or brown)	1 oz eq = 1/2 cup cooked (or 28 gm dry)
GROUP I	**MINIMUM SERVING SIZE FOR GROUP I**
•Ready-to-eat breakfast cereal[4,5] (cold, dry)	1 oz eq = 1 cup or 1.0 oz for flakes or rounds 1 oz eq = 1.25 cup or 1.0 oz for puffed cereal 1 oz eq = 1/4 cup or 1.0 oz for granola

[3] Considered a grain-based dessert and cannot count toward the grain component at any meal served under the CACFP beginning October 1, 2017, as specified in §226.20(a)(4).

[4] Refer to program regulations for the appropriate serving size for supplements served to children and adult participants. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

[5] Under the CACFP, cereals may be whole grain, enriched, or fortified, and must contain no more than 6 grams of sugar per dry ounce.

Acceptable Forms of Documentation for Items That Are Whole Grain-Rich

In order to document that the grain items served meet whole grain-rich criteria, maintain one or more of the following types of documentation on file:

- The ingredient's list from a product package that shows a whole grain as the primary ingredient by weight.
- A copy of a food label displaying one of the FDA's whole-grain health claims.
- USDA-authorized CN labels for entrée items that include grains.
- A customized Product Formulation Statement on manufacturer letterhead. Sample product formulation templates for grain products can be accessed through the CN labeling Web site at ***http://bit.ly/2IBLscY***.
- A recipe that includes the ingredients and ingredient amounts by weight and volume.
- USDA Foods Fact Sheet (applicable for USDA Foods indicated as meeting the whole grain-rich criteria. Please note that fact sheets must be accompanied by acceptable manufacturer documentation if it is not clear that the item meets whole grain-rich criteria. You can access the fact sheets at ***https://whatscooking.fns.usda.gov/fdd/household-material-fact-sheets***.

Whole Grain-Rich Foods and Disallowed Meals

Each day, one whole grain-rich food must be served. ***When whole grain-rich foods are not served in a given day, the meal (or snack) that contained a grain with the lowest reimbursement will be disallowed*** as illustrated in the examples below:

Tuesday's Menu
Breakfast **Banana slices** **Multigrain waffle** **Milk**
Lunch Chicken stir-fry Broccoli Carrots White rice Milk
Snack Yogurt Apple slices Water

Tuesday's menu does not contain a whole grain-rich food, and a grain was not served during Snack.

Therefore, the Breakfast meal is disallowed because it is the meal with the lowest reimbursement.

Friday's Menu
Breakfast Diced peaches Blueberry pancake Milk
Lunch Macaroni and cheese Cornbread Okra Tropical fruit Milk
Snack **Cheddar cheese slices** **Crackers** **Water**

Friday's menu does not contain a whole grain-rich food.

Therefore, the Snack meal is disallowed because it is the meal with the lowest reimbursement.

Questions and Answers About Grains

I. WHOLE GRAIN-RICH

1. How will centers and day care homes identify whole grain-rich foods?

Centers and day care homes can identify whole grain-rich foods using one of several methods. First, if a whole grain is listed as the first ingredient on the product's ingredient list or second after water, then the product meets the whole grain-rich criteria. Second, a center or day care home can work with a manufacturer to get the proper manufacturing documentation demonstrating that whole grains are the primary grain ingredient by weight. For foods prepared by a CACFP center or day care home, a recipe can be used to determine that whole grains are the primary grain ingredient by weight.

Additionally, centers or day care homes can look for one of the following FDA-approved whole-grain health claims on its packaging: *Diets rich in whole-grain foods and other plant foods and low in total fat and cholesterol may reduce the risk of heart disease and some cancers* or *Diets rich in whole-grain foods and other plant foods and low in saturated fat and cholesterol may help reduce the risk of heart disease.*

In recognizing that whole grain-rich products are not always easy to identify, FNS is developing training worksheets in English and Spanish to help CACFP centers and day care homes identify whole grain-rich foods. Additionally, USDA's Team Nutrition developed the *Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program* that includes tips on how to include more 100 percent whole-grain foods on menus (***http://www.fns.usda.gov/sits/default/files/whole_grains.pdf***). Foods that contain 100 percent whole grains meet the whole grain-rich criteria.

2. Can centers and day care homes use the Whole Grain Stamp (from the Whole Grain Council) to determine if a grain product meets the whole grain-rich criteria?

No. While the Whole Grain Stamp provides useful information on the amount of whole grains a product contains, the product must still be evaluated against the whole grain-rich criteria outlined in this memorandum. Products that display the Whole Grain Stamp contain at least 8 grams of whole grain per serving. However, they may also contain some nonenriched refined flour which does not meet the grains criteria for Child Nutrition Programs. Therefore, just because a product has 8 grams of whole grains does not mean the product meets the whole grains-rich criteria.

3. Do grain products have to be 100 percent whole grain to meet the whole grain-rich requirement?

No, grain products do not need to be 100 percent whole grain to meet the whole grain-rich criteria. However, grain products that contain 100 percent whole grain ***DO*** meet the whole grain-rich criteria. Whole grain-rich foods contain at least 50 percent whole grains and the remaining grains, if any, must be enriched.

For child and adult meals and snacks, centers and day care homes must serve at least one whole grain-rich food per day. Requiring that at least one grain served per day be whole grain-rich instead of 100 percent whole grain gives centers and day care homes flexibility in choosing what grains they serve while still offering the nutritional benefits of whole grains. This flexibility will make it easier for centers and day care homes to find grain products that meet the updated meal pattern requirements.

4. **Are fully cooked grain products such as pasta, whose ingredient list has water as the first ingredient and a whole grain as the second ingredient, considered whole grain-rich?**

   Yes, a grain product is considered whole grain-rich if water is listed as the first ingredient and a whole grain is listed as the second ingredient on the ingredient list.

5. **Can wheat bread, rolls, and buns labeled as *100 percent whole wheat* be used to meet the whole grain-rich requirement?**

   Yes, grain products that are specifically labeled as *whole-wheat bread, entire wheat bread, whole-wheat rolls, entire wheat rolls, whole-wheat buns,* and *entire wheat buns* are 100 percent whole wheat and are easily identifiable as meeting the whole grain-rich requirement. These products will not have any refined grains listed in the ingredient statement. Please note that foods with the label *whole grain* do not necessarily meet the whole grain-rich criteria.

6. **In a recipe for bread, would ingredients listed as 2 cups of whole-wheat flour and 2 cups of enriched white flour meet the whole grain-rich requirement?**

   Yes, as long as there are no other grain ingredients in the food; a food that contains 2 cups of whole-wheat flour and 2 cups of enriched white flour would meet the grain-rich requirement. This is because it contains at least 50 percent whole grains and the remaining grains in the food are enriched.

7. **Do centers and day care homes have the discretion to choose which meals will include a whole grain-rich grain?**

   Yes, centers and day care homes may choose to serve a whole grain-rich item at any meal or snack as long as one grain per day over the course of all the meals and snacks served that day is whole grain-rich. For example, a center may serve a whole grain-rich cereal at breakfast one day and a whole grain-rich pasta at lunch the next day. This will help expose participants to a variety of whole grains and the wide range of vitamins and minerals whole grains provide.

II. GRAIN-BASED DESSERTS AND BREAKFAST CEREALS

1. **Why are grain-based desserts no longer allowed to contribute to the grain component of a meal?**

   The Dietary Guidelines for Americans (Dietary Guidelines) identify grain-based desserts as sources of added sugars and saturated fats and recommends Americans reduce their consumption of added sugars and saturated fats. The Healthy, Hunger-Free Kids Act of 2010 required USDA to revise the CACFP meal patterns to better align them with the Dietary Guidelines. Therefore, in order to be more consistent with the Dietary Guidelines, grain-based desserts cannot be counted toward the grain components in CACFP.

2. **Are homemade granola bars or other homemade grain-based desserts allowed?**

   No, homemade and commercially prepared grain-based desserts cannot count toward the grain component in CACFP. There are no exceptions to allow a grain-based dessert to count toward the grain component, including the place of preparation or the preparation method.

3. **Are quick breads such as banana bread and zucchini bread still allowed?**

   Yes, quick breads are credited in the same group as muffins under Group D in Exhibit A and both may continue to contribute toward the grain component.

4. **Can centers and day care homes serve cake or another grain-based dessert for special celebrations such as a birthday?**

   Centers and day care homes may choose to serve grain-based desserts such as cakes and cookies during celebrations or other special occasions as an additional food item that is not reimbursable. FNS recognizes that there may be times when a center or day care home would like to serve foods or beverages that are not reimbursable. FNS encourages centers and day care homes to use their discretion when serving nonreimbursable foods and beverages, which may be higher in added sugar, saturated fats, and sodium, to ensure children and adult participants nutritional needs are met

5. **If a center or day care home chooses to serve a grain-based dessert with fruit, can the fruit count toward the fruit requirement?**

   Yes, the fruit in the grain-based dessert can credit toward the fruit component. The grains portion of a grain-based dessert with fruit, such as pies, cobblers, or crisps, cannot count toward the grain component. Centers and day care homes should serve sweetened fruit in moderation to help reduce children's and adults' consumption of added sugars and help children develop a taste preference for unsweetened fruit.

6. **Pancakes and waffles are not grain-based desserts according to Exhibit A. If syrup, honey, jam, or another sweet topping is served with the pancakes or waffles, are they then considered grain-based desserts?**

   No, adding a sweet topping such as syrup to pancakes or waffles does not make them grain-based desserts and they continue to be counted toward the grain component. However, FNS strongly encourages centers and day care homes to explore healthier alternatives for toppings, such as fruit or yogurt. Minimizing sweet toppings will help reduce children's and adults' consumption of added sugars. When sugars are added to foods and beverages to sweeten them, they add calories without contributing essential nutrients.

7. **How does a center or day care home determine if a breakfast cereal has no more than 6 grams of sugar per dry ounce (21.2 grams of sugar per 100 grams)?**

   There are several ways a center or day care home can determine if a breakfast cereal is within the sugar limit. First, centers and day care homes can use any state agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved breakfast cereal list. Some stores also have labels on the shelves indicating which breakfast cereals are WIC-approved. All WIC-approved breakfast cereals contain no more than 6 grams of sugar per dry ounce (21.2 grams of sugar per 100 grams).
   Second, centers and day care homes may do some math to determine the sugar content of a breakfast cereal. Using the Nutrition Facts label, the center or day care home may divide the amount of sugar per serving (listed toward the middle) by the serving size in grams (listed at the top). If the amount of sugar per serving divided by the serving size in grams is 0.212 or less, then the cereal is within the sugar limit and may be creditable in CACFP. For example, Cereal A's Nutrition Facts label shows that the serving size is 55 grams and the amount of sugar per serving is 13 grams. Therefore, 13 grams (serving size) divided by 55 grams of sugar equals 0.236. Cereal A exceeds the sugar limit because 0.236 is greater than 0.212.

FNS is developing an easy-to-use chart to further help CACFP centers and day care homes identify breakfast cereals within the sugar limit.

III. COMPLIANCE

1. When submitting menus for review, do centers and day care homes need to document which grains foods are whole grain-rich?

Yes, centers and day care homes must document when a food is whole grain-rich on their menus and may do this by using terms such as *whole grain-rich, whole-wheat,* or simply listing a whole grain. For example, a menu may say *peanut butter and jelly sandwich on whole grain-rich bread, whole-wheat pasta and chicken,* or *brown rice and vegetables*. Common and usual names for whole grains that are helpful to know and can be used to identify whole grain-rich foods on menus are:

- The word ***whole*** listed before a grain, such as ***whole-wheat or whole corn***.
- The words ***berries*** and ***groats*** are used to designate a whole grain such as ***wheat berries or oat groats.***
- Rolled oats and oatmeal (including old-fashioned, quick cooking, and instant oatmeal).
- Other whole-grain foods that do not use the word *whole* in their description, such as brown rice, brown rice flour, wild rice, quinoa, millet, teff, amaranth, buckwheat, and sorghum.

It is the responsibility of the State Agency or sponsor, as applicable, when conducting reviews, to check labels and product information to ensure that the whole grain-rich items being served meet the whole grain-rich criteria presented in this memorandum.

2. If a day care home serves breakfast and snack and a grain is served at both breakfast and snack but neither of the grains are whole grain-rich, which meal is disallowed?

The snack would be disallowed. This is because the snack is the meal with the lowest reimbursement rate that contained a grain. Conversely, if a grain was not served at snack and the grain at breakfast is not whole grain-rich, then the breakfast meal would be disallowed. In that situation, the breakfast meal is the meal with the lowest reimbursement rate that contained a grain.

3. If a center serves breakfast and lunch and the whole grain-rich grain is planned for lunch but the center is forced to close before serving lunch due to severe weather, will meals be disallowed?

No, if a center or day care home is unable to serve the meal with a whole grain-rich grain due to extenuating circumstances and the menu demonstrates that a whole grain-rich grain was planned for the missed meal(s), no meals will be disallowed on the basis that the whole grain-rich requirement was not met. Menus must show that at least one whole grain-rich grain is offered each day the center or home is operating.

4. **If a different group of children are at lunch than at breakfast, do both meals have to contain a whole grain-rich grain?**

   No, the whole grain-rich requirement applies to the center or day care home, not to each child or adult participant. If a center or day care home serves breakfast and lunch and two different groups of children or adults are at each meal, only one meal must contain a whole grain-rich food.

   FNS strongly encourages centers and day care homes that have different groups of participants at each meal (such as one group of children at breakfast and a second group at lunch) to vary the meal in which a whole grain-rich grain is served. For example, whole grain-rich toast could be served at breakfast on Monday and brown rice could be served at lunch on Tuesday. This will help ensure that all participants are served whole grains and benefit from the important nutrients they provide.

5. **If a program only serves snacks, would all the grains served at snack have to be whole grain-rich?**

   Yes, if the snack includes a grain such as crackers with apples, the grain must be whole grain-rich. However, programs that only serve snack, such as an at-risk after-school program, are not required to serve a grain at snack because it is not a required component at snack. A program may offer a reimbursable snack with a fruit and vegetable, milk and fruit, a meat alternate and vegetable, and so forth. Conversely, if a center or day care home only serves one meal (breakfast, lunch, or supper) per day, then the grain served at that meal must be whole grain-rich.

CREDITING COMBINATION FOODS

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

1. Meat/meat alternate
2. Grains
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	Hamburger bun (at least 1/4 serving)
Vegetable/fruit	Lettuce and tomato (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)

CHILD NUTRITION LABELS AND PRODUCT FORMULATION STATEMENTS

CN labels, fact sheets, and product labels provide a way for food manufacturers to communicate with operators about how their products may contribute to the meal pattern requirements for meals served under USDA's CNP. Below are tips for acceptable documentation:

CN-Labeled Products

- The CN label provides a warranty against review claims when the product is used according to the manufacturer's direction.
- Child care centers and FDCH operators may submit an original CN label, a photocopy or a photograph of the valid CN label during an AR as acceptable documentation.
  - — CN labels that are laser-printed on the product carton or cannot be easily removed may be photocopied while attached to the original product carton.
  - — A photograph of the CN label while it is attached to the original product carton. (CN labels that are photocopies or photographed must be visible and legible.)
- When a valid CN logo and crediting statement is provided, a Product Formulation Statement is not required.

Watermarked CN Labels

- If the actual CN label, photography, or photocopy of the valid CN label is not available, operators may provide the Bill of Lading (invoice) containing the product name ***AND***
  - — A CN label copied with a watermark displaying the product name and CN number.
  - — An electronic copy of the CN label with a watermark displaying the product name and CN number provided by the vendor.

CN

000000

CN Each 4.5 oz Chicken Stir-Fry Bowl provides 1.5 oz equivalent meat, 1.0 oz equivalent of WGR Grains, 1/4 cup dark green vegetable, 1/4 cup red/orange vegetable, and 1/8 cup other vegetable for Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 05/18.) CN

CN

Product Formulation Statement (PFS)

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 without 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 *N* 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 *ground beef (not more than 20% fat)*, the product label should also list *ground beef (not more than 20% fat)*.
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the *Food-Buying Guide* (FBG) (available at ***http://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs***)?
Y	N	If the product is a meat/meat alternate, does it contain an Alternate Protein Product (APP) such as soy concentrate? If *Yes*, 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 ***http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry***.
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).

The only exceptions are:

— Tomato paste and tomato purée are credited based on their whole food equivalency using the percent natural tomato soluble solids in the paste or purée. See FBG for additional information on calculated volume.

— Dried fruits credit on the volume served (e.g., 1/4 cup raisins credit as 1/2 cup fruit).

— Raw leafy vegetables credit as half the volume served (e.g., 1 cup raw spinach credits as 1/2 cup 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 vegetable group. 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.

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.

BBQ Potk or Beef (canned)
Corn Dogs
Chicken Nuggets
Burritos
Steak Fingers
Fish Sticks
Canned Chili
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

EXAMPLE MENU OF MEAL PATTERN REQUIREMENTS

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast	Whole-grain mini bagel Peaches Scrambled eggs 1% milk	Multigrain toast with all-fruit spread Banana Milk	Fresh plum slices Whole-grain cereal 1% milk	Apple slices Whole-grain waffle 1% milk	Fresh banana slices Whole-grain cereal 1% milk
Lunch	Cheese and chicken quesadilla Black beans Applesauce 1% milk	Mexican meatloaf Green beans Whole kernel corn Mexican whole-grain cornbread 1% milk	Oven-baked fish Strawberries Green beans Brown rice 1% milk	Chicken breast Buttered noodles Mixed fruit Roasted broccoli 1% milk	Black bean soup Carrot sticks Pears Soft enriched bread stick 1% milk
Snack	Multigrain crackers Juice	Smoothie prepared with lowfat yogurt and strawberries Water	Whole-grain English muffin with melted Cheddar cheese Juice	Apricot halves Cheese crackers Water	Fresh orange sections Yogurt Water

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 fruits/vegetables, use the number of 1/2-cup servings.
- For meat/meat alternates, 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

Adults Present: ***7***

Number of Adults Served					
MILK					
Adults	*7*	X	8 fluid ounces	=	***56***
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon. 56 total fluid ounces needed ÷ 43 gallons or 1/2 gallon needed					

FRUIT/VEGETABLE/JUICE					
Adults	*7*	X	2 (1/4 cup)	=	***14***
					Total Number of 1/4 Cups Needed

MEAT/MEAT ALTERNATE (Optional)					
Adults	*7*	X	2.0 ounces	=	***14***
					Total Ounces Needed

GRAINS					
Adults	*7*	X	2 oz eq	=	***14***
					Total Ounce Eq Needed

EXAMPLE

LUNCH AND SUPPER*
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Adults Present: ***9***

Number of Adults Served					
MILK*					
Adults	***9***	X	8 fluid ounces	=	***72***
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 ounces per gallon = .56 gallon or 3/4 gallon needed					

VEGETABLE					
Adults	***9***	X	2 (1/4 cup)	=	***18***
					Total Number of 1/4 Cups Needed

FRUIT					
Adults	***9***	X	2 (1/4 cup)	=	***18***
					Total Number of 1/4 Cups Needed

MEAT/MEAT ALTERNATE					
Adults	***9***	X	2.0 ounces	=	***18***
					Total Ounces Needed

GRAINS					
Adults	***9***	X	2 oz eq	=	***18***
					Total Ounce Eq Needed

*Milk is not a required component at supper.

EXAMPLE

SNACK

HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

(Choose two of the five food components)

Adults Present: ***9***

Number of Adults Served					
MILK					
Adults		X	8 fluid ounces	=	
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 ounces per gallon = .56 gallon or 3/4 gallon needed					

VEGETABLE					
Adults	***9***	X	2 (1/4 cup)	=	***18***
					Total Number of 1/4 Cups Needed

FRUIT					
Adults	***9***	X	2 (1/4 cup)	=	***18***
					Total Number of 1/4 Cups Needed

MEAT/MEAT ALTERNATE					
Adults		X	1.0 ounce	=	
					Total Ounces Needed

GRAINS					
Adults	***9***	X	1 oz eq	=	***9***
					Total Ounce Eq Needed

MENUS AS SERVED

The menu as served form 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 AD-223-224** for your records. A form available for institutions who serve three meals per day (breakfast, lunch, and PM snack) and one for those who serve other meals.

All meal services offered each day are recorded on the same page. In addition, it is required that the following information be recorded:

- Comments Box—Note any comments or special dietary needs
- Date of meal service
- Indicate who completed the form
- Meal counts of—
  * Total participants served
  * 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)
- Check the WG (whole grain) box that denotes which meal the WG product was served for the day.
- Be specific in the variety of milk served.
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)

The 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 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 program specialist for review of the alternate form prior to using.

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.

EXAMPLE
MENUS AS SERVED

Comments/Special Dietary Needs:

Date: 10/4/YYYY

Form completed by: Tammy Cook

MEAL TYPE	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total participants served: _24_ Program Adults: __0___		WG ☑ 1 32-oz box corn-flakes 24oz sliced WW bread		24 bananas	1 gallon lowfat white
AM SNACK Total participants served: ____ Program Adults: ____		WG ☐			
LUNCH Total participants served: 24 Program Adults: __0__	5# 20% fat ground beef	WG ☐ Spaghetti noodles 2# 24 oz bread sticks	Green beans, 2 #10 cans, cut, drained, heated Spaghetti sauce, 2 28 oz can, meatless	Peaches, freestone, sliced, 2 #10 cans	3/4 gallon lowfat white
PM SNACK Total participants served: 30 Program Adults: __0__		WG ☐ 32oz (2-1lb boxes) graham crackers		1 gallon orange juice	
SUPPER Total participants served: ____ Program Adults: ____		WG ☐			
LATE PM SNACK Total participants served: ____ Program Adults: ____		WG ☐			

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 participants, 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* 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.

NOTE: For more food items that can be served in CACFP, Refer to USDA FNS-425 CACFP Crediting Handbook Slightly Revised April 2022 located in the RESOURCE LIBRARY under the MEAL PATTERN REQUIREMENTS section.

Brief Explanation of the *Food-Buying Guide*

Foods are grouped in the *Food-Buying Guide* in the following sections:

- Section 1: Meat and Meat Alternates
- Section 2: Vegetables and Fruits
- Section 3: Grains
- 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 Available at

- Online at ***https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs***
- In the Application and Claiming system under RESOURCE LIBRARY under MEAL PATTERN REQUIREMENTS section.
- USDA Food Buying Guide APP for Smartphones and tablets (Compatible with IOS and Android devices).

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

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.**

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 200 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 200 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					
Beef, Ground, fresh or frozen[7,8] *no more than 20% fat includes USDA commodity (Like IMPS #136)*	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 size listed in Column 4. Compare this to your planned 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 servings X 1 ounce = 50 ounces

   100 servings X 1.5 ounces = 150 ounces

   50 servings X 2 ounces = 100 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 in 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 to 26 pounds to ensure enough food is available.**

   ANSWER: You will need 26 pounds of raw ground beef for the required serving sizes for 200 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.

SAFETY AND SANITATION TIPS

The area of food terminology 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 FNS-SWRO. 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 eating 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 uses, 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 in 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.
- Deep fat-fried foods (cooked by submerging in hot oil or other fat) that are prepared on-site cannot be part of a reimbursable meal.

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-30-3015, 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 person 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 continual basis in the food components must have written approval from USDA.

MEDICAL STATEMENT

Part I (to be filled out by *institution or parent/guardian)*	
Name of Participant: **John Doe, Jr.**	Age: **74**
Name of Parent/Guardian: **John Doe**	Telephone Number: **555-6789**
Name of Institution: **Boomer Adult Day Care**	

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 adult has a disability as defined by the American Disability Act: Yes ☒ No ☐

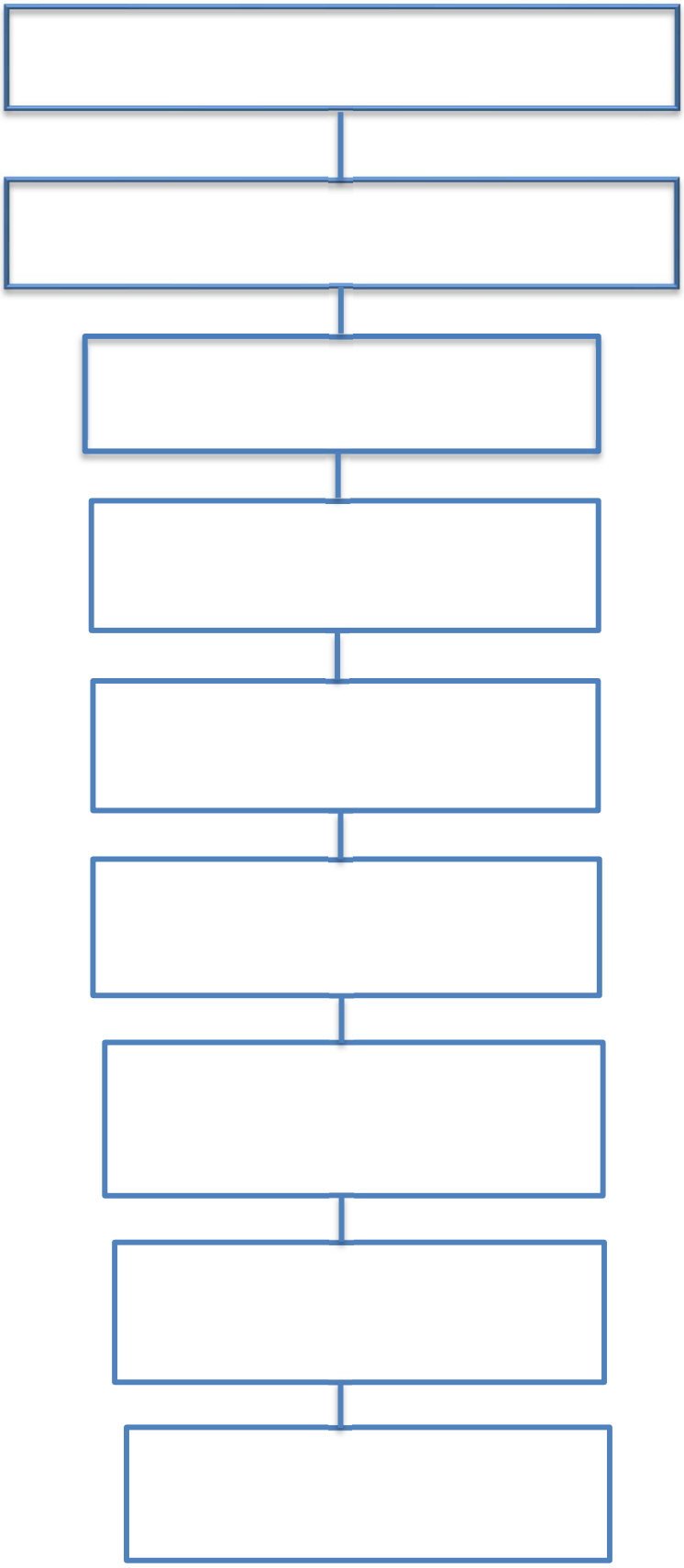
10/14/YYYY	*R. J. Hoffman, M.D.*
Date	Signature of State-Recognized Medical Authority
	555-1212
	Telephone Number

Notes

ADULT DAY CARE ORIGINALS

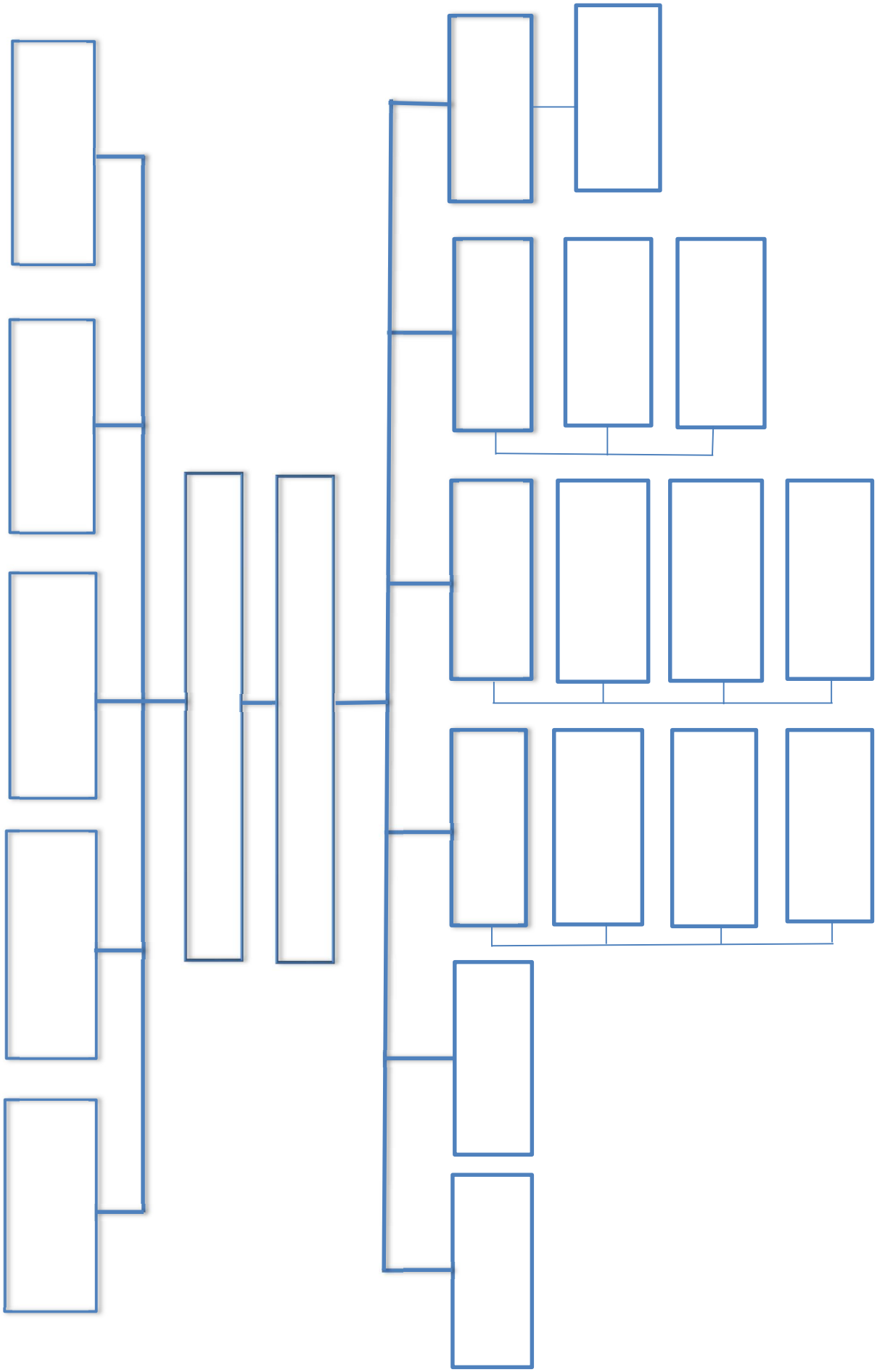
_____ Organizational Chart

Name of Institution



Organizational Chart

Name of Institution



ANNUAL EXPENDITURE/REIMBURSEMENT WORKSHEET

Institution Name: _____ Year: _____ Fiscal Months: _____

Expenditure for EACH Month (start with the first month of fiscal year) (1)	OPERATING AND ADMINISTRATIVE COSTS ($)								
	CACFP Admin. Labor (2)	CACFP Admin. Expenses (3)	Food Service Salaries/ Benefits (4)	Food Service Rent/Utilities/ Janitorial (5)	Food Service Equipment (6)	Food Purchases (Food & Milk) (7)	Nonfood Purchases (Food-Related Supplies) (8)	Misc. (9)	CACFP Reimbursement for each month (10)
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
	$	$	$	$	$	$	$	$	$
Grand Totals	$	$	$	$	$	$	$	$	$

(11) Total CACFP Expenditures (Total of Columns 2 through 9) $ _____

(12) Total Reimbursement Received (Total of Column 10) $ _____ Form completed by: _____

(13) Operating Balance (Item 11 Minus Item 12—See Instructions) $ _____ Contact Info: _____

NOTE: attach all expenditure/reimbursement worksheets listed on this form to validate.

MILK SUBSTITUTION REQUEST

Participant's Name:	Age:

The enrolled participant cannot consume milk for the following reason(s):

Signature of Parent/Guardian:	Date:

INSTITUTION APPROVAL: Signature:	 Date:

Nondairy Beverages
In the case of a participant 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 mcg

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.

MEDICAL STATEMENT

Part I (to be filled out by *institution or parent/guardian)*	
Name of Participant:	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 adult has a disability as defined by the American Disability Act: Yes ☐ No ☐

Date	Signature of State-Recognized Medical Authority
	Telephone Number

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 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 ADULT FAMILY-SIZE AND INCOME APPLICATION

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

Part 1: a. List all enrolled participants.
b. List all household members, including enrolled adult participant(s). For each enrolled participant, 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, 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.

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

ADULT FAMILY-SIZE AND INCOME APPLICATION (FSIA)
FY 2022-2023

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 *NO* Income
		☐
		☐
		☐

PART 2. BENEFITS

If any member of your household receives ***SNAP, FDPIR, SSI,*** or ***Medicaid*** 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. 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*	$ _____/_____
	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).

An adult household member must sign this form. ***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 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.

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 5. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (Optional)			
Choose one ethnicity:	*Choose one or more (regardless of ethnicity):*		
☐ Hispanic or Latino	☐ Asian	☐ American Indian or Alaskan Native	☐ Black or African American
☐ Not Hispanic or Latino	☐ 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:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:	Year:
Household Size:					
Categorical Eligibility:		Date Withdrawn:	Eligibility: Free	Eligibility: Reduced	Eligibility: Denied
Reason:					
Determining Official's Signature:				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	25,142
2	33,874
3	42,606
4	51,338
5	60,070
6	68,802
7	77,534
8	86,266
Each Additional Person:	8,733

"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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: program.intake@usda.gov

This institution is an equal opportunity provider.

INCOME-ELIGIBILITY GUIDELINES FOR YEAR 2022-2023 FOR *FREE* AND *REDUCED-PRICE* MEALS

This is the income scale used by _____
to determine eligibility for free meals. (Center/Sponsor)

(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	17,667	1,473	737	680	340
2	23,803	1,984	992	916	458
3	29,939	2,495	1,248	1,152	576
4	36,075	3,007	1,504	1,388	694
5	42,211	3,518	1,759	1,624	812
6	48,347	4,029	2,015	1,860	930
7	54,483	4,541	2,271	2,096	1,048
8	60,619	5,052	2,526	2,332	1,166
For each additional family member, add:	6,136	512	256	236	118

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level					
Household Size	**Income**				
	Annual	**Monthly**	**Twice Per Month**	**Every Two Weeks**	**Weekly**
1	25,142	2,096	1,048	967	484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional family member, add:	8,732	728	364	336	168

FREE CACFP ROSTER

Center: _____ **Fiscal Year:** _____

Form completed by: _____

NAME	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
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26.														
27.														
28.														
29.														
30.														
31.														
32.														
33.														
34.														
35.														
TOTAL														

*EF = Enrollment Form obtained

REDUCED-PRICED CACFP ROSTER

Center: _____ **Fiscal Year:** _____

Form completed by:

NAME	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1.														
2.														
3.														
4.														
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28.														
29.														
30.														
31.														
32.														
33.														
34.														
35.														
TOTAL														

*EF = Enrollment Form obtained

NOT ELIGIBLE CACFP ROSTER

Center: _____ **Fiscal Year:** _____

Form completed by:

NAME	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1.														
2.														
3.														
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31.														
32.														
33.														
34.														
35.														
TOTAL														

*EF = Enrollment Form obtained

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

MEAL COUNT WORKSHEET

Agreement Number: AD- _____ Month: _____ 20 _____

Form Completed By: _____

DATE	NUMBER MEALS SERVED PROGRAM PARTICIPANTS				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Supplement	Breakfast	Lunch	Supper	Supplement
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.

DAILY ATTENDANCE RECORD

Name of Day Care Center: _____ **Month:** _____ **Year:** _____

Form Completed By: _____

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

DAILY RECORD OF MEALS SERVED

Center: _____ Month and Year: _____

Adults	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	Total Reimbursable Meals: B	AM	L	PM	S	L PM
1.	B*																																					
	AM*																																					
	L*																																					
	PM*																																					
	S*																																					
	LPM*																																					
2.	B																																					
	AM																																					
	L																																					
	PM																																					
	S																																					
	LPM																																					
3.	B																																					
	AM																																					
	L																																					
	PM																																					
	S																																					
	LPM																																					
4.	B																																					
	AM																																					
	L																																					
	PM																																					
	S																																					
	LPM																																					
5.	B																																					
	AM																																					
	L																																					
	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 participant daily.

Form completed by: _____

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 #: _____

FOOD AND MILK					FOOD-RELATED SUPPLIES				
# of Units	Unit Size	Items Used to Prepare Required CACFP Meals	Unit $ Cost	Total $ Cost	# of Units	Unit Size	Nonedible Items Used in Kitchen and Dining Areas: i.e., Paper Products, Cleaning Supplies	Unit $ Cost	Total $ Cost
							Food-Related Subtotal		
							Food-Related Tax		
							Total Food-Related Supplies		
					# of Units	Unit Size	**Nonreimbursable Items**	Unit $ Cost	Total $ Cost
		Food and Milk Subtotal			(Local Tax Rate =)		Nonreimbursable Subtotal		
		Food and Milk Tax					Nonreimbursable Tax		
		Total Food and Milk					Total Nonreimbursable Items		

* 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 specialist.

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

Form completed by: _____

Maintain in institution records.

EXPENDITURE/REIMBURSEMENT WORKSHEET

INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Date (1)	ITEM/ENTRY (Vendor or Personnel, Etc.) (2)	Check # (3)	OPERATING AND ADMINISTRATIVE COSTS ($)																			
			CACFP Admin. Labor (4) $		CACFP Admin. Expenses (5) $		Food Service Salaries/ Benefits (6) $		Food Service Rent/ Utilities/ Janitorial (7) $		Food Service Equipment (8) $		Food Purchases (Food and Milk) (9) $		Nonfood Purchases (Food-Related Supplies) (10) $		Misc. (11) $		INCOME (Other Than CACFP Reimbursement) (12) $	
(13)	Grand Totals																					

(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) $ _____

Form completed by: _____

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

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

GROUP PROGRAM

Adult Day Care Center: _____

Month: _____ **Year:** _____

DAY/DATE	MONDAY, ____	TUESDAY, ____	WEDNESDAY, ____	THURSDAY, ____	FRIDAY, ____

DAY/DATE	MONDAY, ____	TUESDAY, ____	WEDNESDAY, ____	THURSDAY, ____	FRIDAY, ____

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

(Additional forms may be needed to ensure all items are inventoried)

Center Name: _____ Inventory Month/Year: _____

Date Conducted: _____ Form Completed By: _____

Meat/Meat Alternate	Purchase Unit	# of Units	Grain/Bread	Purchase Unit	# of Units

Fruit	Purchase Unit	# of Units	Vegetable	Purchase Unit	# of Units

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

(Additional forms may be needed to ensure all items are inventoried)

Milk	**Purchase Unit**	**# of Units**	**Extra Items** *(optional)*	**Purchase Unit**	**# of Units**
Condiments *(optional)*	**Purchase Unit**	**# of Units**	**Food-Related Supplies** *(optional)*	**Purchase Unit**	**# of Units**

CACFP Claim Revision

Agreement #:_____

Institution/Site Name: _____

Please provide the revised counts

Claim Month/Year:_____

Number of days in operations: _____

Total enrollment: _____

At-Risk number of days in operation, if applicable: _____

At-Risk total enrollment, if applicable: _____

Participation Data:

Title XX/XIX, if applicable: _____

Number free eligible: _____

Number reduced eligible: _____

Number not eligible: _____

	Child Care	At-Risk	Adult Care
Number of Breakfasts			
Number of Lunches			
Numbers of Suppers			
Number of Snacks			

Reason for revision: _____

_____

_____

_____

CACFP Notification of Meal Service Change

Agreement Number: _____ Institution/Site Name: _____

This form must be submitted if any of the following information has changed from the original application. Please complete and submit to our office for approval *prior* to meal service change.

For recordkeeping purposes, please list the days and times of meal service that you are currently approved for.

Please list currently approved mealtimes here:

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st shift		1st shift		1st shift		1st shift		1st shift		1st shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
2nd shift		2nd shift		2nd shift		2nd shift		2nd shift		2nd shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

Please list currently approved maximum number of meals:

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd

Please check the box for each day currently approved to serve meals and current hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Open	Close

Please enter the new information you wish to change and submit for approval below.

If applicable, list NEW mealtimes here: ☐ No change to mealtimes

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st shift		1st shift		1st shift		1st shift		1st shift		1st shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
2nd shift		2nd shift		2nd shift		2nd shift		2nd shift		2nd shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

Please list NEW maximum number of meals: ☐ No change to max number

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd

If serving shift or weekend meals, please provide justification:

If applicable, check the box for each day you wish to serve meals: ☐ No change to days of the week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If applicable, list your NEW hours of operation:

Open	Close

☐ No change to hours of operation

I further certify that all the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, disability, age, reprisal, and retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Authorized Representative Signature: _____ Date:_____

SDE Signature: _____ Date:_____

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)

( ) Financial Documentation - Any bank and credit card statement(s) where CACFP funds were deposited, spent, or transferred to or from, Year to date report, Profit/Loss statement, canceled checks, etc.

( ) Food-Purchasing Forms/Itemized Receipts

( ) End of the Month Inventory for Food and Milk

( ) 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

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

( ) Obtain FSIAs on new participants and maintain with all other FSIAs.

( ) Add new participants in attendance to the CACFP Roster for updated monthly count of ***free, reduced-price,*** and ***not eligible***.

( ) 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.

( ) Individual and Group Plan

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

ANNUAL REQUIRED DOCUMENTATION

( ) Procurement Documentation

( ) Training Records

WEEKLY MENU PLANNER

BREAKFAST	AM SNACK	LUNCH

This institution is an equal opportunity provider.

WEEKLY MENU PLANNER

PM SNACK	SUPPER	LATE PM SNACK

This institution is an equal opportunity provider.

BREAKFAST
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Adults Present: _____

Number of Adults Served					
MILK					
Adults		X	8 fluid ounces	=	
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					

FRUIT/VEGETABLE/JUICE					
Adults		X	2 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed

MEAT/MEAT ALTERNATE (Optional)					
Adults		X	2.0 ounces	=	
					Total Ounces Needed

GRAINS					
Adults		X	2 oz eq	=	
					Total Ounce Eq Needed

LUNCH AND SUPPER*
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Number of Adults Served: _____

Number of Adults Served

MILK*					
Adults		X	8 fluid ounces	=	
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					

VEGETABLE					
Adults		X	2 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed

FRUIT					
Adults		X	2 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed

MEAT/MEAT ALTERNATE					
Adults		X	2.0 ounces	=	
					Total Ounces Needed

GRAINS					
Adults		X	2 oz eq	=	
					Total Ounce Eq Needed

*Milk is not a required component at supper.

SNACK
HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED
(Choose two of the five food components)

Number of Adults Served: _____

Number of Adults Served

MILK					
Adults		X	8 fluid ounces	=	
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					

VEGETABLE					
Adults		X	2 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed

FRUIT					
Adults		X	2 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed

MEAT/MEAT ALTERNATE					
Adults		X	1.0 ounce	=	
					Total Ounces Needed

GRAINS					
Adults		X	1 oz eq	=	
					Total Ounce Eq Needed

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 Participants _____ 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.

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 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 Amount[1]				

*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. Total Creditable Amount[1]					
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: _____

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 _____ (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 16 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 constitutes 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 *N* 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 *ground beef (not more than 20% fat)*, the product label should also list *ground beef (not more than 20% fat)*.
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the *Food-Buying Guide* (FBG) for *School Meal Programs* or *FBG for Child Nutrition Programs* (available at ***http://www.fns.usda.gov/tn/food-buying-guide-school-meal-programs*** or ***http://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs***)?
Y	N	If the product is a meat/meat alternate, does it contain an Alternate Protein Product (APP) such as soy concentrate? If *Yes*, 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 ***http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry***.
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 past 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.

MENUS AS SERVED

Comments/Special Dietary Needs:

Date: _____

Form completed by: _____

MEAL TYPE	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total participants served: _____ Program Adults: _____		WG ☐			
AM SNACK Total participants served: _____ Program Adults: _____		WG ☐			
LUNCH Total participants served: _____ Program Adults: _____		WG ☐			
PM SNACK Total participants served: _____ Program Adults: _____		WG ☐			
SUPPER Total participants served: _____ Program Adults: _____		WG ☐			
LATE SNACK Total participants served: _____ Program Adults: _____		WG ☐			

MENUS AS SERVED

(For Institutions who only serve these 3 meals per day)

Comments/Special Dietary Needs: **Form completed by:**

MEAL TYPE	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Date:_____ Total participants served: ____ Program Adults: ____		WG ☐			
LUNCH Date: _____ Total participants served: ____ Program Adults: ____		WG ☐			
PM SNACK Date:_____ Total participants served: ____ Program Adults: ____		WG ☐			
BREAKFAST Date:_____ Total participants served: _____ Program Adults: _____		WG ☐			
LUNCH Date:_____ Total participants served: _____ Program Adults: _____		WG ☐			
PM SNACK Date: _____ Total participants served: _____ Program Adults: _____		WG ☐			