

**CHILD AND ADULT CARE FOOD
PROGRAM**

**TRAINING MANUAL
Independent Centers/Center Sponsors**

OKLAHOMA STATE DEPARTMENT OF EDUCATION

FY2019

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

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

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

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

This institution is an equal opportunity provider.

This publication, printed by the Oklahoma State Department of Education Printing Services, is issued by the Oklahoma State Department of Education as authorized by Joy Hofmeister. Sixteen hundred fifty copies have been prepared and distributed at a cost of \$39,220.50. Copies are also available online through the agency Web site.

TABLE OF CONTENTS

Consultant Territories	5
Basic Responsibilities	7
Eligibility Documentation	15
Record Keeping	51
Other Required Records	77
Inventory	83
Training	87
Civil Rights	91
Procurement Information	101
Meal Patterns and Food Production Records	137
Infant Meals	221
Contracting for Other Services and Food Service	247
At-Risk Meal Responsibilities and Originals	255
Institution Originals	265
Multisited Institutions Additional Responsibilities and Originals	333
Adult Day Care Institutions	381
Adult Day Care Record Keeping	395
Adult Menu Planning and Menus as Served	397
Adult Day Care Institution Originals	425
Index	461

This page intentionally left blank.

COORDINATOR TERRITORIES

Area coordinators are available to provide technical assistance to Child Nutrition Programs (CNP) personnel. Following is a list of the area coordinators, assigned counties, and telephone numbers where the coordinators may be reached.

JERI BUCHANAN 405-246-8342 Jeri.Buchanan@sde.ok.gov	Beckham—05 Comanche (1/2)—16 Cotton—17 Greer—28 Harmon—29 Jackson—33 Kiowa—38 Roger Mills—65 Tillman—71 Washita—75	JILL LOWE 405-239-0598 Jill.Lowe@sde.ok.gov	Choctaw—12 LeFlore—40 McCurtain—48 Pushmataha—64
ALBERTA BURGESS 405-213-8327 Alberta.Burgess@sde.ok.gov	Craig—18 Nowata—53 Ottawa—58 Tulsa (1/2)—72 Washington—74	NANCY McCULLOUGH 405-834-2962 Nancy.McCullough@sde.ok.gov	Caddo—08 Comanche (1/2)—16 Grady—26 McClain—47
TAMMY FLUTE 405-249-0964 Tammy.Flute@sde.ok.gov	Adair—01 Haskell—31 Muskogee—51 Sequoyah—68	KENDRA MERVELDT 405-249-7918 Kendra.Merveldt@sde.ok.gov	Blaine—06 Kingfisher—37 Logan—42 Oklahoma (1/4)—55
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	DANA PARKER 405-558-1865 Dana.Parker@sde.ok.gov	Latimer—39 McIntosh—49 Okfuskee—54 Okmulgee—56 Pittsburg—61
PAT GOWER 405-246-5648 Pat.Gower@sde.ok.gov	Lincoln—41 Oklahoma (1/4)—55 Pottawatomie—63	CAROLE PETERS 405-248-8365 Carole.Peters@sde.ok.gov	Cleveland—14 Oklahoma (1/4)—55
FONDI HAYES 405-306-0736 Fondi.Hayes@sde.ok.gov	Carter—10 Garvin—25 Jefferson—34 Johnston—35 Love—43 Marshall—45 Stephens—69	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
KAREN JOHN 405-301-7689 Karen.John@sde.ok.gov	Atoka—03 Bryan—07 Coal—15 Hughes—32 Murray—50 Pontotoc—62 Seminole—67	RHONDA STEVENS 405-219-9637 Rhonda.Stevens@sde.ok.gov	Creek—19 Rogers—66 Tulsa (1/2)—72
MONA KING 405-219-9015 Mona.King@sde.ok.gov	Cherokee—11 Delaware—21 Mayes—46 Wagoner—73	DENISE WIELAND 405-301-5786 Denise.Wieland@sde.ok.gov	Canadian—09 Oklahoma (1/4)—55

State Agency Telephone Number: 405-521-3327

State Agency Fax Number: 405-521-2239

This page intentionally left blank.

*BASIC
RESPONSIBILITIES*

This page intentionally left blank.

BASIC RESPONSIBILITIES—AT A GLANCE

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

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. *ENROLLMENT FORM*

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

b. *MEDICAL STATEMENT, IF APPLICABLE*

c. *MILK SUBSTITUTION REQUEST, IF APPLICABLE*

d. *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 Household-Size Income Scales for *Free and Reduced-Price Meals* to determine the eligibility status of each household submitting an FSIA.
- FSIA **MUST** be completed and correctly approved by the institution before the institution may report the participant as free or reduced-price.
- FSIA is valid only for the current fiscal year (obtain annually at the beginning of each fiscal year).
- If an institution has Head Start children enrolled, the Head Start facility may complete the *Head Start Federally Funded Enrollment Information* form for the institution to use in lieu of FSIA's.

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

- Recommend one roster for each category; i.e., free, reduced-price, and not eligible.
- Maintain monthly for an updated count of free, reduced-price, and not eligible.

- Record the participant in attendance as free, reduced-price, or not eligible (if he or she participated in one or more meal service).
- Total each column, and record at bottom of page.
- Maintain with FSIA's.
- At-Risk are not included in F, R, NE Eligibles.

3. RECORD KEEPING

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

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

b. ***CACFP MEAL COUNT WORKSHEET*** or ***DAILY RECORD OF MEALS SERVED***

- Maintain one each month, posting meal counts daily.
- A physical meal count must be taken as each meal is served (point of service).
- No individual meal count claimed may exceed Department of Human Services (DHS) license capacity. (Any meal served over capacity must be reported as nonprogram.)
- Reimbursement shall not be claimed for more than three meal services per participant per day. Reimbursement is limited to two main meals and one snack or two snacks and one main meal.
- If more than one shift is approved per meal type, report counts separately.
- Total each column, and record at bottom of page.
- Child Care Centers: All meals claimed must be served to children 12 years of age or younger.
- Adult Care Centers: All meals claimed must be served to adults 60 years of age or older.
- At-Risk Meals: All meals claimed must be served to children 18 years of age or younger.

c. ***FOOD-PURCHASING FORM (ITEMIZED RECEIPTS)***

- Should reflect what items were purchased, cost of each item, correct date, and place of purchase. (If store name is not printed on receipt, have clerk write store name and initial.)
- If receipts are not thoroughly itemized, the ***Food-Purchasing Form*** is strongly recommended. The form has space to itemize each category of items purchased. One form is to be used per receipt. Staple receipt to form.
- Keep receipts documenting food purchased for CACFP. All food and milk receipts must be maintained even if the costs of some items are not reported as a CACFP expense.
- Institutions that contract for meal service record the total from the billing invoice as the monthly food and milk costs. The invoice serves as the itemized receipt.

- d. **RECORD OF DONATED PRODUCTS**
 - Should reflect what items were donated, the amount of each donated item, the date of donation, the name of donor, and the telephone number of the donor (one form per donation).
 - e. **EXPENDITURE/REIMBURSEMENT WORKSHEET (REPORT OF ALLOWABLE OPERATING AND ADMINISTRATIVE COSTS)**
 - Maintain monthly, posting costs applicable to the CACFP. (Record only approved categories on CACFP application; i.e., cost of food, cost of labor.)
 - Report costs under proper categories.
 - If reporting labor costs, record formula as approved on application used to arrive at amount claimed for each person. (Documentation of labor costs must be available.) Write the name of each person reported as food service and administrative labor.
 - Form must be used to document the nonprofit status of the institution's food service operations.
 - f. **CACFP CLAIM FOR REIMBURSEMENT/PAYMENT NOTICE**
 - Complete claim based on the records maintained at the institution.
 - Submit to the Oklahoma State Department of Education (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 XX documentation from DHS, if applicable.
 - c. *Building for the Future* fact sheet—proof of reproduction and distribution.
 - d. Women, Infants, and Children (WIC) brochure—posted in institution.
 - e. Health Department inspection.
 - f. Procurement documentation for CACFP purchases.
5. **INVENTORY**
- a. **MONTHLY RECORD OF INVENTORY (Optional)**
 - Maintain monthly to reflect purchased foods remaining at the end of the month.
 - Inventory only unopened items.
 - Maintain in center at all times.
 - b. **MILK INVENTORY FORM (Optional)**
 - Maintain monthly to reflect purchased milk remaining at the end of the month.
 - Maintain in center at all times.
6. **FOOD PRODUCTION RECORDS/MENUS AS SERVED—MAINTAINED DAILY**
- a. Must follow the CACFP minimum meal pattern requirements for child/adult care institutions.

- b. Must record daily meals served, including total quantities served, counts by age group, date, etc. (as shown in *Food Production Records/Menus as Served* section).
- 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 *Food Production Records/Menus as Served*, if applicable.

NOTE: All meals must be consumed on-site.

7. TRAINING

- a. Person designated by the institution as the program’s trainer must conduct annual CACFP training and maintain documentation.
- b. 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.
- c. Documentation should include date, agenda, list of topics, and signatures of participants.
- d. 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 organizationwide audit annually. These audits are due nine months after the end of the institution’s fiscal year.

10. INFANTS

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

11. **CONTRACTING WITH OUTSIDE VENDOR (PUBLIC SCHOOLS, HEAD STARTS, OTHER FOOD SERVICE ENTITIES) FOR FOOD SERVICE**
Contract Meal Service Delivery Receipt form is required if institution is contracting with an outside entity that is not a public school.
12. **CONTRACTING WITH OUTSIDE VENDOR FOR OTHER SERVICES**
 - a. State Agency approval required prior to executing contract
13. **AT-RISK MEAL PROGRAM**
 - a. Eligibility
 - b. Reimbursement
 - c. Times of operation
 - d. Record keeping
14. **MULTISITED INSTITUTION ADDITIONAL REQUIREMENTS**
 - a. ***REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION***
 - b. ***PREAPPROVAL VISIT FORM***
 - c. ***ON-SITE MONITOR REVIEW FORM***
 - d. ***HOUSEHOLD CONTACT DOCUMENTATION***
 - e. ***JOB DESCRIPTIONS/CURRENT POLICIES AND PROCEDURES MUST BE SUBMITTED***
 - f. ***BUDGET REVISIONS RECORD FOR MULTISITED INSTITUTIONS, IF APPLICABLE***
15. Child care centers are required to offer water to children throughout the day. United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) added the additional requirement to offer water in recognition that the majority of the CACFP participants are very young children and may not be able to or know how to request it themselves. 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.

All of the forms provided in this manual are to be used in the 2019 fiscal year ***ONLY*** (October 1, 2018, through September 30, 2019).

This page intentionally left blank.

*ELIGIBILITY
DOCUMENTATION*

COMPLETING ENROLLMENT FORM

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

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

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

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

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

CHILD'S INFORMATION							
1. Child's Name: FLORENCE SCOTT					Date of Birth: 10/4/YYYY		
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> Thursday	<input checked="" type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Head Start Facilities Only: Indicate Session.					A.M. <input type="checkbox"/>	P.M. <input type="checkbox"/>	All Day <input type="checkbox"/>
4. Special Dietary Needs (Attach signed medical statement):						Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Normal Hours of Attendance:	7:00		a.m./p.m.	to	5:00		a.m.(p.m.)
6. Normal Meals Eaten:	Breakfast <input checked="" type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input checked="" type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
7. Signature of Parent/Guardian: <i>FELECIA SCOTT</i>					Date: <i>10/6/YYYY</i>		

PARENT'S INFORMATION		
Name of Parent/Guardian: FELECIA SCOTT		
Address: 123 "A" STREET	City: OKLAHOMA CITY	Zip: 73110
Home Telephone Number: 123-4567		

RENEWAL UPDATES

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

Parent/Guardian Signature	Date
<i>FELECIA SCOTT</i>	<i>10/6/YYYY</i>

This page intentionally left blank.

APPROVING CACFP FAMILY-SIZE AND INCOME APPLICATIONS (FSIAs)

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

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

1. ***For Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and/or Food Distribution Program on Indian Reservations (FDPIR) households:***
 - a. The name of each child for whom the application is made.
 - b. A SNAP, TANF, or FDPIR case number.
 - (1) SNAP: A valid SNAP number may begin with the letter ***A, B, C, D, H, J, or T*** followed by six to nine digits. All valid numbers **MUST** be Oklahoma-issued. Some numbers could also include a dash, followed by two additional numbers. ***NOTE: Centers cannot go to the EBT machine and write down the number on the application. The application must be totally completed by the parent/guardian.***
 - (2) TANF*: A valid TANF number is recognized by a six- to nine-digit number beginning with the letter ***C or H***. All valid numbers **MUST** be Oklahoma-issued. This number could be followed by a dash with two additional numbers.
 - (3) FDPIR*: An FDPIR number may be any combination of letters and/or numbers. It has no identifiable format. ***NOTE: A number starting with KK should not be considered an FDPIR number.***
 - c. The signature of an adult household member.
2. ***Foster children are now categorically eligible, and the required information for foster children is:***
 - a. The name of the child and the indication that the child is a foster child.
 - b. The signature of an adult household member.

NOTE: The presence of a foster child in the household does NOT convey eligibility for free meals to all children in the household in the same manner as SNAP, TANF, and FDPIR participation does.

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

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

B. Computation of Current Income

1. Each household ***MUST*** provide the amount of gross income received. Income ***MUST*** be identified with the individual who received it and the source of the income (such as wages or welfare). It is the responsibility of the institution representative to compute the household's total current income and compare the total amount to the Income-Eligibility Guidelines (IEG) (see **page 281**).
2. Households may report incomes for different periods; e.g., one monthly, one every two weeks, one twice a month, and one weekly. The institution representative ***MUST*** convert all reported incomes to ***ANNUAL*** income to determine the total household income.
3. To compute annual income:
 - a. If income is received ***every week***, multiply the total gross income by 52 to determine the annual income.
 - b. If income is received ***every two weeks***, multiply the total gross income by 26 to determine the annual income.
 - c. If income is received ***twice a month***, multiply the total gross income by 24 to determine the annual income.
 - d. If income is received ***once a month***, multiply the gross income by 12 to determine the annual income.

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

C. Application Approval or Denial

1. Households that submit an incomplete application cannot be approved. If any ***REQUIRED*** information is missing, the information ***MUST*** be obtained before an eligibility determination can be made. Institutions ***must not*** complete any part of the application for a household.

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

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

Effective Date:

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

D. Foreign Language Translations

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

ELIGIBILITY DEFINITIONS

Determining Household Size

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

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

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

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

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

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

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

Foster Child—A foster child is a child whose care and placement is the responsibility of an agency that administers a state plan under Part B or Part E of Title IV of the Social Security Act or a foster child who a court has placed with a caretaker household. These provisions only apply to children formally placed in foster care by a state child welfare agency or a court. They do not apply to informal arrangements such as caretaker arrangements or permanent guardianship placements that may exist outside of or as a result of state- or court-based systems. Whether placed by the state child welfare agency or a court, in order for a child to be considered categorically eligible for free meals, the state must retain legal custody of the child. The household keeping the foster child ***DOES*** include the foster child in its family size, and it does include as part of the household income any monies the foster child receives. However, the household does not report

any monies the foster parents are receiving for the care of the foster child. **NOTE: Because some adopted children were first placed in families as foster children, parents may not be aware that once a child is adopted, he or she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making an eligibility determination. NOTE: The presence of a foster child in the household does NOT convey eligibility for free meals to all children in the household in the same manner as SNAP, TANF, and FDPIR participation does.**

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

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

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

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

Determining Household Income

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

Income includes the following:

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

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

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

Current Gross Income—Households **MUST** report current income on an FSIA.

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

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

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

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

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

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

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

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

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

- (a) *U.S. Armed Forces Family Subsistence Supplemental Allowances (FSSA)*. (Reference All State Directors' Memo 2006-CN-10.)
- (b) *Privatized housing* refers to the Military Housing Privatization Initiative, a program operating at a number of military installations. This initiative puts the operation of military-owned housing under private contractors. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. It is important to note that this income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. (Reference All State Directors' Memo 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 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 (FDA), and Related Agencies Appropriations Act, 2010 (P.L. 111-80; October 21, 2009).

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

- Received in addition to the service member's basic pay.

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

AND

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

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

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

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

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

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

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

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

Income Exclusions

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

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

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

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

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

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

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

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

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

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

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

This page intentionally left blank.

ABC DAY CARE
111 Main Street
Somewhere, OK 99999

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

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

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

This institution is an equal opportunity provider.

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

Sincerely,
(Signature) Ima Fishul

This page intentionally left blank.

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

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Brother Q Public, Sister Q Public, John Q Public, Baby Q Public				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* <small>*If all children indicated below are foster children, skip to Part 5 to sign this form.</small>	Check if NO Income
Daddy Q Public			<input type="checkbox"/>	<input type="checkbox"/>
Mommy Q Public			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Brother Q Public	4	6/28/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sister Q Public	3	2/20/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
John Q Public	2	3/16/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Baby Q Public	3 MO	8/4/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

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

NAME: _____ CASE NUMBER: _____

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

Homeless Migrant Runaway

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

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS 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	
Daddy Q Public	\$3000/MO	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

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

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

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

Sign Here: Daddy Q Public Print Name: Daddy Q Public
 Date: 10/4/YYYY
 Address: 123 Somewhere Phone Number: 123-4567
 City: Nowhere State: OK Zip Code: 11111
 Last four digits of social security number: **** - ** - 1 1 1 1 I do not have a social security number.

PART 6: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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

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

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

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefit officials.

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

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

Signature of Parent/Guardian: _____ Date: _____

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

185 % of Poverty Level	
Household Size	Yearly
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

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

Annual Income Conversion: \$36,000	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:
Household Size: 6				Year: X
Categorical Eligibility:	Date Withdrawn:	Eligibility: Free X	Eligibility: Reduced	Eligibility: Denied
Reason: Income qualified				
Determining Official's Signature: <u>Ima Fishul</u>				Date: 10/8/YYYY

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

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

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

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

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

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

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

- Part 1:** a. List all enrolled children.
b. List all children, including the foster child(ren), with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the *No Income* box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call ***your school, homeless liaison, or migrant coordinator*** at _____. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last names of ***EACH*** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member receiving income, 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 your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

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

Part 6: Answer this question if you choose.

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

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

- Part 1:**
- List all enrolled children.
 - List all household members; for the enrolled children, list ages and birth dates. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the **No Income** box.

Part 2: Skip this part.

Part 3: Skip this part.

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

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

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

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

In Box 3, list retirement, Social Security, SSI, 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 your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

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

Part 6: Answer this question if you choose.

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

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

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

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren) Peter Phillips				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* <small>*If all children indicated below are foster children, skip to Part 5 to sign this form.</small>	Check if NO Income
Daddy Public			<input type="checkbox"/>	<input type="checkbox"/>
Penelope Phillips			<input type="checkbox"/>	<input checked="" type="checkbox"/>
Peter Phillips	3	9/4/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

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

NAME: Penelope Phillips CASE NUMBER: A113116002

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

Homeless Migrant Runaway

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

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS 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	
Daddy Q Public	\$3000/MO	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

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

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

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

Sign Here: Penelope Phillips Print Name: Penelope Phillips
 Date: 10/4/YYYY
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____

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

PART 6: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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

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

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

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefit officials.

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

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

Signature of Parent/Guardian: _____ Date: _____

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

185 % of Poverty Level	
Household Size	Yearly
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

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

Annual Income Conversion:		Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:	Year:
Household Size:					
Categorical Eligibility:	X	Date Withdrawn:	Eligibility: Free X	Eligibility: Reduced	Eligibility: Denied
Reason: SNAP recipient					
Determining Official's Signature: <u>Ima Fishul</u>				Date: 10/8/YYYY	

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

PART 1. ALL HOUSEHOLD MEMBERS

a. Name(s) of Enrolled Child(ren) <u>Mariah Olson</u>				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* <small>*If all children indicated below are foster children, skip to Part 5 to sign this form.</small>	Check if NO Income
<u>Mariah Olson</u>	<u>3</u>	<u>7/28/YY</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Owen Olson</u>			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

If any member of your household receives SNAP, TANF, or FDCPR 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: Owen Olson CASE NUMBER: 555-66-7891

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

Homeless Migrant Runaway

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

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200/ Weekly	\$ 150/ Twice a Month	\$ 100/ Monthly	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

EXAMPLE
CORRECT NUMBER APPROVED

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

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

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

Sign Here: Owen Wilson Print Name: Owen Wilson
 Date: 10/4/YYYY
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of social security number: **** - ** - _____ I do not have a social security number.

PART 6: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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

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

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

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefit officials.

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

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

Signature of Parent/Guardian: _____ Date: _____

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

185 % of Poverty Level	
Household Size	Yearly
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

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

Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:
Household Size:				
Categorical Eligibility: X	Date Withdrawn:	Eligibility: Free X	Eligibility: Reduced	Eligibility: Denied
Reason: FDPIR recipient				
Determining Official's Signature: <u>Ima Fishul</u>			Date: 10/8/YYYY	

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

PART 1. ALL HOUSEHOLD MEMBERS

a. Name(s) of Enrolled Child(ren) Frank Scott, Florence Scott				
b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* <small>*If all children indicated below are foster children, skip to Part 5 to sign this form.</small>	Check if NO Income
Frank Scott	6 wks	8/16/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Florence Scott	5	10/4/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Felecia Scott			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

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

NAME: _____ CASE NUMBER: _____

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

Homeless Migrant Runaway

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

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200/ Weekly	\$ 150/ Twice a Month	\$ 100/ Monthly	
Felecia Scott	\$ 1800/mo	\$ 500/mo	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

REDUCED PRICE INCOME
 (CORRECTLY APPROVED)

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

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

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

Sign Here: Felecia Scott Print Name: Felecia Scott
 Date: 10/24/YYYY
 Address: _____ Phone Number: 555-6666
 City: _____ State: _____ Zip Code: _____

Last four digits of social security number: **** - ** - 0 0 0 4 I do not have a social security number.

PART 6: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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

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

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

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefit officials.

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

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

Signature of Parent/Guardian: Felecia Scott Date: 10/28/YYYY

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

185 % of Poverty Level	
Household Size	Yearly
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

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

Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income: \$2300	Per Week:	Every 2 Weeks:	Twice a Month:	Month: X
Household Size: 3				Year:
Categorical Eligibility:	Date Withdrawn:	Eligibility: Free	Eligibility: Reduced X	Eligibility: Denied
Reason: Income-eligible for reduced				
Determining Official's Signature: <u>Ima Fishul</u>			Date: 10/29/YYYY	

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

PART 1. ALL HOUSEHOLD MEMBERS

a. Name(s) of Enrolled Child(ren) **Barbara Simonsky, Brenda Childs**

b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indi- cated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
Barbara Simonsky	5	9/18/YY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Brenda Childs	2	6/4/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tiffany Childs			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS

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

NAME: _____ CASE NUMBER: _____

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

Homeless Migrant Runaway

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

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

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

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

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

Sign Here: Tiffany Childs Print Name: Tiffany Childs
 Date: 9/28/YYYY
 Address: _____ Phone Number: 521-8888
 City: _____ State: _____ Zip Code: _____

Last four digits of social security number: **** - ** - 9 9 9 9 I do not have a social security number.

PART 6: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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

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

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

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefit officials.

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

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

Signature of Parent/Guardian: _____ Date: _____

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

185 % of Poverty Level	
Household Size	Yearly
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

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

Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income: \$2800	Per Week:	Every 2 Weeks:	Twice a Month:	Month: X Year:
Household Size: 3	(Barbara)		(Brenda)	
Categorical Eligibility:	Date Withdrawn:	Eligibility: Free X	Eligibility: Reduced X	Eligibility: Denied
Reason: Barbara is a foster child; Brenda approved on income				
Determining Official's Signature: <u>Ima Fishul</u>			Date: 10/4/YYYY	

AUTOMATIC ELIGIBILITY OF HEAD START CHILDREN

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

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

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

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

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

HEAD START FEDERALLY FUNDED ENROLLMENT FORM INSTRUCTIONS

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

EXAMPLE

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

Name of Institution: **TOYS N NOISE** Facility: **TOYS N NOISE**

NAME OF CHILD	AGE	ENTRY DATE	DROP DATE	EARLY HEAD START	HEAD START
KATHY SMITH	4	10/4/YYYY			X
CINDY ROBBINS	4	10/4/YYYY			X
TOMMY HANKS	3	10/4/YYYY		X	

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

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

10/29/YYYY
Date

CACFP ROSTER FOR REGULAR MEALS ONLY

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

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

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

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

EXAMPLE
FREE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: Toys N Noise **Fiscal Year:** YYYY

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

*EF = Enrollment Form obtained

EXAMPLE
REDUCED-PRICE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: Toys N Noise Fiscal Year: YYYY

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1. Jensen, Jodi	X	10/4/YYYY	X												
2. Cashion, Amber	X	10/4/YYYY	X												
3. Sanders, Sue	X	10/4/YYYY	I	I	I	I									
4. Sanders, Todd	X	10/4/YYYY	X												
5. Childs, Brenda	X	10/4/YYYY	NP												
6. Scott, Florence	X	10/28/YYYY	X												
7. Scott, Frank	X	10/28/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															

NOTE: SUE SANDERS IS IDENTIFIED AS AN INFANT WHO DOES NOT PARTICIPATE. SEE INFANT MEAL WAIVER FORM ON PAGE 229.

*EF = Enrollment Form obtained

EXAMPLE
NOT ELIGIBLE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: Toys N Noise **Fiscal Year:** YYYY

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

This page intentionally left blank.

RECORD KEEPING

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

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

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

This page intentionally left blank.

RECORD-KEEPING REQUIREMENTS

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

Refer to **pages 9-13** for a summary of basic responsibilities, which includes all record-keeping requirements.

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

DAILY ATTENDANCE RECORDS

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

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

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

EXAMPLE

- Regular Meals
- At-Risk Meals

DAILY ATTENDANCE RECORD

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

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

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

EXAMPLE

- Regular Meals
- At-Risk Meals

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES

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

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			7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00		7:00	7:00	A	A	7:17	7:30			A	7:05	7:05	7:00	7:00		7:30	
Douglas, Julie			5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00		5:25	5:25	A	A	10:05	5:30			A	5:00	5:15	5:15	5:15		5:00	
Douglas, Debbie			7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00		7:00	7:00	7:00	7:30	A	A			A	7:05	7:05	7:00	7:00		7:30	
Phillips, Peter			5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00		5:25	5:00	5:00	5:30	A	A			A	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	7:20			7:10	7:20	7:30	7:20	7:30		7:30	
			5:00	5:20	5:15	5:20	5:25			A	A	A	5:15	5:21		5:10	5:20	5:20	A	A	5:16			5:30	5:00	5:30	5:35	5:40		5:00	

MEAL COUNT WORKSHEET

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

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

Meals Served to Program Children are:

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

Meals Served to Program Infants are:

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

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.

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

Nonclaimable Meals Served:

- Meals over license capacity
- Meals not meeting meal pattern requirements
- Nonprogram adult meals*
- Any meals over the three meals per child per day limit

The CACFP must be reimbursed for any nonclaimable meals served. Income must be documented for nonclaimable participants' meals because the cost of nonclaimable meals is not an allowable expense. The price charged for the meal must reflect at least the free rate of reimbursement for the applicable meal plus the value of USDA Foods (formerly commodities) for lunch and supper meals.

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

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

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

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

Agreement Number: DC- 55-999 Month: OCT Year: YYYY

Regular Meals
 At-Risk Meals

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

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

DAILY RECORD OF MEALS SERVED

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

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

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

Instructions for using the Daily Record of Meals Served include:

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

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

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

EXAMPLE

DAILY RECORD OF MEALS SERVED
OCTOBER YYYY

Center:	Meal	Month and Year: OCTOBER YYYY												Regular Meals						At-Risk Meals													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
		B*	AM*	L*	PM*	S*	LPM*	B	AM	L	PM	S	LPM	B	AM	L	PM	S	LPM	B	AM	L	PM	S	LPM	B	AM	L	PM	S	LPM		
1. Douglas, Steffy	B*			X		X				X																	X						
	AM*																																
	L*			X		X					X																	X					
	PM*			X		X						X																X					
	S*			X		X						X																	X				
	LPM*			X		X						X																					
	B			X		X					X																	X					
2. Douglas, Julie	AM																																
	L			X		X					X																	X					
	PM			X		X					X																	X					
	S			X		X					X																		X				
	LPM			X		X					X																						
	B			X		X					X																	X					
	AM																																
3. Douglas, Debbie	L			X		X					X																X						
	PM			X		X					X																X						
	S			X		X					X																X						
	LPM			X		X					X																X						
	B			X		X					X																X						
	AM																										X						
	L			X		X					X																X						
4. Phillips, Peter	PM			X		X					X															X							
	S			X		X					X															X							
	LPM			X		X					X															X							
	B			X		X					X															X							
	AM																									X							
	L			X		X					X															X							
	PM			X		X					X															X							
5.	S			X		X					X														X								
	LPM			X		X					X														X								
	B			X		X					X														X								
	AM																								X								
	L			X		X					X														X								
	PM			X		X					X														X								
	S			X		X					X														X								
Total Reimbursable Meals		9																															
At-Risk Meals		NA																															
Totals		55	NA	60	61	7	NA																										
Grand Totals From All Pages		55	NA	60	61	7	NA																										

*B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper; LPM = Late PM Snack

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

Totals 55 NA 60 61 7 NA

Grand Totals From All Pages 55 NA 60 61 7 NA

FOOD-PURCHASING FORM

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

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

EXAMPLE
FOOD-PURCHASING FORM
 (To Be Completed for Each Purchase)

Store Name/Vendor*: Discount Grocery Center: TOYS N NOISE Date: 10/6/YYYY

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

FOOD AND MILK					FOOD-RELATED SUPPLIES				
Number Units	Unit Size	Items Used to Prepare Required CACFP Meals	Unit \$ Cost	Total \$ Cost	Number Units	Unit Size	Nonedible Items Used in Kitchen and Dining Areas: i.e., Paper Products, Cleaning Supplies	Unit \$ Cost	Total \$ Cost
1	16 oz	Cranberry juice, 100% juice	1.75	1.75	1	50	Paper plates	2.49	2.49
1	20 oz	Pineapple, tidbits	1.09	1.09	1	gal	Bleach	.99	.99
1	10 oz	Cheese crackers	1.69	1.69	1	200 ft	Foil	3.59	3.59
2	15 oz	Cornflakes	3.19	6.38	1	roll	Paper towel	1.59	1.59
1	16 oz	Margarine	.69	.69					
1	1 lb	Ground beef, 80/20	2.39	2.39					
6	gal	Milk, 1%	2.43	14.58					
1	10 oz	Noodles	1.13	1.13					
1	1/2 lb	Longhorn cheese	1.89	1.89					
1	1/2 lb	Tomatoes	1.49	1.49					
1	8 oz	Cream cheese	1.29	1.29					
1	1 lb	Wheat bread	.89	.89					
1	.96 lb	Bananas	.50	.50					
1	10 oz	Elbow macaroni	.63	.63					
1	4 oz	Pecan pieces	1.79	1.79					
1	6 oz	Shredded cheese, Cheddar	1.99	1.99					
1	10 oz	Whole-grain biscuit	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
					1	pack	Gum	1.39	1.39
					1	bag	Popcorn	1.99	1.99
		Food and Milk Subtotal		44.32					
		Food and Milk Tax		3.80					
		Total Food and Milk		48.12					
					(Local Tax Rate = .08375)		Nonreimbursable Subtotal		9.96
							Nonreimbursable Tax		.85
							Total Nonreimbursable Items		10.81

* 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 coordinator.

Summary of Costs	
Total Food and Milk	\$48.12
Total Food-Related Supplies	9.40
Total Nonreimbursable Items	10.81
Grand Total (Must Agree With Receipt)	\$68.33

RECORD OF DONATED PRODUCTS

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

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

EXAMPLE

RECORD OF DONATED PRODUCT

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

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

CERTIFICATION STATEMENT:

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

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

6. Name: *Sallie Smith* Date: **10/4/YYYY**

EXPENDITURE/REIMBURSEMENT WORKSHEET

The Expenditure/Reimbursement Worksheet is a summary report of all allowable CACFP operating and administrative costs incurred during the month. It contributes to the documentation used to verify 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 children while they eat, and/or completing of food production records. Gross cost must be reported. Documentation includes:

- Canceled checks
- Labor formulas broken down by pay period for hours worked on CACFP activity

Example:

6 hours x \$10.00/hour x 10 days = \$600.00

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 nonreimbursable items recorded on the Food-Purchasing Form.**
12. Income—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals. Charges for the nonclaimable meals must equal the **FREE** reimbursement rate for the meal eaten plus the value of 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.

Profit/Loss of Institution (Financial Viability)

A Profit/Loss Statement will be required of the Institution during an Administrative Review to ensure financial viability.

This page intentionally left blank.

Maintain in institution records.

EXAMPLE

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

Month: OCTOBER Year: YYYY

		OPERATING AND ADMINISTRATIVE COSTS (\$)										
DATE	ITEM/ENTRY (Vendor or Personnel, Etc.)	CHECK NUM- BER	CACFP Ad- ministrative Labor	CACFP Ad- ministrative Expenses	Food Service Salaries/ Benefits	Food Service Rent/Utilities/ Janitorial	Food Service Equipment	Food Purchases (Food and Milk)	Nonfood Purchases (Food- Related Supplies)	Miscellaneous	INCOME (Other Than CACFP Reimburse- ment)	
(1)	(2)	(3)	(4) \$	(5) \$	(6) \$	(7) \$	(8) \$	(9) \$	(10) \$	(11) \$	(12) \$	
10/5	Discount Grocery	1091						48	9	40		
10/6	Herman's Foods	1096						198	20	17		
10/7	Star Grocery	CASH						209	00	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				or \$ x 15 (adults) =						46	
(13)	Grand Totals		264	00	1,914	00		564	09	41	66	46

(14) Net Costs (Total of Columns 4 through 11 Minus Column 12) \$ 2,737.40

(15) Reimbursement Received \$ 856.26

(15) Operating Balance (Item 14 Minus Item 15—See Instructions) \$ 1,881.14

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

CLAIM FOR REIMBURSEMENT

Claims are to be submitted by the tenth of the month following the month covered by the claim for reimbursement. Claims submitted after 60 days cannot be paid 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 children enrolled who do not eat reimbursable meals.)

2. Participation Data:

- a. Title XX/XIX Data, if applicable.
 - (1) Number of Title XX (child care centers)/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.

3. FOR AT-RISK MEALS ONLY, if applicable:

- a. **TOTAL AT-RISK MEALS CLAIMED from Meal Count Worksheet (CHILD CARE CENTERS):**
 - (1) Enter number of At-Risk breakfasts served to participants.
 - (2) Enter number of At-Risk lunches served to participants.
 - (3) Enter number of At-Risk suppers served to participants.
 - (4) Enter number of At-Risk snacks served to participants.
- b. **Average Daily Attendance automatically populates.**
- c. Cash-in-lieu, if applicable, will automatically populate.

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

DC-XX-XXX - Toys N Noise
 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	2017	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	1418	0	0
Number of Lunches	664	0	0
Number of Suppers	0	0	0
Number of Snacks	1452	0	0

Average Daily Attendance	Child Care	71	At-Risk	0	Adult	0
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: Toys N Noise
Hilda Brand
1234 NW Block Street
Oklahoma City, OK 73124

000 00 0000 Institution Name Agreement No.: DC-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***:

<i>WARRANT NO.</i>	<i>\$ AMOUNT</i>	<i>APPORTIONMENT OF TITLE</i>	<i>CFDA NO.</i>
000000000	\$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 at 405-521-3327.

This page intentionally left blank.

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.

- Meal Count Worksheet
- Expenditure/Reimbursement Worksheet (Summary of All Allowable Operating and Administrative Costs)
- Monthly Profit/Loss Statement
- Food-Purchasing Forms/Itemized Receipts
- Record of Donated Product
- Title XX Documentation/Title XIX Documentation
- Canceled Checks (Documentation of CACFP Expenditures)
- Daily Attendance Records
- Daily Attendance Records—Arrival and Departure Times, if applicable
- Daily Record of Meals Served, if applicable
- Procurement Documents

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

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

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

This page intentionally left blank.

*OTHER REQUIRED
RECORDS*

PARENTAL NOTIFICATION OF CACFP BENEFITS

Building for the Future

Public Law 106-224, the Agricultural Risk Protection Act of 2000, requires all sponsoring organizations (SOs) and day care centers to reproduce the *Building for the Future* fact sheet and distribute it annually to all parents of participating children in their facilities. As new children are enrolled in these facilities, they must be given a copy of the *Building for the Future* fact sheet. ***Prior to copying the fact sheet, each SO and day care center must complete the section titled Contact Information Sponsoring Organization/Center.*** You will find a blank copy of the form on **page 307**.

Building for the Future

EXAMPLE

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

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

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the Five Groups)
Milk, 1% Fruit or Vegetable Grains or Breads	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetables	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable

Participating Facilities

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

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

Eligibility

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

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

Contact Information

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

Sponsoring Organization/Center
Toys N Noise 1234 NW Block Street Oklahoma City, OK 73124

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

This institution is an equal opportunity provider.

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM INFORMATION

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

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

For questions about applying for WIC, call:

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

WOMEN, INFANTS, AND CHILDREN (WIC) BROCHURE



This page intentionally left blank.

Inventory

END OF MONTH RECORD OF INVENTORY (Optional)

An inventory system is a tool of management that is recommended for an efficient food service operation. The inventory provides a 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

At the end of the month:

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

EXAMPLE
END OF MONTH RECORD OF INVENTORY

Month: October Date: 10/31/YYYY

ITEM	PURCHASED FOODS AMOUNT ON HAND	SUPPLIES AMOUNT ON HAND
Corn, whole kernel	3 #10 cans	
Beans, cut green	5 #10 cans	
Peas, black-eyed	5 #303 cans	
Foil		1 box —25 feet
Paper towels		3 rolls
Bleach		3 gallons

EXAMPLE
END-OF-MONTH MILK INVENTORY

Fiscal Year: YYYY

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

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

TRAINING

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.

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 process
3. Accurate meal counts
4. Claims submission
5. Record keeping
6. 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 posttraining 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
- Food Production Records
 - I. Food Production Record—Emphasis on the Importance of Proper Documentation
 - II. Food Production Record Documentation Examples
- Reimbursement Process
- Accurate Meal Counts
- Claims Submission
- Civil Rights Training

SIGN-IN/Name and Position

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

This page intentionally left blank.

CIVIL RIGHTS

This page intentionally left blank.

CIVIL RIGHTS

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

A. Public Information Responsibilities

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

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

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

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

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

This institution is an equal opportunity provider.

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**.

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 to the FNSRO (as applicable) and then forwarded at once to the CR Division. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed and to indicate the possibility of a violation. Please see a Civil Rights Complaint Form on **page 97**. The person who has allegedly been discriminated against must complete and sign.

This page intentionally left blank.

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):

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

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

3. When did the discrimination occur?

Date: Month: _____ Day: _____ Year: _____

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

4. Where did the discrimination occur?

Address of location where incident occurred:

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: 202-690-7442

E-Mail Address:

program.intake@
usda.gov

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

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

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

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

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

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

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

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

PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT

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

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

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

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

REPRISAL (RETALIATION) PROHIBITED

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

PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS

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

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

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

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

*Procurement
Information*

This page intentionally left blank.

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 \$3,500.
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 *may not always purchase from only one source*. Purchases must regularly be distributed among 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 \$150,000. (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 \$150,000. ***NOTE: If the Institution has a lower threshold, it must follow that amount.***
- b. Price quotes shall be obtained from an adequate number of qualified sources. USDA defines an adequate number as two.
- 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 \$150,000 or less.

Formal Methods:

- C. When a formal procurement method is required, 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:
 - * General description of items to be purchased.
 - * Deadline for submission of questions and the date written responses will be provided, including addenda to bid specifications, terms, and conditions as needed.
 - * Date of prebid meeting, if provided, and if attendance is a requirement for bid award.
 - * Deadline for submission of sealed bids or proposals.
 - * Address of location where complete specifications and bid forms may be obtained.

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

- The Institution will be **PROHIBITED** from submitting bids or proposals for such products or services.
- The IFB or RFP will clearly define the purchase conditions. The following list includes requirements, not exclusive, to be addressed in the procurement document.
 - * Contract period
 - * Institution is responsible for all contracts awarded (statement)
 - * Date, time, and location of bid opening
 - * How vendor is to be informed of bid acceptance or rejection
 - * Delivery schedule
 - * Set forth requirements (terms and conditions) which bidder must fulfill in order for bid to be evaluated
 - * Benefits to which the Institution will be entitled if the contractor cannot or will not perform as required
 - * Statement assuring positive efforts will be made to involve minority and small business
 - * Statement regarding the return of purchase incentives, discounts, rebates, and credits to the Institution's nonprofit Child Nutrition (CN) account
 - * Contract provisions as required in Appendix II for 2 CFR Part 200, formerly 7 CFR Part 3016.36(i)
 - * Contract provisions as required in 7 CFR Part 210.16(a)(f) for all cost reimbursement contracts
 - * Contract provisions as required in 7 CFR Part 210.16(a)(1-10) for food service management company (FSMC) contracts
 - * Procuring instrument to be used are purchase orders from firm fixed prices after formal bidding
 - * Price adjustment clause (escalation/de-escalation) based on appropriate standard or cost index (Consumer Price Index [CPI] or other as stated in terms and conditions for pricing and price adjustments)
 - * Method of evaluation and type of contract to be awarded
 - * Method of award announcement and effective date (if intent to award is required by state or local procurement requirements)
 - * Specific bid protest procedures, including contact information of person and address and the date by which a written protest must be received
 - * Provision requiring access by duly authorized representatives of the Institution, the State Department of Education (the *State Agency*), United States Department of Agriculture (USDA), or Comptroller General to any books, documents, papers, and records of the contractor which are directly pertinent to all negotiated contracts
 - * Method of shipment or delivery upon contract award
 - * Provision requiring contractor to maintain all required records for **THREE** years after final payment and all other pending matters (audits) are closed for all negotiated contracts

- * Description of process for enabling vendors to receive or pick up orders upon contract award
 - * Provision requiring the contractor to recognize mandatory standards/policies related to energy efficiency contained in the State Energy Plan issued in compliance with the Energy Policy and Conservation Act (PL 94-165)
 - * Signed statement of noncollusion
 - * Signed Debarment/Suspension Certificate or statement included in contract or copy of Excluded Parties List System (EPLS)
- 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.
 - If any potential vendor is in doubt as to the true meaning of specifications or purchase conditions, interpretation will be provided in writing to all potential bidders by *Title of Person/Position* and date specified.
 - The *Title of Person/Position* will be responsible for securing all bids or proposals.
 - The *Title of Person/Position* will be responsible to ensure all Institution procurements are conducted in compliance with applicable federal, state, and local procurement regulations.
 - The following criteria will be used in awarding contracts as a result of bids/proposals:
 - i. Price
 - ii. _____ (Ex: quality, delivery, service)
 - iii. _____

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.
- *Title of Person/Position* is required to sign on the bid tabulation of competitive sealed bids or the evaluation criterion score sheet of competitive proposals signifying a review and approval of the selections.

- *Title of Person/Position* reviewing the procurement system to ensure compliance with applicable laws.
- *Title of Person/Position* responsible for documentation the actual product specified is received.
- Anytime an accepted item is not available, the *Title of Person/Position* will select the acceptable alternate. The contractor must inform *Title of Person/Position Time/By When* a product is not available.
- Full documentation as to the reason an accepted item was unavailable, and to the procedure used in determining acceptable alternates, will be available for audit and review. The person responsible for this documentation is *Title of Person/Position*.
- The *Title of Person/Position* responsible for maintaining all procurement documentation.

D. **Noncompetitive Proposals**—Procurement by *noncompetitive proposals* is procurement through solicitation of a proposal from only one source; or after a solicitation of a number of sources, competition is determined inadequate.

1. Noncompetitive proposals may be used when (2 CFR 200.320[r]):
 - a. Award of the contract is not feasible under small purchase procedures, sealed bids, or competitive proposals ***and at least one of the following circumstances apply:***
 - (1) The item is available only from a single source.
 - (2) Emergency circumstances will not permit a delay resulting in competitive solicitation.
 - (3) Competition is determined to be inadequate after solicitation of a number of sources.
 - (4) Awarding agency authorizes noncompetitive proposals.

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

1. 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.

2. The Institution must negotiate profit as a separate element of the price for each contract in which there is no price competition and in all cases where cost analysis is performed. To establish a fair and reasonable profit, consideration must be given to the complexity of the work to be performed, the risk borne by the contractor, the contractor's investment, the amount of subcontracting, the quality of its record of past performance, and industry profit rates in the surrounding geographical area for similar work.
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.
6. ***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.

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

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, HACCP, substitutions

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			
Beans, Great Northern, dry	Manufacturer brand label, per pound, dry	6/10	Case			
Carrots, canned	Private label, standard, sliced, size less than 1 1/2 inch, low sodium	6/10	Case			
Corn, canned	Private label, standard, golden, 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			
Waffle, frozen	Waffle, frozen, regular, plain, round, whole grain-rich flour, 0.8 oz each, poly pouch packed	144 count	Case			

EXAMPLE ONLY

SPECIFICATIONS Page 3 of 4

Item Description	Product Specification	Pack Size	Bid Unit	Est Quantity	Unit Price	Comments
<p>Meat/Meat Alternate Beef patty, fully cooked, frozen</p>	<p>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</p>	<p>Please specify portions</p>	<p>Case</p>			
<p>Bologna, turkey, frozen</p>	<p>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</p>	<p>12-lb bulk</p>	<p>Pound</p>			
<p>Cheese, mozzarella, lite</p>	<p>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</p>	<p>6/5 lb</p>	<p>Case</p>			
<p>Chicken nuggets, breaded, frozen</p>	<p>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</p>	<p>Please specify portions</p>	<p>Case</p>			

EXAMPLE ONLY

SPECIFICATIONS Page 4 of 4

Item Description	Product Specification	Pack Size	Bid Unit	Est Quantity	Unit Price	Comments
Meat/Meat Alternate Chicken, boneless, canned	With natural juices to be prepared from mature, whole, female chicken, maximum salt 0.7%, maximum fat 10%, 24-19 oz cans only	24/case	2/Case			
Ham, water added	Fully cooked, boneless, ham and water product, maximum 35% added ingredients by weight, produced from whole muscle, smoked and cured	8/10 lb each	2/Case			
Hot dogs, frozen	Frankfurters, frozen, to be packed to IMPS 800; no binders, extenders, or fillers; CN label required, formula B, 8/lb	81 per pound	101/Box			
Roast beef, cooked, frozen	Cooked, ready to serve, frozen, may be injected with up to 35% water, wet pack, seasoned, cooked to internal temperature of 136° to 140° F, shrink wrap, maximum 20#, equivalent brands, A7656, 4530	Pounds per case	Case	EXAMPLE ONLY		
Sausage patties	Raw, frozen, whole-hog sausage, 1 1/2 oz each	1/2 pkg	Pound			
Turkey, breast, frozen	Boneless, ready-to-cook, from natural whole muscle, maximum, CN label, low sodium 6% basting solution added, from U.S. Grade A, young turkey, 7-15 lb	4/case	Pound			

SPECIFICATIONS

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

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 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: _____

CHART OF PROCEDURES

The _____ Institution 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.

<i>PRODUCT</i>	<i>PRICE QUOTE TIME FRAME</i>	<i>PROCUREMENT METHOD USED</i>
Milk	_____	_____
Bread	_____	_____
Canned fruits	_____	_____
Canned vegetables	_____	_____
Frozen fruits	_____	_____
Frozen vegetables	_____	_____
Preprepared fruits and vegetables	_____	_____
Fresh fruits	_____	_____
Fresh vegetables	_____	_____
Meats	_____	_____
Paper products	_____	_____
Chemicals	_____	_____
Small equipment	_____	_____
Large equipment	_____	_____
_____	_____	_____
_____	_____	_____

PURCHASE DOCUMENTATION/PRICE QUOTES

(This form is to be used for Institution to document all price quotes from vendors.)

DATE	ITEM SPECS	VENDORS						VENDOR SELECTED	REASONS
		VENDOR	\$ PRICE	VENDOR	\$ PRICE	VENDOR	\$ PRICE		

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, PERSONAL)	RESPONSE RECEIVED

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

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.

EXAMPLE
PROTEST PROCEDURES

- A. Any actual or prospective bidder, offerer, or contractor who considers himself to have been aggrieved in connection with the solicitation, evaluation, or award of a contract by _____ (Institution) may formally protest to the _____ (Responsible Person) of _____ (Institution). Such protests must be made in writing and received by the _____ (Responsible Person) of _____ (Institution). The protesting party must mail or deliver copies of the protest to the _____ (Institution), the State Agency, and other interested parties.
- B. In the event of a timely protest, the _____ (Institution) shall not proceed further with the solicitation or award of the contract.
- C. A formal protest must be sworn and contain:
1. A specific identification of the statutory or regulatory provision that the protesting party alleges has been violated.
 2. A specific description of each action by _____ (Institution) that the protesting party alleges to be a violation of the statutory or regulatory provision that the protesting party has identified.
 3. A precise statement of the relevant facts.
 4. A statement of any issues of law or fact that the protesting party contends must be resolved.
 5. A statement of the argument and authorities that the protesting party offers in support of the protest.
 6. A statement that copies of the protest have been mailed or delivered to the State Agency and all other identifiable interested parties.
- D. The _____ (Institution) may settle and resolve the dispute over the solicitation or award of a contract at any time before the matter is submitted on appeal. The _____ (Institution) may solicit written responses to the protest from other interested parties.

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: _____

This page intentionally left blank.

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

This page intentionally left blank.

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

4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> 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: <i>(if known)</i>	9. Award Amount: <i>(if known)</i> \$ _____
--	---

10. a. Name and Address of Lobbying Entity: <i>(if individual, last name, first name, MI)</i>	b. Individual Performing Services: <i>(including address if different from No. 10a) (last name, first name, MI)</i>
--	--

11. Amount of Payment: <i>(check all that apply)</i> \$ _____ <input type="checkbox"/> Actual <input type="checkbox"/> Planned	13. Type of Payment: <i>(check all that apply)</i> <input type="checkbox"/> a. Retainer <input type="checkbox"/> b. One-Time Fee <input type="checkbox"/> c. Commission <input type="checkbox"/> d. Contingency Fee <input type="checkbox"/> e. Deferred <input type="checkbox"/> f. Other: <i>(specify)</i> _____
12. Form of Payment: <i>(check all that apply)</i> a. Cash Nature _____ b. In-kind (specify) Value _____	

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: <p align="center">(Attach Confirmation Sheets if necessary)</p>
--

15. Continuation Sheets Attached: <input type="checkbox"/> Yes <input type="checkbox"/> 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 placed 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: _____
---	---

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.
--

PURCHASING EQUIPMENT

If the amount of purchases for *equipment* is greater than \$5,000, the following procedure will be used:

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 Oklahoma CNP.
5. Quotes will be awarded by ***Title of Person/Position***. Quotes awarded will be to the lowest and best quote based upon quality, service availability, price, and/or _____.
6. The ***Title of Person/Position*** 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 ***Title of Person*** 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

- E. If the protest is not resolved by mutual agreement, the _____ (Institution) shall issue a written determination that resolves the protest.
1. If the _____ (Institution) determines that no violation of statutory or regulatory provisions has occurred, then the _____ (Institution) shall inform the protesting party, the State Agency, and other interested parties by letter that sets forth the reasons for the determination.
 2. If the _____ (Institution) determines that a violation of any statutory or regulatory provisions has occurred in a situation in which a contract has not been awarded, then the _____ (Institution) shall inform the protesting party, the State Agency, and other interested parties of that determination by letter that details the reasons for the determination and the appropriate remedy.
 3. If the _____ (Institution) determines that a violation of any statutory or regulatory provisions has occurred in a situation in which a contract has been awarded, then the _____ (Institution) shall inform the protesting party, the State Agency, and other interested parties of that determination by letter that details the reasons for the determination. This letter may include an order that declares the contract void.
- F. The _____ (Institution) shall maintain all documentation on the purchasing process that is the subject of a protest or appeal in accordance with the retention schedule of _____ (Institution).

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.

SECTION I —PROCUREMENT PLAN GENERAL REQUIREMENTS

The _____ (*Name of Institution's*) plan for procuring items for use in the CNP 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 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.

- e. Penalties for violation of the standards of code of conduct of the _____
(Institution) should be:
 (1) Any legal action necessary _____
 (2) _____
 (3) _____

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 program(s)
 - c. Be authorized and not prohibited under state and local law

4. Purchasing will be conducted at the most restrictive procurement threshold:

	Federal Procurement Thresholds	Institution Procurement Thresholds (Input)
Micro Purchasing	Less than \$3,500	
Equipment	Over \$5,000	
Small/Informal	Less than \$150,000	
Formal	Greater than \$150,000 or any total Food Service Management Company contract	

5. All staff conducting purchasing will be trained on the procurement procedures.
6. All purchasing records must be maintained no less than the current year plus three additional years.

7. Geographic Preference

The use of statutorily or administratively imposed in-state or local geographic preferences for procurements under USDA entitlement programs is prohibited, except for unprocessed locally grown or locally raised agricultural products. The Food, Conservation, and Energy Act of 2008 (Public Law 110-246, Section 4302) amended Section 9(j) of the NSLA to allow institutions receiving funds through CNP to apply a geographic preference when procuring unprocessed locally grown or locally raised agricultural products. When geographic preference is used, an Institution must still get quotes from several farmers when procuring unprocessed locally grown or locally raised agricultural products so that competitors have an opportunity to compete for the bid.

8. **Protest procedures** are required. Institutions will have protest procedures to handle and resolve disputes relating to their procurements and shall in all instances disclose information regarding the protest to the awarding agency. A protester must exhaust all administrative remedies with the Institution before pursuing a protest with a federal agency. Reviews of protests by the federal agency will be limited to: (Reference USDA Policy Memo 2006-SNP-06)
 - a. Violations of federal law or regulations and the standard of 7 CFR §3016 (violations of state or local law will be under the jurisdiction of state or local authorities).
 - b. Violations of the Institution’s protest procedures for failure to review a complaint or protest. Protests received by the federal agency other than those specified previously will be referred to the Institution.
9. **Nonkickback Affidavit**

Please note that Oklahoma statute 62 O.S. §310.9 requires a signed and notarized non-kickback 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.
10. **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.
11. **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.

12. 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 grantor 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).
13. 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.

SECTION II—MICRO PURCHASING

If the amount of purchases for items is less than \$3,500 and less than the Institution/Sponsor's small purchase threshold, the following procedures will be used:

1. Purchases will not be separated into two or more purchases to meet or be below the \$3,500 threshold.
2. The price quotes will not be required. Competition is not required.

3. When practicable, micro purchases will be distributed equitably among qualified suppliers.
4. Documentation of purchases will be kept and maintained for three years plus the current year.
5. The ***Title of Person*** will be responsible for documentation of purchase. ***NOTE: Federal threshold of \$2,000 is applicable in the case of acquisitions for construction subject to the Davis-Bacon Act.***

CACFP Meal Patterns and Food Production Records

Child care centers are required to offer water to children throughout the day. United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) added the additional requirement to offer water in recognition that the majority of the CACFP participants are very young children and may not be able to or know how to request it themselves. 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.

This page intentionally left blank.

CHILD MEAL PATTERN

Breakfast (Select all three components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (At-Risk After-School Programs and Emergency Shelters)
Fluid Milk³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, Fruits, or Portions of Both⁴	1/4 cup	1/2 cup	1/2 cup	1/2 cup
Grains (oz eq)^{5, 6, 7}				
Whole grain-rich or enriched bread	1/2 slice	1/2 slice	1 slice	1 slice
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 serving	1/2 serving	1 serving	1 serving
Whole grain-rich, enriched, or fortified, cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) ^{8, 9}				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

¹ Must serve all three components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.

² Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.

³ Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.

⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

⁵ 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.

⁶ Meat and Meat Alternates 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 (oz eq) of Grains.

⁷ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereal is 1/4 cup for children aged 1-2; 1/3 cup for children aged 3-5; and 3/4 cup for children aged 6-12.

CHILD MEAL PATTERN

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (At-Risk After-School Programs and Emergency Shelters)
Fluid Milk³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/Meat Alternates				
Lean meat, poultry, or fish	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Tofu, soy product, or alternate protein products ⁴	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Large egg	1/2	3/4	1	1
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup	1/2 cup
Peanut butter or soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp	4 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened ⁵	4 ounces or 1/2 cup	6 ounces or 3/4 cup	8 ounces or 1 cup	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 oz of nuts/seeds = 1 oz of cooked, lean meat, poultry, or fish)	1/2 ounce = 50%	3/4 ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables⁶	1/8 cup	1/4 cup	1/2 cup	1/2 cup
Fruits^{6, 7}	1/8 cup	1/4 cup	1/4 cup	1/4 cup
Grains (oz eq)^{8, 9}				
Whole grain-rich or enriched bread	1/2 slice	1/2 slice	1 slice	1 slice
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 serving	1/2 serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup

- ¹ Must serve all five components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- ² Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- ³ Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- ⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.
- 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 served.
- 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 Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.
- ¹⁰ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

CHILD MEAL PATTERN

Snack (Select two of the five components for a reimbursable snack)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (At-Risk After-School Programs and Emergency Shelters)
Fluid Milk³	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/Meat Alternates				
Lean meat, poultry, or fish	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products ⁴	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Cheese	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Large egg	1/2	1/2	1/2	1/2
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup	1/4 cup
Peanut butter or soy nut butter or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp	2 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened ⁵	2 ounces or 1/4 cup	2 ounces or 1/4 cup	4 ounces or 1/2 cup	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Vegetables⁶	1/2 cup	1/2 cup	3/4 cup	3/4 cup
Fruits⁶	1/2 cup	1/2 cup	3/4 cup	3/4 cup
Grains (oz eq)^{7,8}				
Whole grain-rich or enriched bread	1/2 slice	1/2 slice	1 slice	1 slice
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 serving	1/2 serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) ^{9, 10}				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	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 Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- ³ Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- ⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.
- 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 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.
- ⁸ Beginning October 1, 2019, ounce equivalents are used to determine the quantity of the creditable grain.
- ⁹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).
- ¹⁰ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereal is 1/4 cup for children aged 1-2; 1/3 cup for children aged 3-5; and 3/4 cup for children aged 6-12.

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

- Age 1 year:
 - Unflavored whole milk
- Ages 2-5 years:
 - Unflavored lowfat (1%)
 - Unflavored fat-free (skim)
- Ages 6 years and older and adults
 - Unflavored lowfat (1%)
 - Unflavored fat-free (skim)
 - Flavored fat-free (skim) or flavored lowfat (1%)
- 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.

Updated Requirements

- Milk served to 1-year-old children must be unflavored whole milk.
- A one-month transition period is allowed to switch from whole milk to lowfat or fat-free milk when a child turns 2 years old. Meals served to children 24 months to 25 months old that contain whole milk or reduced-fat milk (2%) may be claimed for reimbursement.
- Flavored milk, including flavored nondairy beverages, cannot be served to children aged 1 through 5 years.
- Fat-free flavored milk may be served to children 6 years and older and adults only. Flavored milk may be commercially prepared or flavored using syrup or flavored milk powders (includes flavored straws) using fat-free milk.
- Yogurt may be served in place of fluid milk for adults once per day.

Nondairy Milk Substitute

- Nondairy milk substitutes that are nutritionally equivalent to cow's milk may be served to children or adults 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 non-dairy 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).

MILK

Food	Creditable			Comments
	Yes	Maybe	No	
Acidified Milk, Kefir Milk, Acidophilus Milk	X			Acidified milk is a fluid milk produced by souring fluid whole, lowfat, or fat-free (skim) milk with an acidifying agent. Examples of acidified milk are <i>acidified</i> , <i>kefir milk</i> and <i>acidified, acidophilus milk</i> .
Buttermilk	X			Must be lowfat or fat-free for participants 2 years of age and older. Only commercially prepared buttermilk may be offered to program participants.
Certified Raw Milk			X	Regulations require the use of pasteurized milk.
Cultured Milk	X			Cultured milk is a fluid milk produced by adding selected microorganisms to fluid whole, lowfat, or fat-free (skim) milk under controlled conditions to produce a product with a specific flavor and/or consistency. Examples are cultured buttermilk, cultured kefir milk, and cultured acidophilus milk. Only commercially prepared buttermilk may be offered to program participants.
Flavored Milks (Chocolate, Strawberry, etc.)	X			Flavored milks must be fat-free and may include flavorings, coloring agents, and sweeteners. Only allowed for ages 6 and older.
Goat's Milk		X		Must meet state standards in order to be credited.
Lactose-Free Milk, Lactose-Reduced Milk	X			Lactose-free and lactose-reduced milks are fluid milks that have been modified by the addition of lactase enzymes. The lactose (milk sugar) in this milk has been broken down into simple sugars. Children or adults who cannot digest lactose may benefit from the use of lactose-free or lactose-reduced milk.
Lowfat Milk, Reduced-Fat Milk	X			Lowfat milk (1% fat) or fat-free milk should be served to participants 2 years of age and older.
Milk, Fluid (Unflavored)	X			The milk served as part of any meal or snack for the purpose of reimbursement must be fluid milk.
Fat-Free Milk, Nonfat Milk, Skim Milk	X			Must be served to participants 2 years of age and older.
Soy Beverages/Drinks			X	Soy drinks and beverages are not fortified and are not nutritionally equivalent to fluid milk.
Soy or Soybean Milk, Fortified		X		Soybean milk may be served as a milk substitute because of medical or other special dietary needs . See FNS Instruction 783-2 Rev. 2. Non-dairy beverages offered as fluid milk substitutes must be nutritionally equivalent to milk and provide specific levels of calcium protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B ₁₂ . Use of this product must be requested by parents or supported by a statement from a recognized medical authority that includes recommended alternate foods.

MILK

Food	Creditable			Comments
	Yes	Maybe	No	
UHT (Ultra High Temperature) Milk or Shelf-Stable Milk	X			UHT is a Grade A pasteurized milk that has been heated to about 280°F for a few seconds, then cooled and packaged. It can be stored without refrigeration until opened. Not all products are manufactured in the United States. Read labels to ensure the <i>Buy American</i> provision is met.
Whole Milk	X			Only serve to children between 1 and 2 years of age.
Dairy Products or Milk Substitutes:				
Almond Milk		X		See entry for soy or soybean milk. Most commercial almond milks are not nutritionally equivalent to milk and will not meet requirements.
Cheese			X	Cheese cannot be credited toward the milk requirement as it does not meet the definition of milk. Cheese may be credited toward the meat/meat alternate requirement.
Cream			X	Cream does not meet the definition of milk.
Cream Sauces			X	Cream sauces do not meet the definition of milk.
Cream Soups			X	Cream soups do not meet the definition of milk.
Custard			X	Custard does not meet the definition of milk.
Eggnog, Commercial			X	Commercially made eggnog is not creditable.
Eggnog, Homemade		X		Only the fluid milk portion may be credited. Meat/meat alternate served in a beverage is not creditable; therefore, the egg component may not contribute to requirements. Homemade eggnog should be made from a cooked base that is brought to 160°F and rapidly chilled to 40°F or below. Eggnog made with uncooked eggs is not creditable due to the risk of foodborne illness.
Evaporated Milk			X	Does not meet the definition of milk.
Frozen Yogurt			X	Frozen yogurt does not meet the definition of milk.
Half and Half			X	Half and half does not meet the definition of milk.
Ice Cream			X	Ice cream does not meet the definition of milk.
Ice Milk			X	Ice milk does not meet the definition of milk.
Imitation Milk			X	Imitation milk does not meet the definition of milk.
Milkshakes		X		May be used to meet the milk component of lunches, suppers, and snacks if they contain the minimum quantity of fluid milk per serving for the appropriate age group. Commercial milkshake powders added to milk by the program operator are acceptable. Only the volume of fluid milk is creditable.
Pudding			X	Pudding does not meet the definition of milk.
Pudding Pops			X	Pudding pops do not meet the definition of milk.

MILK

Food	Creditable			Comments
	Yes	Maybe	No	
Reconstituted Dry Milk		X		Creditable under certain conditions of limited fluid milk availability.
Rice Milk		X		See information for soy or soybean milk. Most commercial rice milks are not nutritionally equivalent to milk and do not meet requirements.
Sherbet/Sorbet			X	These products do not meet the definition of milk. See the section on vegetables/fruits for crediting information.
Sweetened Condensed Milk			X	Sweetened condensed milk does not meet the definition of milk.
Sour Cream			X	Sour cream does not meet the definition of milk.
Yogurt			X	Yogurt does not meet the definition of milk.

MILK

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 child is unable to have milk for medical reasons or other special dietary needs when you obtain a written medical statement from a recognized medical authority or parent request stating that the participant should not be served milk. An appropriate substitution must be provided to the participant. Nondairy beverages offered 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 B₁₂. See example of Milk Substitution Form on [page 148](#).

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

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

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

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 pre-school 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.

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

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

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

NOTE: Reference USDA Memo CACFP-17-2016 under the Reference Library on the CACFP Web site for additional guidance.

EXAMPLE

MILK SUBSTITUTION REQUEST

Child's Name: <i>Jude Johnson</i>	Age: <i>4</i>
-----------------------------------	---------------

My child cannot consume milk for the following reason(s):
<i>Cultural</i>

Signature of Parent/Guardian: <i>Mrs. Johnson</i>	Date: <i>10/3/YYYY</i>
---	------------------------

INSTITUTION APPROVAL:	
Signature: <i>Ima Fishul</i>	Date: <i>10/5/YYYY</i>

Nondairy Beverages

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

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

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request of the child's caretaker asking that a milk substitution be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. A copy of a request form is on **page 271**. ***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 a lunch or supper contain the required serving of meat/meat alternate specified in the meal patterns. The meat/meat alternate for lunch or supper must be served in the main dish or in the main dish and *one other menu item*.

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

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.

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.

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 <i>Sugars</i> column. <i>If your yogurt has that amount of sugar or less, the yogurt meets the sugar requirement.</i>	

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

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.

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Acorns			X	Acorns have a low protein content.
Bacon and Imitation Bacon Products			X	These products are considered fats with little protein. They are not creditable toward meal pattern requirements.
Bacon Rinds			X	These products do not qualify for the meat/meat alternate requirement.
Bacon, Turkey		X		Turkey bacon is creditable only if it (1) is CN-labeled or (2) has a Product Formulation Statement.
Beans, Dry or Canned	X			See the <i>Food-Buying Guide</i> . One-fourth cup cooked beans credits as 1-oz equivalent meat alternate.
Beans, Refried	X			See the <i>Food-Buying Guide</i> .
Beef Jerky			X	Beef jerky does not qualify for the meat/meat alternate requirement. This product has a high sodium content and is difficult to chew.
Bologna		X		Creditable when free of byproducts, cereals, or extenders, and/or when the product is CN-labeled. Examples of binders/extendors are starch, cellulose, and nonfat dry milk. Examples of byproducts are glands, hearts, and other organ meats. See the <i>Food-Buying Guide</i> .
Canadian Bacon or Mild Cured Pork	X			One pound (16 oz) will yield eleven 1-oz servings of cooked, lean meat. See the <i>Food-Buying Guide</i> , CN label, or Product Formulation Statement for crediting information.
Canned or Frozen Combination Foods: Stews, Beef-a-Roni, Chili Macaroni, Pizzas, Pot Pies, Raviolis		X		These products are creditable only if they have (1) a CN label or (2) a Product Formulation Statement.
Canned, Pressed Luncheon Meat (Potted/Deviled)			X	These products have a high salt and fat content. There is no Standard of Identity for these products, so there is no standard method of crediting.
Cheese, Cottage or Ricotta	X			A 2-oz serving equals 1-oz meat/meat alternate. See the <i>Food-Buying Guide</i> .
Cheese Foods, Cheese Food Substitutes, Cheese Spreads, and Cheese Spread Substitutes	X			A 2-oz serving equals 1 oz meat alternate. See the <i>Food-Buying Guide</i> . Not allowed for infants.
Cheese, Imitation			X	Imitation cheese is not creditable toward meal pattern requirements.
Cheese Products			X	While cheese foods and spreads have a Standard of Identity, cheese products do not.
Cheese, Natural or Processed	X			One oz of hard cheese provides 1 oz meat alternate. See the <i>Food-Buying Guide</i> .
Chestnuts			X	Chestnuts have a low protein content.

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Chicken Nuggets		X		Only the edible chicken portion is creditable as a meat. Commercial chicken nuggets must have a (1) CN label or (2) Product Formulation Statement.
Chitterlings			X	Chitterlings are considered a fat and are not creditable toward meal pattern requirements.
Coconuts			X	Coconuts have a low protein content.
Corn Dogs, Corn Dog Nuggets		X		These products are creditable only if they have (1) a CN label or (2) a Product Formulation Statement, unless homemade.
Crab, Imitation			X	The processing of imitation crab washes away vitamins and some protein.
Cream Cheese			X	Cream cheese contains less protein and more fat than creditable cheese.
Deviled Eggs	X			Only the whole egg portion of federally inspected eggs is creditable. Weight of added ingredients (i.e., relish, mayonnaise, etc.) cannot contribute to meal pattern requirements.
Eggs, Liquid Substitutes			X	Only whole eggs are creditable.
Eggs, Whites Only			X	Only whole eggs are creditable.
Eggs, Whole, Fresh, Frozen, Dried, Liquid	X			Only eggs that have been cooked and federally inspected are creditable. See the <i>Food-Buying Guide</i> .
Eggs, Yolks Only			X	Only whole eggs are creditable.
Falafel	X			Only the preground weight of beans is creditable as a meat alternate. See the <i>Food-Buying Guide</i> .
Fish, Commercial	X			Only fish purchased from licensed vendors are creditable.
Fish, Home-Pickled			X	For safety reasons, home-pickled fish are not creditable.
Fish, Noncommercial, Home-Caught			X	Home-caught fish are not creditable.
Fish Sticks or Portions	X			Only the edible fish portion credits toward the meat/meat alternate requirement. See the <i>Food-Buying Guide</i> . For breading/batter crediting, see the Grains/Breads section.
Frankfurters or Hot Dogs		X		Creditable when free of byproducts, cereals, or extenders, and/or when the product is CN-labeled. Examples of binders/extendors are starch, cellulose, and nonfat dry milk. Examples of byproducts are glands, hearts, and other organ meats. See the <i>Food-Buying Guide</i> .
Game (i.e., Squirrel, Venison, etc.)		X		Game, for safety reasons, is only creditable in CACFP if it is inspected and approved by the appropriate state or federal agency.
Home-Slaughtered Meat			X	For safety reasons, home-slaughtered meat is not creditable in the CACFP.

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Hummus	X			Only the volume of beans and other meat alternate per serving may credit toward the meat/meat alternate requirement. Must be documented by a standardized recipe or a Product Formulation Statement.
Kidney, Liver, Gizzards	X			See the <i>Food-Buying Guide</i> .
Liverwurst		X		Creditable only if it is (1) CN-labeled or (2) has a Product Formulation Statement.
Luncheon Meats (Chicken, Turkey, Beef, Pork)		X		Only luncheon meats that are listed in the <i>Food-Buying Guide</i> or have a CN label are creditable.
Meat Sauce (Spaghetti or Brown)		X		Only the amount of cooked meat in the sauce is creditable toward the meat/meat alternate component. Commercial meat sauces must have a (1) CN label or (2) Product Formulation Statement.
Meat Sticks (Summer Sausage)		X		Meat sticks in a jar that are made for toddlers are similar to Vienna sausages and must have a (1) CN label or (2) Product Formulation Statement.
Neufchatel Cheese			X	This is a soft, unripened cheese similar to cream cheese.
Nuts	X			One oz nuts provides 1 oz equivalent meat alternate. Please keep in mind that nuts may count toward 1/2 of the meat/meat alternate requirement. Nuts may be a potential choking hazard.
Oxtails	X			See the <i>Food-Buying Guide</i> .
Peanut Butter (and Other Nut/Seed Butters)	X			Two tablespoons provide 1 oz meat alternate. See the <i>Food-Buying Guide</i> . It is suggested that nut/seed butters be served in combination with another meat/meat alternate since the required portion sizes may be too large for preschool children.
Peanut Butter (Reduced-Fat)		X		If product meets the FDA Standard of Identity for peanut butter with 90 percent peanuts or peanut flour, 2 tablespoons provide 1 oz meat alternate.
Peanut Butter Spreads			X	Peanut butter spreads do not meet FDA Standards of Identity and may not be credited.
Peas or Lentils, Dry	X			See the <i>Food-Buying Guide</i> . One-fourth cup cooked, dry beans or peas provides 1 oz meat alternate.
Pepperoni		X		Only CN-labeled pepperoni may be credited. This product is high in sodium and fat and should be used sparingly.
Pig's Feet, Neck Bones, or Tails (Parts)			X	These products contain small amounts of meat and are high in fat.
Pimiento Cheese (Purchased)	X			A 2-oz serving equals 1 oz meat alternate. See the <i>Food-Buying Guide</i> .

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Pizza, Commercial		X		Only creditable if it has a (1) CN label or (2) Product Formulation Statement. Only the meat or meat alternate components are creditable toward the meat/meat alternate requirement.
Pizza, Homemade	X			Only meat or meat alternate components are creditable to meat/meat alternate. The amounts of meat/meat alternate must be identified and documented by a standardized recipe.
Polish Sausage		X		Polish sausages must have a (1) CN label or (2) Product Formulation Statement.
Pot Pies, Commercial		X		Must have a (1) CN label or (2) Product Formulation Statement. These products typically contain inadequate amounts of meat. Only the meat or meat alternate components are creditable toward the meat/meat alternate requirement.
Pot Pies, Homemade		X		The meat in homemade pot pies is creditable if there is sufficient meat/meat alternate per serving and documented with a standardized recipe that is kept on file. See the Grains/Breads part of this section for crediting the crust portion. Only the meat or meat alternate components are creditable toward the meat/meat alternate requirement.
Potted or Deviled Meats			X	These products are high in sodium and include extenders and binders.
Powdered Cheese (in Boxed Macaroni and Cheese)			X	Powdered cheese mix is not creditable. The macaroni, if enriched or whole grain, may be credited toward the grains/bread requirement.
Queso Blanco, Homemade			X	There are potential safety concerns with this product.
Queso Fresco, Homemade			X	There are potential safety concerns with this product.
Salami		X		Must have a (1) CN label or (2) Product Formulation Statement. This product is high in sodium and fat.
Salt Pork			X	This product is extremely high in fat.
Sausage		X		Items labeled fresh pork sausage or fresh Italian sausage may be credited as shown in the <i>Food-Buying Guide</i> . Other sausage products must have a (1) CN label or (2) Product Formulation Statement.
Seeds	X			1 oz of seeds = 1 oz equivalent meat alternate. See the <i>Food-Buying Guide</i> .
Shellfish	X			Shellfish must be fully cooked; only the edible fish portion is creditable. See the <i>Food-Buying Guide</i> .
Shellfish, Imitation			X	This product does not meet program requirements.
Soups, Commercial Bean or Pea	X			1/2 cup of soup = 1 oz meat equivalent. Beans may credit as a vegetable or meat alternate, but not both in the same meal. See the <i>Food-Buying Guide</i> .

MEAT/MEAT ALTERNATES

Food	Creditable			Comments
	Yes	Maybe	No	
Soups, Commercial—Other			X	Commercial soups typically contain insufficient meat/meat alternate per serving.
Soups, Homemade With Meat or Meat Alternate	X			Only creditable toward meat/meat alternate component if there is at least 1/4 oz meat/meat alternate per serving. Must be identified and documented by a standardized recipe.
Soy Beans, Fresh (Edamame)			X	Only creditable as a vegetable in CACFP.
Soy Nut Butter	X			Two tablespoons provide 1 oz equivalent meat alternate. Soy nut butter may be a good alternative for participants who are allergic to peanut butter.
Soy Nuts	X			One ounce of soy nuts credit as 1 ounce meat alternate. Nuts may only count toward 1/2 of the meat/meat alternate requirement. Please keep in mind that nuts may pose a potential choking hazard.
Spare Ribs	X			Contains a small amount of meat and high in fat. See the <i>Food-Buying Guide</i> .
Tahini (Sesame Seed Butter)	X			Credited as a seed or nut butter. Two tablespoons provide 1 ounce meat alternate.
Tofu	X		X	Tofu is soybean curd.
Vienna Sausage	X			Only creditable when free of byproducts, cereals, and extenders. See the <i>Food-Buying Guide</i> .
Yogurt, Commercial Plain, Unflavored, Flavored, Sweetened	X			Must meet Standard of Identity for yogurt, lowfat yogurt, or fat-free yogurt. Four ounces of yogurt equals 1 ounce of meat/meat alternate. Yogurt can contain no more than 23 g of sugar per 6 oz.
Yogurt, Homemade			X	There is potential safety concerns with this product.
Yogurt in a Tube	X			Must meet all requirements to be labeled as yogurt. A 2.2-oz size tube may be credited at 1/2 ounce of meat/meat alternate.
Yogurt , Liquid			X	This product does not meet the definition of yogurt.
Yogurt Products (Frozen Yogurt, Bars, Yogurt Covering on Fruit and/or Nuts)			X	These are considered OTHER foods which contain insufficient amounts of yogurt.

This page intentionally left blank.

MEAT/MEAT ALTERNATES

Questions and Answers About Meat/Meat Alternates

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

Peanut butter has always been included as a meat alternate in the CNP because of its high protein content. Other nut and seed butters have become available and are also now creditable. Food consumption habits and preferences are influenced by many cultural, ethnic, economic, religious, and environmental factors. The use of these products as a meat alternate reflects current food consumption habits and nutrition information. *Nuts are not recommended for children under 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.

This page intentionally left blank.

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.

Fruit and Vegetable Components

Separation of Vegetable and Fruit Component

The updated child and adult meal pattern requirements separate the vegetable and fruit components at lunch, supper, and snack. Separate vegetable and fruit components will help increase the variety of vegetables and fruits served and consumed by children and adults. This change means you can offer those in your care a serving of vegetables and a serving of fruit at lunch and supper. In addition, a snack with a vegetable and fruit, in the appropriate minimum serving sizes, is reimbursable.

Two Vegetables at Lunch and Supper

To increase flexibility in menu planning, you can choose to serve two vegetables at lunch and supper rather than a serving of vegetables and a serving of fruit. This change means that the 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.***

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Ade Drinks			X	These drinks do not contain sufficient amounts of full-strength juice.
Apple Butter			X	Condiments are not creditable toward meal pattern requirements.
Apple Cider	X			Cider must be pasteurized in order to be creditable.
Banana in Bread			X	This product has less than 1/8 cup fruit per serving.
Banana Pudding (Fruit Added)		X		The banana in the pudding may credit toward fruit component if there is at least 1/8 cup banana (fruit) per serving.
Barbecue Sauce			X	Condiments are not creditable toward meal pattern requirements.
Beans, Canned or Dry	X			Cooked dry or canned beans or peas (kidney, garbanzo, black, etc.) may be credited as a vegetable but cannot be credited as a meat alternate in the same meal. See the <i>Food-Buying Guide</i> .
Bean Sprouts, Cooked	X			For safety reasons, do not serve raw sprouts. See the <i>Food-Buying Guide</i> .
Berries (Frozen, Fresh, or Canned Whole), All Varieties	X			See specific crediting for the berry being used in the vegetables/fruits section of the <i>Food-Buying Guide</i> .
Cake Containing Fruit			X	There is an insufficient amount of fruit present.
Carrot Bread			X	There is an insufficient amount of vegetable/fruit present.
Catsup or Chili Sauce			X	These products are condiments and are not creditable.
Coconut			X	Not creditable toward meal pattern requirements.
Coleslaw	X			Only the vegetable/fruit portion is creditable.
Corn Chips			X	Corn chips are not classified as a vegetable/fruit. See the Grains/Breads crediting list.
Corn Syrup			X	Corn syrup is not a vegetable and is not recommended for children under the age of one.
Cranberry Juice Blend		X		One hundred percent cranberry juice (not cranberry juice cocktail) in a blend with another 100 percent juice is creditable (for example, cranberry juice mixed with apple juice). One hundred percent cranberry juice that is not in a juice blend is generally not commercially available.
Cranberry Juice Cocktail			X	Juice cocktails contain an insufficient amount of full-strength juice.
Cranberry Sauce or Relish	X			Sauces with whole or strained berries can be credited. See the <i>Food-Buying Guide</i> .
Dehydrated Vegetables	X			
Dried Fruit (i.e., Raisins, Apricots, Prunes, Cranberries)	X			Dried fruit credits on a volume basis only. A minimum portion of 1/8 cup is required.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Dry Spice Mixes			X	Spices do not contribute toward meal pattern requirements.
Fig Bars			X	The amount of figs per serving is insufficient to count toward the vegetable/fruit component.
French-Fried Potatoes	X			See the <i>Food-Buying Guide</i> .
Frozen Fruit-Flavored Bars			X	These bars contain insufficient amounts of fruit juice.
Frozen Fruit/Fruit Juice Bars		X		Each bar must contain at least 1/8 cup of fruit and/or full-strength fruit juice. Only the fruit or full-strength fruit juice portion may be counted toward the fruit requirement. Maintain a CN label, Product Formulation Statement, or standardized recipe on file for documentation purposes.
Fruit Juice Bases			X	Juice bases contain insufficient amounts of full-strength fruit juice per serving.
Fruit Juice Concentrates		X		May only be credited when reconstituted to the full-strength juice.
Fruit Drinks			X	Drinks contain less than 50 percent full-strength juice.
Fruit-Flavored Powders and Syrups			X	Fruit-flavored powders and syrups do not meet the definition of fruit or juice.
Fruit-Flavored Punch			X	This product contains insufficient amounts of full-strength juice.
Fruit-Flavored Waters			X	Fruit-flavored waters contain insufficient amounts of full-strength juice.
Fruit Sauces		X		These products are high in sugar. Must contain at least 1/8 cup fruit or full-strength fruit or vegetable juice per serving. Generally, commercial sauces have insufficient fruit content. Maintain a standardized recipe or Product Formulation Statement.
Fruit Snacks (i.e., Bars, Roll-Ups, Wrinkles)		X		Labels or product literature must document at least 1/8 cup of fruit as served. Many of these products do not contain sufficient amounts of fruit per serving. These products are creditable only if they have (1) a CN label or (2) a Product Formulation Statement.
Gelatin With Fruit/Fruit Juice and/or Vegetables		X		The vegetable/fruit in gelatin salads or desserts may be credited if each serving contains a minimum of 1/8 cup fruit, vegetable, or full-strength fruit or vegetable juice.
Gravy Base			X	This is not a vegetable/fruit.
Hominy			X	Hominy is not a vegetable or a fruit item.
Honey			X	Honey is a sweetener, not a fruit, and is not creditable. For food safety reasons, it should not be served to children less than 1 year of age.
Ice Cream, Fruit Flavors			X	Ice cream does not contain a sufficient amount of fruit to credit toward meal pattern requirements.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Jam			X	This is a condiment and is not creditable.
Jelly			X	Jelly is a condiment and is not creditable.
Juice Bars	X			See frozen fruit/fruit juice bars (commercial or home-made), as appropriate.
Juice Blends— All Fruit		X		Only fruit juice blends that are combinations of full-strength juices may be credited.
Ketchup (Catsup)			X	Condiments are not creditable toward meal pattern requirements.
Kiwi Fruit	X			See the <i>Food-Buying Guide</i> .
Lemonade			X	For lemonade to be palatable, the lemon juice must be diluted to the point that there is insufficient full-strength juice per serving.
Macaroni Salad (Also Pasta Salad)		X		Only the documented amount of vegetables in the salad may be credited if at least 1/8 cup per serving is present. The macaroni or pasta may be credited toward the grains/breads requirement if at least 1/4 serving is provided.
Maple Syrup			X	Maple syrup is a sweetener, not a fruit.
Mayonnaise, Salad Dressing, Margarine, Salad Oil, and Butter			X	Mayonnaise, margarine, butter, salad oils, and salad dressings are condiments, not fruits or vegetables.
Muffins With Fruit			X	Fruit and vegetable breads contain insufficient amounts of vegetable/fruit for crediting.
Mustard			X	Condiments are not creditable toward meal pattern requirements.
Mustard Greens	X			See the <i>Food-Buying Guide</i> .
Onion Rings		X		Creditable if homemade or with a Product Formulation Statement. Must have at least 1/8 cup of cooked onion per serving.
Olives	X			Must have at least 1/8 cup per serving. High salt content should be noted.
Pickle Relish			X	Pickle relish is considered a condiment and is not creditable.
Pickles	X			Must have at least 1/8 cup per serving. High salt content should be noted. See the <i>Food-Buying Guide</i> .
Pizza Sauce	X			Pizza sauce may be credited if at least 1/8 cup (2 Tablespoons) per serving is provided. One-eighth cup of pizza sauce equals 1/8 cup of vegetable.
Popsicles® (Frozen Fruit-Flavored Ice on a Stick)			X	These products are not creditable. They do not contain fruit or fruit juice.
Potato Chips			X	Potato chips are a snack food and are not creditable.
Potatoes and Potato Skins	X			See the <i>Food-Buying Guide</i>
Potatoes, Dehydrated	X			See the <i>Food-Buying Guide</i> .
Preserves			X	Preserves are considered a condiment and are not creditable.
Puddings With Fruit, Commercial			X	Commercial puddings have insufficient fruit per serving and are not creditable.
Puddings With Fruit, Homemade		X		At least 1/8 cup of fruit per serving must be present. Document with a standardized recipe.

VEGETABLES AND FRUITS

Food	Creditable			Comments
	Yes	Maybe	No	
Pumpkin in Bread			X	This product has less than 1/8 cup vegetable per serving. See entry in Grains/Breads section.
Raisins	X			A minimum portion of 1/8 cup serving is required. Fruits that are served dehydrated are credited on an actual volume basis.
Rice, Whole-Grain or Enriched			X	Rice is not a vegetable. See rice in the Grains/Breads section for crediting information.
Salsa	X			Creditable if the recipe documents that there is 1/8 cup of vegetable/fruit per serving. In commercial products containing all vegetable/fruit ingredients plus minor amounts of spices or flavorings, 100 percent of the product is counted toward the volume. In products containing nonvegetable ingredients like gums, starches, stabilizers, water, or vinegar, only the vegetable/fruit ingredients may contribute toward the requirement. Obtain a Product Formulation Statement.
Soups, Canned, Condensed, or Ready-to-Serve (Minestrone, Tomato, Tomato With Other Basic Components Such as Rice and Vegetable, and Vegetable With Basic Components Such as Meat and Poultry)	X			One cup of reconstituted or ready-to-serve soup will yield 1/4 cup vegetable. See the <i>Food-Buying Guide</i> . Caution: Serving enough condensed soup to count as a 1/4-cup vegetable may result in an excessive volume for young children.
Soups, Homemade		X		Must contain at least 1/8 cup vegetable per serving. Only the quantities of vegetables in the recipe may credit toward vegetable/fruit requirements. Document with a standardized recipe.
Soy Nuts			X	May be credited as a meat alternate only.
Spaghetti Sauce (Tomato Sauce)	X			Spaghetti sauce is credited as tomato sauce if 1/8 cup per serving is provided. See the <i>Food-Buying Guide</i> .
Syrup (Fruit-Flavored)			X	Syrup is considered a condiment and is not creditable.
Vegetable Juice Blends (e.g., V-8 Juice®)	X			Full-strength vegetable juice and full-strength vegetable/fruit juice blends are creditable toward the vegetable/fruit component.
Yogurt, Commercial (Fruit Added by Provider)	X			Must contain at least 1/8 cup added fruit per serving. Only the volume of fruit added may credit toward the fruit component.
Yogurt With Fruit, Commercial			X	Commercial fruit yogurt has less than 1/8 cup fruit per serving and may not be counted to meet the fruit requirement. See the Meat/Meat Alternate section for crediting. These items have a high sugar content.
Zucchini Bread (Squash in Bread)			X	This product has less than 1/8 cup vegetable/fruit per serving.

VEGETABLES AND FRUITS

Questions and Answers About Vegetables/Fruits

1. What type of *whole* vegetable or fruit would be appropriate for infants aged 6 through 11 months?

It is essential for child care providers and parents or guardians to communicate regularly about the readiness of an infant to accept solid foods. Clear communication will help providers choose the specific foods to introduce and facilitate consistency between the home and child care setting during this period of rapid change. Once an infant is developmentally ready to accept solid foods, some examples of vegetables and fruit that can be served include:

- Commercially prepared baby food such as: green beans, green peas, squash, sweet potatoes, carrots, beets, spinach, applesauce, apricots, bananas, peaches, pears, and plums.
- Home-prepared vegetables (cooked and processed to the appropriate texture) such as: avocado, broccoli, cabbage, cauliflower, green beans, green peas, kohlrabi, plantain, potatoes, summer or winter squash, and sweet potatoes.
- Home-prepared fruits (which can be mashed after peeling if ripe and soft) such as: apricots, bananas, cantaloupe, mango, melon, nectarines, papaya, peaches, pears, and plums.

The term *whole* refers to all fresh, frozen, canned, and dried fruits and vegetables, rather than juice. For infants consuming solid foods, these whole vegetables and fruits must be cooked and processed as needed to the appropriate texture for their developmental stage. More guidance is available in *Feeding Infants: A Guide for Use in the Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>).

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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.

9. 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

GRAINS

The updated meal pattern requirements focus on serving healthy grains three key ways:

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

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 <i>Sugars</i> column. <i>If your cereal has that amount of sugar, or less, your cereal meets the sugar requirement.</i>
----------	---

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

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

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).

Whole Grains	Non-Whole Grains
•Amaranth	•All-Purpose Flour
•Cracked Wheat	•Bread Flour
•Crushed Wheat	•Bromated Flour
•Whole-Wheat Flour	•Cake Flour
•Graham Flour	•Corn Grits
•Entire-Wheat Flour	•Degerminated Corn Meal
•Bromated Whole-Wheat Flour	•Durum Flour
•Millet Flakes	•Enriched Flour
•Whole Durum Wheat Flour	•Enriched Rice
•Quinoa	•Enriched Self-Rising Flour
•Brown Rice, Wild Rice	•Enriched Wheat Flour
•Bulgur	•Farina
•Whole-Grain Barley	•Instantized Flour
•Whole-Specialty Grains	•Long-Grain White Rice
•Whole-Wheat Pasta Such as Macaroni, Spaghetti, Vermicelli, or Whole-Grain Noodles	•Pearled (also called Pearl) Barley
•Soba Noodles (with whole buckwheat flour as primary ingredient)	•Phosphated Flour
	•Rice Flour
	•Self-Rising Flour
	•Self-Rising Wheat Flour
	•Unbleached Flour
	•White Flour

Whole Grain-Rich Criteria Checklist

Purpose: The purpose of this checklist is to provide two key ways for identifying whole grain-rich foods.

Instructions: Use this checklist to determine if a food product meets the whole grain-rich criteria. Foods must meet at least one of the following to qualify as a whole grain-rich product:

1. Whole grains are the primary ingredient by weight.
2. The product includes one or two FDA-approved whole-grain health claims on the food product packaging.

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.

Acceptable Forms of Documentation for Items That Meet Whole Grain-Rich Criteria

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 Stamps

<p align="center">Basic Stamp DOES NOT MEET WHOLE GRAIN-RICH CRITERIA</p>	<p align="center">100% Stamp MAY MEET THE WHOLE GRAIN-RICH CRITERIA BUT NEEDS ADDITIONAL DOCUMENTATION</p>
<div style="text-align: center;">  <p>Basic Stamp Minimum 8g of WG</p> </div>	<div style="text-align: center;">  <p>100% Stamp NO Refined Grain—Minimum 16g of WG</p> </div>
<p>The Basic Stamp indicates that a product contains a minimum of 8 grams of whole grains. However, food items labeled with the Basic Stamp may contain nonenriched refined grains that are not enriched. <i>Therefore, just because a product has the Basic Stamp does not mean it is whole grain-rich criteria. Operators must still look at the list of ingredients to determine if the product meets the whole grain-rich criteria.</i></p>	<p>The 100% Stamp indicates that all the grain ingredients in a product are whole grain and that the product does not contain refined grains. However, products with the 100% Whole Grain Stamp may also contain some noncreditable grains (such as oat fiber and cornstarch) which do NOT meet the grains criteria for Child Nutrition Programs. <i>Therefore, food items with the 100% Whole Grain Stamp may still meet the whole grain-rich criteria, but operators will need to look at the list of ingredients to determine if the product contains noncreditable grains.</i></p>

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.

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.



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.



GRAINS

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

GROUP A	MINIMUM SERVING SIZE FOR GROUP A
<ul style="list-style-type: none"> •Bread-type coating •Breadsticks (hard) •Chow mein noodles •Croutons •Pretzels (hard) •Savory crackers (saltines and snack crackers) •Stuffing (dry) <p>NOTE: Weights apply to bread in stuffing.</p>	1 serving = 20 gm or 0.7 oz 3/4 serving = 15 gm or 0.5 oz 1/2 serving = 10 gm or 0.4 oz 1/4 serving = 5 gm or 0.2 oz
GROUP B	MINIMUM SERVING SIZE FOR GROUP B
<ul style="list-style-type: none"> •Bagels •Batter-type coating •Biscuits •Breads (white, wheat, whole-wheat, French, Italian) •Buns (hamburger and hot dog) •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 serving = 25 gm or 0.9 oz 3/4 serving = 19 gm or 0.7 oz 1/2 serving = 13 gm or 0.5 oz 1/4 serving = 6 gm or 0.2 oz
GROUP C	MINIMUM SERVING SIZE FOR GROUP C
<ul style="list-style-type: none"> •Cookies³ (plain, includes vanilla wafers) •Cornbread •Corn muffins •Croissants •Pancakes •Pie crust (dessert pies³, fruit turnovers³, cobbler³, and meat/meat alternate pies) •Waffles 	1 serving = 31 gm or 1.1 oz 3/4 serving = 23 gm or 0.8 oz 1/2 serving = 16 gm or 0.6 oz 1/4 serving = 8 gm or 0.3 oz
GROUP D	MINIMUM SERVING SIZE FOR GROUP D
<ul style="list-style-type: none"> •Doughnuts³ (cake and yeast-raised, unfrosted) •Granola bars³ (plain, cereal bars, breakfast bars) •Muffins (all except corn) •Sweet roll³ (unfrosted) •Toaster pastry³ (unfrosted) 	1 serving = 50 gm or 1.8 oz 3/4 serving = 38 gm or 1.3 oz 1/2 serving = 25 gm or 0.9 oz 1/4 serving = 13 gm or 0.5 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.

GRAINS

Exhibit A continued

GROUP E	MINIMUM SERVING SIZE FOR GROUP E
<ul style="list-style-type: none"> •Cookies³ (with nuts, raisins, chocolate pieces, fruit purees) •Doughnuts³ (cake and yeast-raised, frosted and glazed) •French toast •Granola bars³ (with nuts, and/or chocolate pieces, dried fruit) •Sweet rolls³ (frosted) •Toaster pastry³ (frosted) 	1 serving = 63 gm or 2.2 oz 3/4 serving = 47 gm or 1.7 oz 1/2 serving = 31 gm or 1.1 oz 1/4 serving = 16 gm or 0.6 oz
GROUP F	MINIMUM SERVING SIZE FOR GROUP F
<ul style="list-style-type: none"> •Cake³ (plain, unfrosted) •Coffee cake³ 	1 serving = 75 gm or 2.7 oz 3/4 serving = 56 gm or 2 oz 1/2 serving = 38 gm or 1.3 oz 1/4 serving = 19 gm or 0.7 oz
GROUP G	MINIMUM SERVING SIZE FOR GROUP G
<ul style="list-style-type: none"> •Brownies³ (plain) •Cake³ (all varieties, frosted) 	1 serving = 115 gm or 4.0 oz 3/4 serving = 86 gm or 3.0 oz 1/2 serving = 58 gm or 2.0 oz 1/4 serving = 29 gm or 1.0 oz
GROUP H	MINIMUM SERVING SIZE FOR GROUP H
<ul style="list-style-type: none"> •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 serving = 1/2 cup cooked (or 25 gm dry)
GROUP I	MINIMUM SERVING SIZE FOR GROUP I
<ul style="list-style-type: none"> •Ready-to-eat breakfast cereal^{4,5} (cold, dry) 	1 serving = 3/4 cup or 1.0 oz, whichever is less

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.

GRAINS

Food	Creditable			Comments
	Yes	Maybe	No	
Amaranth	X			Crediting is based on the finished food item being served.
Bagel	X			See Group B of Exhibit A.
Bagel Chips	X			See Group B of Exhibit A. They should be served with caution due to potential choking hazards.
Banana Bread	X			Homemade breads must contain 14.75 grams of creditable grain to count as one serving. Commercial quick breads are credited in the same group as muffins (other than corn). See Group D of Exhibit A. There is not enough banana per serving to credit toward fruit component.
Barley	X			Crediting is based on the finished food item being served. See Groups A through I of Exhibit A. Pearled barley should not be considered a whole grain as some of the bran has been removed.
Bean Noodles (Also Cellophane Noodles)			X	Beans do not meet the definition of a grain.
Biscuits	X			See Group B of Exhibit A.
Breading/Batter	X			See Groups A and B of Exhibit A for weights of prepared breading or batter coatings. Purchasing CN-labeled items is recommended for such products as commercial fish sticks, chicken, or fish nuggets.
Brownies			X	Grain-based dessert not allowed.
Buckwheat	X			Crediting is based on the finished food item being served. See Groups A through I of Exhibit A.
Bulgur	X			Crediting is based on the finished food item being served. See Groups A through I of Exhibit A.
Cakes			X	Grain-based dessert not allowed.
Caramel Corn			X	This product does not meet the definition of a grains/breads product.
Carrot Bread	X			See Group D of Exhibit A. Also, refer to entry for banana bread. Does not contain a sufficient amount of carrots to credit toward vegetable component.
Cereal Bars (Ready-to-Eat)			X	Grain-based dessert not allowed.
Chips, Corn/Cornmeal	X			Must be made from whole-grain or enriched flours. See Group B of Exhibit A.
Chips, Potato			X	These are considered other foods. Fruit and vegetable chips are not creditable.
Chow Mein Noodles	X			See Group A of Exhibit A. Many chow mein noodles are not enriched or whole-grain. Check to ensure products meet requirements.
Coffee Cake, Cinnamon/ Danish Rolls			X	Grain-based dessert not allowed.

GRAINS

Food	Creditable			Comments
	Yes	Maybe	No	
Cookies			X	Grain-based dessert not allowed.
Cornbread	X			See Group C of Exhibit A. Must be made from enriched or whole cornmeal.
Cornmeal	X			Must be enriched or whole-grain cornmeal. One serving equals 14.75 grams.
Couscous	X			Must be enriched or whole-grain. See Group H of Exhibit A.
Crackers (Graham and Animal—All Shapes)	X			See Group B of Exhibit A.
Crackers, Savory (Saltines and Snack Crackers)	X			For saltine and snack crackers, see Group A of Exhibit A.
Crepes	X			For the required serving size, see Group C of Exhibit A—pancakes.
Croissants	X			Croissants are high in fat. See Group C of Exhibit A.
Croutons	X			See Group A of Exhibit A.
Cupcakes			X	Grain-based dessert not allowed.
Danish Pastries			X	Grain-based dessert not allowed.
Doughnuts			X	Grain-based dessert not allowed.
Dumplings	X			See Group B of Exhibit A (biscuits).
Egg Roll/Wonton Wrappers	X			See Group B of Exhibit A.
English Muffins	X			See Group B of Exhibit A.
Fig Bars			X	Grain-based dessert not allowed.
French Bread		X		See Group B of Exhibit A.
French Toast	X			See Group E of Exhibit A.
Gingerbread			X	Grain-based dessert not allowed.
Granola Bars			X	Grain-based dessert not allowed.
Grits		X		This product must be whole-grain or enriched. Check packaging very carefully, and maintain ingredients labels on file. Most grits do not meet requirements.
Hominy			X	Hominy is not made from the whole kernel of corn.
Italian Bread	X			See Group B of Exhibit A
Johnny Cake			X	Grain-based dessert not allowed.
Kasha	X			Kasha refers to buckwheat groats that have been roasted. See Group H of Exhibit A.
Millet	X			Crediting is based on the finished food item being served. See Groups H through I of Exhibit A.
Muffins	X			See Group C of Exhibit A for corn muffins. For all others, see Group D.
Nachos	X			Tortilla chips may be credited as a grains/breads serving when made from whole-grain or enriched meal or flour. See Group B of Exhibit A.
Noodles (Wheat)	X			Must contain enriched or whole-grain flour, meal, bran, or germ. See Group H of Exhibit A.

GRAINS

Food	Creditable			Comments
	Yes	Maybe	No	
Pie Crust (Meat/Meat Alternate or Vegetable)	X			Crust portion may contribute to grains/breads serving when used to accompany the main dish, as in beef or chicken pot pies. For the weight of the crust alone, see Group C of Exhibit A.
Pie Crust (Dessert Crust)			X	Grain-based dessert not allowed.
Pineapple Upside Down Cake			X	Grain-based dessert not allowed.
Pitas	X			See Exhibit A, Group B.
Pizza Dough	X			See Exhibit A, Group B.
Polenta		X		See Group H of Exhibit A.
Popcorn			X	Popcorn is a snack food and is not creditable. There is also a potential choking hazard for preschool populations.
Popover	X			See Group C of Exhibit A.
Potatoes			X	Potatoes are not grains/breads. See the Vegetables/Fruits section for crediting.
Potato Flour			X	Potato flour is not a grains/breads product.
Potato Pancakes			X	Potato pancakes contain a minimal quantity of creditable flour.
Pound Cake			X	Grain-based dessert not allowed.
Pretzels, Soft	X			See Group B of Exhibit A.
Pretzels, Hard	X			See Group B of Exhibit A.
Pumpernickel Bread	X			See Group B of Exhibit A.
Pumpkin Bread	X			Creditable for breakfast or snack. Must contain at least 14.75 grams of creditable grain per serving. See Group D of Exhibit A.
Quinoa	X			A cereal-like plant product derived from an herb, creditable as a whole grain. Typically served like rice, but crediting is based on the finished food item being served. See Group H of Exhibit A for cooked quinoa grain or cereal. See other groups for products containing quinoa flour.
Raisin Bread	X			This product is credited in the same way as breads without raisins. See Group B of Exhibit A. Contains an insufficient amount of fruit to credit toward fruit component.
Rice (Either Enriched, White, or Brown)	X			See the <i>Food-Buying Guide</i> . Also see Group H of Exhibit A.
Rice Cakes		X		See <i>Food-Buying Guide</i> .
Rice Flour	X			Must be enriched or whole-grain. Standardized recipe must document at least 1/4 serving per portion. Only the amount of rice per portion may credit toward the grains/breads component.

GRAINS

Food	Creditable			Comments
	Yes	Maybe	No	
Rice in Pudding (Home-made)			X	Grain-based dessert not allowed.
Rye	X			Must be enriched or whole-grain. Crediting is based on the finished product. See Groups A-H of Exhibit A.
Sopapillas			X	Grain-based dessert not allowed.
Sorghum	X			Must be enriched or whole-grain. Crediting is based on the product that this grain is used in. See Groups A-H of Exhibit A.
Spoon Bread	X			Credited in the same group as cornbread. See Group C of Exhibit A.
Squash or Zucchini Bread	X			Quick breads are credited in the same group as muffins (other than corn). See entry for banana bread and Group D of Exhibit A.
Stuffing, Bread, Dry	X			See Group A of Exhibit A. Weights apply only to the dry bread in the stuffing.
Sweet Rolls/Buns			X	Grain-based dessert not allowed.
Tapioca			X	Tapioca is not a grain and therefore not creditable.
Taco or Tortilla Shells	X			See Group B of Exhibit A. Must be whole-grain or enriched.
Taco Chips	X			See Group B of Exhibit A. Must be whole-grain or enriched.
Toaster Pastries (i.e., Pop Tarts®)			X	Grain-based dessert not allowed.
Waffles	X			See Group C of Exhibit A.
Wheat Berries	X			Wheat berries are whole-wheat kernels. See Group H of Exhibit A.
Wheat Germ/Bran	X			Bran and germ are credited in the same manner as whole-grain meal or flour. See Groups A-I of Exhibit A for finished product being served.
Wild Rice	X			Use information from the <i>Food-Buying Guide</i> .

This page intentionally left blank.

GRAINS

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

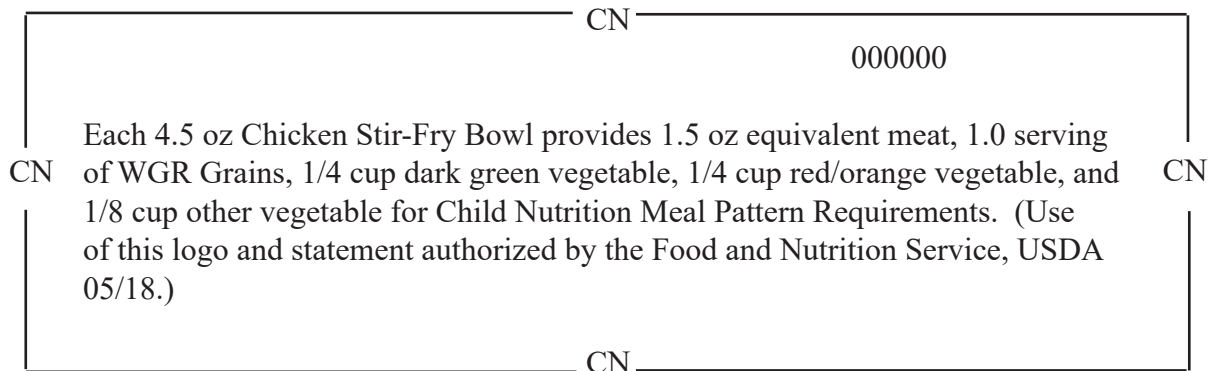
CN labels, fact sheets, and product labels provide a way for food manufacturers to communicate with operators about how their products may contribute to the meal pattern requirements for meals served under USDA’s CNP. Below are tips for acceptable documentation:

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.



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 <i>N</i> is checked for any question below, contact the manufacturer to request the information)		
Y	N	Is the PFS on signed company letterhead? The signature on the PFS can be handwritten, stamped, or electronic.
Y	N	Does the PFS include product name, product code number, and serving/portion size?
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description as the ingredients listed on the product label? For example, if the PFS lists <i>ground beef (not more than 20% fat)</i> , the product label should also list <i>ground beef (not more than 20% fat)</i> .
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the <i>Food-Buying Guide</i> (FBG) (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 <i>Yes</i> , does the manufacturer provide supporting documentation that meets USDA's APP requirements? Specific requirements for APP products and examples of supporting documentation are available at 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.

Corn Dogs
Chicken Nuggets
Steak Fingers
Fish Sticks
Canned Chili
Canned Barbecue Beef
Pizza (Frozen)
Pizza Rolls and Pockets
Bagel Bites
Pancakes on a Stick
Sausage Biscuits
Breaded Okra (All Breaded Vegetables)
Ravioli/Round Spaghetti
Burrito
Enchilada
Lasagna
Chicken Pot Pie
Potato Salad (Purchased)
Meatballs

EXAMPLE MENU OF NEW 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 SERVINGS

Before determining the quantity of food to purchase or prepare, it is necessary to first calculate the amount of food or number of servings required.

Step 1: Determine the number of children per age group who normally participate in each meal service. You may use the Meal Count Worksheet to assist in determining the average counts. The Minimum Meal Pattern Requirements chart may also need to be referenced.

Step 2: For each component, multiply the number of children in each age group by the minimum quantity requirement for the age group.

- For the approved fluid milk type, use the number of fluid ounces.
- For grains/breads: Quantities for children aged 1-5 are calculated on a serving size of 1/2 serving per child.
Quantities for children aged 6-12 and adults are calculated on a serving size of 1 serving per child/adult.
- For fruit/vegetable, use the number of 1/4-cup servings.
- For meat/meat alternate, use the number of 1-ounce servings required.

Step 3: Total the age group quantities for each component.

The quantities per meal component can now be used with the CACFP *Food-Buying Guide* to determine the amount of food to purchase and prepare to meet meal pattern requirements.

EXAMPLE BREAKFAST HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

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

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2	3	X	4 fluid oz (1/2 cup)	=	12
Aged 3 through 5	5	X	6 fluid oz (3/4 cup)	=	30
Aged 6 through 12	2	X	8 fluid oz (1 cup)	=	16
Program Adults*	0	X	8 fluid oz (1 cup)	=	0
					58 Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					

FRUIT/VEGETABLE					
Aged 1 through 2	3	X	1 (1/4 cup)	=	3
Aged 3 through 5	5	X	2 (1/4 cup)	=	10
Aged 6 through 12	2	X	2 (1/4 cup)	=	4
Program Adults*	0	X	2 (1/4 cup)	=	0
					17 Total Number of 1/4 Cups

MEAT/MEAT ALTERNATE (Optional)					
Aged 1 through 2		X	.5 oz	=	
Aged 3 through 5		X	.5 oz	=	
Aged 6 through 12		X	1.0 oz	=	
Program Adults*		X	1.0 oz	=	
					Total Ounces Needed

GRAINS					
Aged 1 through 2	3	X	1 (1/2 serving)	=	3
Aged 3 through 5	5	X	1 (1/2 serving)	=	5
					8 Total 1/2 Servings Needed
Aged 6 through 12	2	X	1 full serving	=	2
Program Adults*	0	X	1 full serving	=	0
					2 Total Full Servings Needed

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

EXAMPLE
LUNCH AND SUPPER
HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

Children Present: 12 (Aged 1 through 2) 32 (Aged 3 through 5) 9 (Aged 6 through 12)

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2	<i>12</i>	X	4 fluid oz (1/2 cup)	=	<i>48</i>
Aged 3 through 5	<i>32</i>	X	6 fluid oz (3/4 cup)	=	<i>192</i>
Aged 6 through 12	<i>9</i>	X	8 fluid oz (1 cup)	=	<i>72</i>
Program Adults*	<i>0</i>	X	8 fluid oz (1 cup)	=	<i>0</i>
					312 Total Number of Fluid Ounces Needed

There are 128 ounces of milk in one gallon.

MEAT/MEAT ALTERNATE (Optional)					
Aged 1 through 2	<i>12</i>	X	1.0 oz	=	<i>12</i>
Aged 3 through 5	<i>32</i>	X	1.5 oz	=	<i>48</i>
Aged 6 through 12	<i>9</i>	X	2.0 oz	=	<i>18</i>
Program Adults*	<i>0</i>	X	2.0 oz	=	<i>0</i>
					78 Total Ounces Needed

VEGETABLE					
Aged 1 through 2	<i>12</i>	X	.5 (1/4 cup)	=	<i>6</i>
Aged 3 through 5	<i>32</i>	X	1 (1/4 cup)	=	<i>32</i>
Aged 6 through 12	<i>9</i>	X	2 (1/4 cup)	=	<i>18</i>
Program Adults*	<i>0</i>	X	2 (1/4 cup)	=	<i>0</i>
					56 Total Number of 1/4 Cups Needed

FRUIT					
Aged 1 through 2	<i>12</i>	X	.5 (1/4 cup)	=	<i>6</i>
Aged 3 through 5	<i>32</i>	X	1 (1/4 cup)	=	<i>32</i>
Aged 6 through 12	<i>9</i>	X	1 (1/4 cup)	=	<i>9</i>
Program Adults*	<i>0</i>	X	1 (1/4 cup)	=	<i>0</i>
					47 Total Number of 1/4 Cups Needed

GRAINS					
Aged 1 through 2	<i>12</i>	X	1 (1/2 serving)	=	<i>12</i>
Aged 3 through 5	<i>32</i>	X	1 (1/2 serving)	=	<i>32</i>
					44 Total 1/2 Servings Needed
Aged 6 through 12	<i>9</i>	X	1 full serving	=	<i>9</i>
Program Adults*	<i>0</i>	X	1 full serving	=	<i>0</i>
					9 Total Full Servings Needed

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

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

Children Present: 15 (Aged 1 through 2) 63 (Aged 3 through 5) 12 (Aged 6 through 12)

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2	<i>15</i>	X	4 fluid oz (1/2 cup)	=	<i>60</i>
Aged 3 through 5	<i>63</i>	X	4 fluid oz (1/2 cup)	=	<i>252</i>
Aged 6 through 12	<i>12</i>	X	8 fluid oz (1 cup)	=	<i>96</i>
Program Adults*	<i>0</i>	X	8 fluid oz (1 cup)	=	<i>0</i>
					408 Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					
VEGETABLE					
Aged 1 through 2	<i>15</i>	X	2 (1/4 cup)	=	<i>30</i>
Aged 3 through 5	<i>63</i>	X	2 (1/4 cup)	=	<i>126</i>
Aged 6 through 12	<i>12</i>	X	3 (1/4 cup)	=	<i>36</i>
Program Adults*	<i>0</i>	X	3 (1/4 cup)	=	<i>0</i>
					192 Total Number of 1/4 Cups Needed
FRUIT					
Aged 1 through 2	<i>15</i>	X	2 (1/4 cup)	=	<i>30</i>
Aged 3 through 5	<i>63</i>	X	2 (1/4 cup)	=	<i>126</i>
Aged 6 through 12	<i>12</i>	X	3 (1/4 cup)	=	<i>36</i>
Program Adults*	<i>0</i>	X	3 (1/4 cup)	=	<i>0</i>
					192 Total Number of 1/4 Cups Needed
MEAT/MEAT ALTERNATE					
Aged 1 through 2		X	.5 oz	=	
Aged 3 through 5		X	.5 oz	=	
Aged 6 through 12		X	1.0 oz	=	
Program Adults*		X	1.0 oz	=	
					Total Ounces Needed
GRAINS					
Aged 1 through 2	<i>12</i>	X	1 (1/2 serving)	=	<i>12</i>
Aged 3 through 5	<i>32</i>	X	1 (1/2 serving)	=	<i>32</i>
					44 Total 1/2 Servings Needed
Aged 6 through 12	<i>9</i>	X	1 full serving	=	<i>9</i>
Program Adults*	<i>0</i>	X	1 full serving	=	<i>0</i>
					9 Total Full Servings Needed

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

FOOD PRODUCTION RECORDS/MENUS AS SERVED

The food production record is to begin on October 1 of each fiscal year and end on September 30.

Make copies of the *Menus as Served* original on **page 317** for your records.

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

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box
- Comments Box—Note any comments or special dietary needs
- Date of meal service
- Meal counts of—
 - * Total children served
 - * Children served per age group
 - * Program adults served
- Menus 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 Whole Grain (WG) 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 Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the State Agency, the Food Production Records/Menus as Served Book is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area coordinator 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.

This page intentionally left blank.

EXAMPLE MENUS AS SERVED

Regular Meals
 At-Risk Meals

Comments/Special Dietary Needs:

Date: 10/4/YYYY

MEAL TYPE	MENU	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total children served: <u>17</u> Number of children served: 1-2: <u>0</u> 3-5: <u>7</u> 6-12: <u>10</u> Program Adults: <u>0</u>	Cornflakes Bananas Milk		WG <input checked="" type="checkbox"/> 1 32-oz box corn-flakes		7# bananas, un-peeled	1 gallon lowfat white milk
AM SNACK Total children served: <u> </u> Number of children served: 1-2: <u> </u> 3-5: <u> </u> 6-12: <u> </u> Program Adults: <u> </u>			WG <input type="checkbox"/>			
LUNCH Total children served: <u>15</u> Number of children served: 1-2: <u>0</u> 3-5: <u>15</u> 6-12: <u>0</u> Program Adults: <u>0</u>	Spaghetti sauce w/ ground beef Spaghetti noodles Green beans Peaches Milk	2# 20% fat ground beef	WG <input type="checkbox"/> Spaghetti noodles 1#	Green beans 2/15-oz cans, cut, drained, heated Tomato sauce, 2/15-oz cans	Peaches, freestone, sliced, 2/15-oz cans	3/4 gallon lowfat white milk
PM SNACK Total children served: <u>17</u> Number of children served: 1-2: <u>0</u> 3-5: <u>7</u> 6-12: <u>10</u> Program Adults: <u>0</u>	Goldfish crackers Orange juice		WG <input type="checkbox"/> 1/1-lb box goldfish crackers		1 gallon orange juice	
SUPPER Total children served: <u> </u> Number of children served: 1-2: <u> </u> 3-5: <u> </u> 6-12: <u> </u> Program Adults: <u> </u>			WG <input type="checkbox"/>			
LATE PM SNACK Total children served: <u> </u> Number of children served: 1-2: <u> </u> 3-5: <u> </u> 6-12: <u> </u> Program Adults: <u> </u>			WG <input type="checkbox"/>			

THE FOOD-BUYING GUIDE

It is a big—and very important—job to plan, purchase, prepare, and serve nourishing meals for USDA’s CNP. Every day, your work helps fight hunger and improve the nutritional health of children in America.

Whether you are serving food to a small or large number of children, you need to think carefully about each meal. Consider the following:

- *How much food will you need to buy?*
- *Will the meal meet the meal pattern of each meal type?*
- *What quantity of the raw product will provide the amount of ready-to-cook food called for in a recipe?*
- *How many servings will you get from a specific quantity of food?*

The *Food-Buying Guide for Child Nutrition Programs* (available online at <http://teammnutrition.usda.gov/Resources/foodbuyingguide.html> or at the State Agency) is designed to help you in two important ways:

1. It will help you or your purchasing agent buy the right amount of food and buy it most economically.
2. It will help you determine the specific contribution each food makes toward the meal pattern requirements. This is necessary to ensure that meals provide needed nourishment and meet program requirements for reimbursement.

Brief Explanation of the *Food-Buying Guide*

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

- Section 1: 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 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 <i>125-138 count</i> <i>Whole</i>		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, 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.

This page intentionally left blank.

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

Whole Grains

A whole-grain food either has whole grains listed as the primary ingredient by weight or has whole grains as the primary grain ingredient. Many recipes can easily be identified as whole-grain if the heaviest grain ingredient is made from whole grain.

WHOLE GRAINS

LIST OF COMMON WHOLE GRAINS

While this list is extensive, it is *NOT* comprehensive and therefore may not contain all possible representations of whole-grain ingredient names on food labels.

WHEAT (RED)—The Most Common Kind of Wheat in the United States

- wheat berries
- whole-grain wheat
- cracked wheat or crushed wheat
- whole-wheat flour
- bromated whole-wheat flour
- stone ground whole-wheat flour
- toasted, crushed whole wheat
- whole-wheat pastry flour
- graham flour
- entire wheat flour
- whole durum flour
- whole durum wheat flour
- whole-wheat flakes
- sprouted wheat
- sprouted wheat berries
- bulgur (cracked wheat)
- whole bulgur
- whole-grain bulgur

WHEAT (WHITE)

- whole white flour
- whole white-wheat flour

OATS

- whole oats
- oat groats
- oatmeal or rolled oats
- whole-oat flour

BARLEY

- whole barley
- whole-grain barley
- whole barley flakes
- whole barley flour
- whole-grain barley flour
- dehulled barley
- dehulled barley flour

CORN

- whole corn
- whole-corn flour
- whole-grain corn flour
- whole-grain cornmeal
- whole cornmeal
- whole-grain grits

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

WHOLE GRAINS

Ideas for Adding Whole Grains to Menus in Child Nutrition Programs

Whole-grain ready-to-eat cereals

Whole-grain cooked breakfast cereals

Granola made from whole grains

Whole-grain cereal granola bars

Whole-grain pancakes or waffles

Whole-grain bagels or muffins

Whole-wheat breads, rolls, or buns

Other whole-grain breads, rolls, or buns

Whole-grain tortillas, taco shells

Whole-grain chips/pretzels

Whole-grain pita pockets

Whole-grain cornbread

Whole-grain crackers or cookies

Whole-grain side dishes; e.g., brown rice, wild rice, cracked wheat, whole-grain bulgur or barley, whole specialty grains

Whole-wheat pasta such as macaroni, spaghetti, vermicelli, or whole-grain noodles

Whole-grain salads (cracked wheat, whole-grain bulgur, whole specialty grains)

Other uses of whole grains (soups, casseroles, combination dishes)

Soba noodles (with whole buckwheat flour as primary ingredient)

WAYS TO ENCOURAGE CHILDREN TO HAVE POSITIVE ATTITUDES TOWARD FOOD

Have a positive attitude toward foods and the mealtime experience. Remember, a negative attitude expressed by adults and other children may influence children not to try that food.

When introducing a new food to children, serve a small amount of the new food along with more popular and familiar foods.

Include children in food activities to encourage them to try new foods and also to gain self-confidence.

Serve finger foods such as meat or cheese cubes, vegetable sticks, or fruit chunks. Foods that are cut into smaller pieces are easier for children to handle.

Do not force a child to eat. It is normal for a child to ask for second helpings of food one day and yet eat very lightly the next day.

Provide a comfortable atmosphere at mealtime. Mealtime is also a social activity, so allow children to talk with others.

Encourage children to eat food or new foods in a low-key way. For instance, read a book about a new food that will be served that day and serve the new food at snacktime when children are hungrier.

Expose children to new foods five or six times instead of only once or twice. The more exposure that children have to a food, the more familiar and comfortable it becomes, and the more likely it is that they will try the food.

Offer the new food first to a child who eats most foods. Children will often follow other children and try the food.

Have staff eat with the children. Have them eat the same foods that have been prepared for the children.

Present food attractively. Remember that we all make decisions to try or not to try food depending upon how food looks and smells.

Do not offer bribes or rewards for eating foods. This practice only reinforces the idea that certain foods are not desirable.

SAFETY AND SANITATION TIPS

The area of food 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 FNSRO. A number of excellent training resources are available.

Wash your hands before preparing food, and see that children wash their hands before eating. Never touch ready-to-eat foods with your bare hands. If using hands, wear disposable plastic gloves and do not touch anything unclean with the gloves. Throw the gloves away after using or touching anything other than food.

Do not serve foods made with raw eggs or allow children to eat raw batters; such products are at risk for bacterial contamination.

Handling Produce

Wash all produce thoroughly under running water prior to serving or cutting. Do not rewash packaged produce labeled *ready-to-eat*, *washed*, or *triple-washed*.

Rinse fruits such as melons and oranges just before 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.

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 child with special dietary needs unless supported by the medical statement.

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

This page intentionally left blank.

MEDICAL STATEMENT

Part I (to be filled out by <i>institution or parent/guardian</i>)	
Name of Student: John Doe, Jr.	Age: 4
Name of Parent/Guardian: John Doe	Telephone Number: 555-6789
Name of Institution: Toys N Noise	

Part II (to be filled out by a <i>medical authority</i>)
Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):
Celiac Disease
List food(s) to be omitted from diet:
Anything that contains gluten
List food(s) that may be substituted (diet plan):
Any gluten-free products
Additional information:

This child has a disability as defined by the American Disability Act: Yes No

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

This page intentionally left blank.

INFANT MEALS

PLANNING MEALS FOR INFANTS

Child care facilities participating in the Child and Adult Care Food Program (CACFP) must offer program meals to all eligible children, including infants who are enrolled for care in their facilities. A facility may not avoid this obligation by stating that the infants are not **ENROLLED** in CACFP. As long as the infant is in care during the meal service period, the facility must offer the infant a meal that complies with program requirements. As with all children in CACFP facilities, an infant's parent or guardian may decline what is offered and supply the infant's meals instead. The key factor is that the infant must be provided access to CACFP meals. If a parent or guardian does not want the facility to claim his or her infant's meals, an *Infant Meal Waiver* form must be on file for each infant.

Infants are children from birth to one year. Because they are so vulnerable nutritionally, day care facilities should design their feedings to meet individual needs by utilizing the United States Department of Agriculture (USDA) Infant Meal Pattern and any documented alteration of the meal pattern as prescribed by the child's doctor. Facilities are advised to check with parents to be certain that an infant has tried, and had no reaction to, baby food products containing multiple fruits, vegetables, meat products, or other ingredients such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, and/or corn or corn products. Facilities should request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening.

Meals served to infants from birth up to five months that contain only iron-fortified formula provided by the parent or the caregiver or breast milk provided by the **PARENT** may be claimed for reimbursement. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal. Parents may now only supply one component of the reimbursable meal.

Infant meals served must be documented using the *Infant Meals as Served* form. Documentation must include the infant's name, age, date, and actual components and quantities served to each infant at each meal service.

USDA Infant Meal Patterns are for breakfast, lunch, and snack meals. Young babies may need to eat every two to four hours. Older babies may need to eat more frequently than the specified times. When babies are hungry, give them part of their next feeding.

There are ranges given for each food portion in the meal pattern to allow for flexibility in how much food is served to the baby based on his or her appetite. Babies will vary day-to-day in the amounts they eat. The amounts listed are the **MINIMUM** portions you must serve to meet the requirements. Some babies will want more than these amounts. You may serve larger portions and additional foods to those babies.

CHILD AND ADULT CARE FOOD PROGRAM

INFANT MEAL PATTERN

BREAKFAST	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces (fl oz) breast milk ¹ or formula ²	6-8 fl oz breast milk ¹ or formula ² and 0-4 tablespoons (Tbsp) infant cereal ^{2,3} meat fish poultry whole egg cooked dry beans or cooked dry peas or 0-2 oz of cheese or 0-4 oz (volume) of cottage cheese or 0-4 oz or 1/2 cup of yogurt ⁴ or a combination of the above ⁵ and 0-2 Tbsp vegetable or fruit or a combination of both ^{5,6}

- ¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.
- ² Infant formula and dry infant cereal must be iron-fortified.
- ³ Beginning October 1, 2019, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.
- ⁴ Yogurt must contain no more than 23 grams of total sugars per six ounces.
- ⁵ A serving of this component is required when the infant is developmentally ready to accept it.
- ⁶ Fruit and vegetable juices must not be served.

CHILD AND ADULT CARE FOOD PROGRAM

INFANT MEAL PATTERN

LUNCH AND SUPPER	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces (fl oz) breast milk ¹ or formula ²	6-8 fl oz breast milk ¹ or formula ² and 0-4 tablespoons (Tbsp) infant cereal ^{2,3} meat fish poultry whole egg cooked dry beans or cooked dry peas or 0-2 oz of cheese or 0-4 oz (volume) of cottage cheese or 0-4 oz or 1/2 cup of yogurt ⁴ or a combination of the above ⁵ and 0-2 Tbsp vegetable or fruit or a combination of both ^{5,6}

- ¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.
- ² Infant formula and dry infant cereal must be iron-fortified.
- ³ Beginning October 1, 2019, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.
- ⁴ Yogurt must contain no more than 23 grams of total sugars per six ounces.
- ⁵ A serving of this component is required when the infant is developmentally ready to accept it.
- ⁶ Fruit and vegetable juices must not be served.

CHILD AND ADULT CARE FOOD PROGRAM

INFANT MEAL PATTERN

SNACK	
Birth Through 5 Months	6 Through 11 Months
4-6 fluid ounces (fl oz) breast milk ¹ or formula ²	2-4 fl oz breast milk ¹ or formula ² and 0-1/2 slice bread ^{3,4} or 0-2 crackers ^{3,4} or 0-4 tablespoons (Tbsp) infant cereal ^{2,3,4} , or ready-to-eat breakfast cereal ^{3,4,5,6} and 0-2 Tbsp vegetable or fruit or a combination of both ^{6,7}

- ¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.
- ² Infant formula and dry infant cereal must be iron-fortified.
- ³ Beginning October 1, 2019, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.
- ⁴ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.
- ⁵ Breakfast cereals must contain no more than six grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).
- ⁶ A serving of this component is required when the infant is developmentally ready to accept it.
- ⁷ Fruit and vegetable juices must not be served.

SUMMARIES OF THE UPDATED MEAL STANDARDS: INFANT

Encourage and Support Breast-feeding

- In addition to serving expressed breast milk provided by a parent or guardian, providers may also receive reimbursement for meals when a breast-feeding mother comes to the child care setting and directly breast-feeds her infant.
- Only breast milk and infant formula are served to infants, birth through the end of 5 months, as developmentally appropriate.

Developmentally Appropriate Meals

- There are now two age groups instead of three—birth through the end of 5 months and 6 months through the end of 11 months.
- Solid foods are gradually introduced around 6 months, as developmentally appropriate. See Developmental Readiness information below.

More Nutritious Meals

The updated meal pattern requirements:

- Require a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months.
- No longer allow juice, cheese food, or cheese spread to be served.
- Allow ready-to-eat cereals for snack only.

DEVELOPMENTAL READINESS

Developmental readiness for solid foods is one of the most important times for infants, parents, and guardians. However, when is an infant ready for solid foods? This question is very important because of the significance of the associated health challenges of introducing solid foods to infants too early.

According to the *American Academy of Pediatrics* (AAP), introducing solid foods to infants before they are ready increases an infant's risk of weight gain during the early years and being overweight later in life. In addition, when infants are not physically ready to accept solid foods, they are at a higher risk of choking because they have not developed the necessary skills for eating solid foods. Another major challenge of serving solid foods too early is infants may consume less breast milk or iron-fortified formula and not get enough essential nutrients for proper growth and development. Therefore, it is important to introduce solid foods to infants around six months when they are developmentally ready to accept them.

There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her rate of development. The AAP provides the following guidelines to help determine when an infant is developmentally ready to accept solid foods:

- The infant is able to sit in a high chair, feeding seat, or infant seat with good head control.
- The infant opens his or her mouth when food comes his or her way. He or she may watch others reach for food and seems eager to be fed.
- The infant can move food from a spoon into his or her throat.
- The infant has doubled his or her birth weight.

As an early childhood professional working in a CACFP setting, it is important to maintain constant communication with an infant's parents or guardians about when and what solid foods should be served while the infant is in care. You may find it useful when talking to parents and guardians to use the AAP guidelines to help determine if an infant is developmentally ready to begin eating solid foods. Another great way to ensure you are meeting the needs of the infant is to request in writing when you should start serving solid foods to their infant.

INFANT MEAL WAIVER INSTRUCTIONS

Infants who are enrolled for child care must have access to CACFP records. If a parent or guardian does not want his or her infant to participate in the CACFP, an *Infant Meal Waiver* must be completed and on file for each infant. The facility will not be able to claim the infant meals for reimbursement. The institution must have the Infant Meal Waiver on file.

1. Record the infant's first and last names.
2. Record the infant's birth date.
3. Parent/guardian must sign waiver.
4. Record the date the parent/guardian signs.

EXAMPLE

INFANT MEAL WAIVER

I wish to decline my child's participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Infant: *Sue Sanders*

Date of Birth: *2/04/YYYY*

Signature of Parent/Guardian: *Mrs. Sanders*

Date: *10/4/YYYY*

INFANT MEALS AS SERVED INSTRUCTIONS

All meal services offered infants each day may be recorded on the same page. Space is provided to record food items and the individual quantity of food served to five infants. It is required that the following information be recorded:

1. Date of meal service.
2. Names and ages of all infants served.
3. Individual food items credited for each infant toward the required food component. The food item is to be recorded on the same row the infant's name and age are recorded.
4. Individual quantity of the food item served for each infant recorded.
5. Indicate formula or breast milk provided by the parent with an *.

The *Infant Meals as Served* form must be completed on a daily basis and must be kept on-site at all times. This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements. The *Infant Meals as Served* form should be maintained with the Food Production Records/Menus as Served Book.

EXAMPLE

INFANT MEALS AS SERVED

TOTAL INFANTS SERVED: _____

DATE: 10/4/YYYY

Breakfast: 1 Lunch/Supper: 1 Snack: 1 REMEMBER TO ADD INFANT MEALS TO THE MEAL COUNT WORKSHEET.

Meal Type		Quantity Served Meat/Meat Alternate	Quantity Served Breads/Cereals	Quantity Served Fruit/Vegetable	Quantity Served Formula/Breast Milk
Names and Ages					
Breakfast					
1. HARRISON BUTLER—9 MO			4 TBSP CEREAL	4 TBSP PEACHES	8 OZ FORMULA *
2.					
3.					
4.					
5.					
Lunch/Supper					
1. HARRISON BUTLER—9 MO		1 OZ CHEESE		4 TBSP CARROTS	8 OZ FORMULA *
2.					
3.					
4.					
5.					
Snack					
1. HARRISON BUTLER—9 MO			2 CRACKERS	2 TBSP PEARS	8 OZ FORMULA *
2.					
3.					
4.					
5.					
Supper					
1.					
2.					
3.					
4.					
5.					

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

This page intentionally left blank.

CREDITING FOODS FOR INFANT MEAL PATTERN

BREAST MILK AND FORMULA

- Meals containing breast milk or formula provided by the parent are reimbursable.
- Meals are reimbursable when a mother directly breast-feeds the child at the facility.
- All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.
- Whole milk may **NOT** be served to infants.
- Lowfat and skim milk (fat-free) may not be served until children reach the age of two.

FRUITS AND VEGETABLES

- Fruits and vegetables are required at all meals, if developmentally ready.
- Commercial baby food fruits and vegetables that list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby food fruits and vegetables that contain multiple fruits or multiple vegetables and list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby foods in the **JARRED CEREAL WITH FRUIT** category are **NOT CREDITABLE** as a meal component in the fruit or infant cereal categories.
- Commercial baby foods in the **DESSERT CATEGORY** (these generally have *dessert* or *pudding* as part of the product name on the front of the label) that list a fruit as the first ingredient in the ingredient listing are **NOT** creditable meal components.

FRUIT JUICE

- Juice **MAY NOT** be claimed at any meals served to infants.

MEAT AND MEAT ALTERNATES

- Commercial baby food meats with meat or poultry as the first ingredient in the ingredient listing are reimbursable.
- Junior baby food meat products (i.e., beef and beef gravy, chicken and chicken gravy, ham and ham gravy, turkey and turkey gravy, and veal and veal gravy) are creditable even if they do contain additional ingredients such as cornstarch and, in some cases, lemon juice concentrate.
- Meat sticks or *finger sticks* (which look like miniature hot dogs) are not creditable as a meat/meat alternate. They present a choking risk in infants and, by the manufacturer's declaration, are designed to match the skills of children over 12 months of age.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are **NOT** creditable as a meat/meat alternate. These foods are not designed by their manufacturers for consumption by infants. Infants may choke on these food items, and there may be an incidental bone in fish sticks and other breaded fish products.
- Yogurt is creditable as a meal component in the Infant Meal Pattern as long as it contains no more than 23 grams of total sugars per 6 oz.
- Whole eggs are now an allowable meat alternate.
- Nuts, seeds, and nut and/or seed butters are **NOT** creditable. These foods can cause an infant to choke and can also cause allergic reactions in some infants.
- Cheese food and cheese spread are no longer a creditable item.

BREADS, CRACKERS, AND INFANT CEREALS

- Only infant cereal and bread or cracker-type products made from whole-grain or enriched meal or flour that is suitable for an infant to use as a finger food may be credited. ***The Infant Meal Pattern does not specify the broad category of bread alternate.***
- Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breast milk prior to consumption may be credited. ***A serving of infant cereal must be fortified to a minimum level of 45 percent of the Daily Value for iron as listed on the product's Nutrition Facts label.***
- Breads made from whole-grain or enriched meal or flour that are creditable at snack for infants aged 6 to 11 months include:

- Breads (white, wheat, whole-wheat, French, Italian, and similar breads—all without nuts, seeds, or hard pieces of whole-grain kernels)
 - Biscuits
 - Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels)
 - English muffins
 - Pita bread (white, wheat, whole-wheat)
 - Rolls (white, wheat, whole-wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels)
 - Soft tortillas (wheat or corn)
- Cracker-type products creditable at snack for infants aged 6 to 11 months include:
 - Crackers (saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers)
 - All bread and cracker-type products, if they are served, must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking.
 - Iron-fortified dry infant cereals containing fruit are **NOT** creditable.
 - Commercial jarred baby food cereals (which are *wet*, not *dry*) are **NOT** creditable.
 - Ready-to-eat breakfast cereals (cold, dry) containing less than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal) are creditable when the infant is developmentally ready to accept it.

QUESTIONS AND ANSWERS ON INFANT MEAL PATTERN

I. GENERAL QUESTIONS

1. **Q What does it mean to feed an infant in a way that is *consistent with the infant's eating habits*?**

A CACFP centers and day care homes must offer all infants in their care meals that comply with the infant meal pattern requirements (7 CFR 226.20[b]). However, infants do not eat on a strict schedule so it is best to watch the infant for hunger cues and not the clock. Along with watching for hunger cues, child care providers should watch for cues to know when the infant is full. As long as all the required food components are offered over the course of the day, the meals may be reimbursable. Infant meals must not be disallowed due solely to the fact that they are served outside of the established meal time periods.

For example, if an infant was breast-fed at home right before arriving at the center or day care home, the infant may not be hungry for the breakfast meal when he or she first arrives. The center or day care home may offer the meal to the infant later in the morning when the infant is hungry and still claim it. Additionally, if an infant who is developmentally ready to eat pureed vegetables and is not hungry at lunch, then the pureed vegetable can be offered at another time during the day and the lunch meal may still be claimed for reimbursement. As a reminder, program participants, including infants, do not need to consume the entire meal offered in order for the meal to be reimbursed.

2. **Q May a parent donate extra formula or food received through WIC to his or her infant's center or day care home?**

A A parent may provide one meal component for his or her own infant or infants, such as infant formula received through WIC. However, parents or guardians cannot donate formula or food they receive through WIC to the center or day care home for general use. Parents or guardians with formula or food received through WIC that their infant has not consumed should be referred back to their WIC program for guidance.

3. **Q Why are parents or guardians no longer allowed to provide the majority of the meal components for infants in the updated meal patterns?**

A FNS made this change to help maintain the integrity of the CACFP. The previous infant meal pattern allows parents or guardians to supply all but one of the required components of a reimbursable meal. Under the updated infant meal patterns, parents or guardians may only supply one component of a reimbursable meal. FNS recognizes that infants have unique dietary needs and parents or guardians are often most in touch with their infant's dietary preferences. However, this change will help ensure that centers or day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.

4. **Q What meal components can a parent or guardian provide for his or her infant?**
A Parents or guardians may choose to provide one of the meal components in the updated CACFP infant meal patterns as long as this is in compliance with local health codes. A parent or guardian may choose to supply expressed breast milk or a creditable infant formula, even when the infant is only consuming breast milk or infant formula. And starting October 1, 2017, a mother may directly breast-feed her infant on-site and the meal will be reimbursable.

If an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breast milk or a creditable infant formula or directly breast-feed on-site, then the center or day care home must provide all the other required meal components in order for the meal to be reimbursable. Alternatively, a parent or guardian may choose to provide a solid food component if the infant is developmentally ready to consume solid foods. In this situation, the center or day care home must supply all the other required meal components, including iron-fortified infant formula.

It must be ensured that the parent or guardian is truly choosing to provide the preferred component and that the center or day care home has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce costs.

5. **Q An infant is breast-feeding and the parent wants the infant to be fed organic vegetables, but the food the center or day care home serves is not organic. Therefore, the parent decides to provide food for his or her infant. Can the center or day care home claim those meals for reimbursement?**

A No. This is because the parent is providing more than one meal component; breast milk and solid foods. Under the updated meal pattern requirements, parents and guardians may only provide one component of a reimbursable meal.

6. **Q How should centers or day care homes document infant menus when the items each infant eats varies so much?**

A Centers or day care homes can have a standard menu for all the infants in their care and adapt the menu for each infant based on what each infant is offered. For example, a center or day care home could use a template that outlines the meal pattern requirements in one column and space in another column for the center or day care home to fill in what components are served to each infant. As a reminder, centers or day care homes will need to vary the foods served to each infant based on the infant's developmental readiness. All infants must be served breast milk or infant formula, but not all infants should be served solid foods unless they are developmentally ready.

II. BREAST MILK AND INFANT FORMULA

1. **Q Do CACFP infant formulas have to be approved by WIC?**

A No. CACFP infant formulas do not have to be approved by WIC. WIC's infant formula requirements vary slightly from CACFP's, including a higher iron requirement (1.5 mg of iron per 100 calories). Therefore, some infant formulas that may be creditable in CACFP, such as infant formulas with 1 mg of iron per 100 calories, may not be eligible in WIC.

2. **Q What is an *iron-fortified* infant formula?**

A The FDA considers an infant formula to be *iron fortified* if it has 1 mg of iron or more per 100 kilocalories. The AAP recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

3. **Q When an infant receives both breast milk and formula, is the meal eligible for reimbursement?**

A Yes. Meals served to infants younger than 12 months of age may contain iron-fortified infant formula, breast milk (including expressed breast milk and a mother directly breast-feeding on-site), or a combination of both.

4. **Q How should meals be documented when a mother directly breast-feeds her infant on-site?**

A There is great flexibility on how to document a meal when a mother directly breast-feeds her infant on-site. Centers or day care homes must document if the infant is served breast milk or infant formula to demonstrate compliance with the meal pattern requirements. They do not need to document the delivery method of the breast milk (e.g., directly breast-feed on-site or expressed breast milk in a bottle).

When an infant is served expressed breast milk or infant formula in a bottle, the center or day care home must document the quantity of breast milk or infant formula served to the infant. However, when an infant is breast-fed on-site, it is acceptable to simply indicate that the infant was breast-fed on-site. In this situation, the quantity of breast milk the infant is served cannot be determined and, therefore, does not need to be documented.

5. **Q If a center or day care home is unable to provide a private place for mothers to breast-feed and a mother chooses to breast-feed in her car, is that meal still reimbursable?**

A Yes. Centers or day care homes are strongly encouraged, but not required, to offer a quiet, private place that is comfortable and sanitary for mothers who come to the center or day care home to breast-feed. However, if a mother chooses to breast-feed her infant in her car on the grounds of the center or day care home, the meal could still be claimed for reimbursement. If the mother chooses to leave the premises to breast-feed her infant, the meal would not be reimbursable.

6. **Q Can a staff member or provider of a day care breast-feed her own infant on-site and claim the meal for reimbursement? If Yes, does the staff member or provider have to be *on the clock*?**

A A staff member of a day care or provider of a day care home may breast-feed her infant on-site, and the day care may claim the meal for reimbursement if the infant is enrolled at the center or home. The staff member or provider can breast-feed her infant while she is working, during a break, or during off-work hours. Whether a staff member or provider is *on the clock* when she breast-feeds her infant is a business decision to be made by the day care. As long as the staff member or provider breast-feeds her infant on-site and the infant is enrolled for care, the meal can be claimed for reimbursement.

7. **Q If an infant does not finish the required minimum serving size of expressed breast milk or formula offered to him or her, is the meal still reimbursable?**

A Yes. As long as the infant is offered the minimum required serving size of expressed breast milk or iron-fortified formula, the meal is reimbursable. Infants do not eat on a strict schedule and should not be force fed. Infants need to be fed during a span of time that is consistent with the infant's eating habits. Therefore, there may be times when an infant does not consume the entire serving size that is offered.

In particular, some infants who are regularly breast-fed may consume less than the minimum serving size of breast milk per feeding. In these situations, infants may be offered less than the minimum serving size of breast milk and additional breast milk must be offered at a later time if the infant will consume more (7 CFR 226.20[b][2][ii]). This flexibility encourages breast-feeding practices and helps prevent wasting expressed breast milk.

8. **Q If a physician or state-recognized medical authority prescribes whole cow's milk as a substitute for breast milk or infant formula for an infant younger than 12 months of age, is the meal reimbursable?**

A For children younger than 12 months of age, cow's milk may be served as a substitute for breast milk and/or infant formula and be part of a reimbursable meal if the substitution is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. 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.

The statement must explain the need for the substitution and must be kept on file by the center or day care home in order for the meal to be reimbursable.

FNS recognizes that infants have unique dietary needs and that decisions concerning diet during the first year of life are for the infant's health care provider and parents or guardians to make together. In addition, FNS understands that a transition period is needed when infants are weaned from breast milk or infant formula to cow's milk. Therefore, a one-month transition period is allowed for children 12 to 13 months of age. Please see Question 12 for more information.

9. **Q If a mother breast-feeds her 13-month-old or older child at the center or day care home, is the meal reimbursable?**
- A Yes. Breast milk is an allowable substitute for fluid milk for children of any age. Therefore, if a mother chooses to breast-feed her infant past 1 year of age, she may breast-feed the child on-site or provide expressed breast milk and the center or day care home may claim reimbursement for those meals.
10. **Q If a mother breast-feeds her 13-month-old or older child at the center or day care home prior to or after a meal service, which meal is it counted toward?**
- A When a mother breast-feeds her 13-month-old or older child on-site, the center or day care home should count it toward the meal that was closest to when the mother breast-fed the child.
11. **Q Must a parent submit a written request to substitute breast milk or fluid milk for children aged 1 year or older? Does it matter if the substituted breast milk is expressed or breast-fed?**
- A No. If a parent wants his or her child (aged 1 year or older) to be served breast milk in place of fluid milk, a written request is not required. This is true no matter the delivery method. Therefore, a parent may provide expressed breast milk for his or her child or a mother may breast-feed her child on-site and the parent does not need to provide a note.
12. **Q If a 1-year-old child is still being breast-fed and the mother is only able to provide 2 fluid ounces of expressed breast milk, can 2 fluid ounces of whole, unflavored milk be served as a supplement to meet the minimum milk requirement?**
- A Yes. If a mother chooses to breast-feed her 1-year-old child, the minimum fluid milk serving size must still be met. If a mother is unable to provide enough expressed breast milk to meet the fluid milk requirement, then whole, unflavored milk may be served alongside the breast milk to the child to make up the difference and meet the minimum milk requirement. The two milks do not need to be mixed into the same cup. Please note that in this situation the center or day care home must provide all other required meal components in order for the meal to be reimbursable.

13. Q Are meals served to children aged 12 months and older reimbursable if they contain infant formula?

- A** Yes, for a period of one month; when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. While weaning, infants should be presented with both types of foods at the same meal service to gradually encourage acceptance of new food. Breast milk continues to be considered an acceptable fluid milk substitute for children over 12 months of age, and a medical statement is not required.

Meals containing infant formula that are served to children aged 13 months and older are reimbursable when it is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. 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. The statement must explain the need for the substitution and must be kept on file by the center or day care home.

14. Q If a parent supplies an infant formula that is not iron-fortified (*low iron*), would service of this product require a medical statement to be creditable toward a reimbursable infant meal?

- A** Infant formulas that are not iron-fortified are generally not reimbursable in the CACFP. However, infant formulas that are not iron-fortified may be creditable toward a reimbursable meal if the substitution is supported by a medical statement. The medical statement must explain the need for the substitution, indicate the recommended infant formula, and be signed by a licensed physician or a state-recognized medical authority. 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. The statement must be submitted and kept on file by the center or day care home.

15. Q If a parent chooses to provide infant formula and remixes it at home, how is the center or day care home supposed to know if it is iron-fortified?

- A** If a parent or guardian declines the iron-fortified infant formula that the center or day care home offers and he or she chooses to provide his or her own infant formula, it is the responsibility of the center or day care home to inform the parent or guardian that he or she must provide formula that is creditable (e.g., it is iron-fortified and is regulated by FDA). A center or day care home may choose to have a form that indicates the parent or guardian declined the offered infant formula and that he or she will provide either breast milk or an infant formula that is iron-fortified and is regulated by FDA. Or, a center or day care home may request the infant formula label to determine if it is iron-fortified. However, this documentation is not a federal requirement.

16. Q Can iron-fortified infant formula and iron-fortified infant cereal credit toward a reimbursable meal when they are used in a pancake or muffin recipe?

- A** When using iron-fortified infant formula and iron-fortified infant cereal for making pancakes, muffins, or other grain foods, the iron-fortified cereal in these types of recipes can credit toward a reimbursable meal. However, the iron-fortified infant formula cannot credit toward a reimbursable meal when used in these types of recipes. Iron-fortified infant formula is only creditable when it is served as a beverage.

III. SOLID FOODS

1. **Q Can solid foods be served to infants younger than 6 months of age?**

A Yes. Meals containing solid foods are reimbursable when the infant is developmentally ready to accept them, even if the infant is younger than 6 months of age. A written note from a parent or guardian stating his or her infant should be served solid foods is recommended as a best practice, but is not required. Infants develop at different rates, meaning some infants may be ready to consume solid foods before 6 months of age and others may be ready after 6 months of age. Centers or day care homes are required to serve solid foods once an infant is ready to accept them. In general, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy) by 7 to 8 months of age.

2. **Q If an infant is just starting to be introduced to solid foods such as infant cereal, does the center or day care home have to serve that solid food at every meal where that component is required?**

A It depends. Solid foods are introduced gradually, which means that it may be appropriate to serve the solid foods only once per day. The infant does not need to be offered a solid food component that is part of every meal pattern until the infant has established tolerance for that solid food component.

3. **Q If parents and the child care provider are in agreement that a five-month-old infant is developmentally ready to start eating some solid foods such as applesauce, may the child care provider still claim reimbursement for those meals with solid foods?**

A Yes. If an infant is developmentally ready to accept solid foods prior to 6 months of age, the center or day care home may serve the solid foods and claim reimbursement for those meals. Most infants are not developmentally ready to accept solid foods until around 6 months of age; however, infants develop at different rates. Centers or day care homes should talk about the introduction of solid foods with infants' parents or guardians and can share the signs for developmental readiness discussed in the body of this memorandum.

4. **Q What documentation is required when solid foods are served prior to 6 months of age?**

A Once an infant is developmentally ready for solid foods, the center or day care home must indicate on menus what solid foods are being served and the serving size of the food served. Otherwise, there are no additional federal documentation requirements for serving solid foods prior to 6 months of age. As a best practice, FNS encourages centers or day care homes to work closely with each infant's parents or guardians and to obtain a written note from the parents or guardians indicating that solid foods should be served to the infant while in care. In addition, it is good practice for center or day care home providers to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preferences on how and what solid foods are introduced.

5. **Q At what age should monitors expect to see infants being served all the solid food components for each meal and snack?**
- A The AAP recommends introducing solid foods to infants around six months of age. In addition, the AAP recommends that by 7 or 8 months of age infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy). However, it is important to keep in mind that infants develop at different rates. Not all infants will be eating solid foods at 6 months of age, nor will all infants be eating solid foods from each food group by 7 or 8 months of age. Monitors should engage in a conversation with the center or day care home to learn more about the infants' eating habits and ensure that the meal being served is appropriate for that infant's developmental readiness.
6. **Q What should a monitor do when conducting an on-site review and he/she finds an 8-month-old infant is not being served solid foods?**
- A The monitor should speak with the center or day care home to understand why the infant is not being served solid foods. Infants are typically developmentally ready to consume solid foods by 8 months of age; however, each infant develops at his or her own rate. If an 8-month-old infant is not developmentally ready for solid foods and the center is serving the required serving size for breast milk or infant formula for the 6- through 11-month-old age group, the meal is reimbursable. Monitors can remind center or day care home to work with each infant's parents or guardians to determine when and what solid foods should be served to the infant.
7. **Q What should a center or day care home do if they feel an infant is developmentally ready to start eating solid foods but the infant's parents or guardians do not want the infant to be introduced to solid foods?**
- A If a center or day care home believes that an infant is developmentally ready to start eating solid foods, they should engage in a conversation with the infant's parents or guardians. The provider can tell the parents or caregiver about the signs they have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the infant is in day care. Child care providers should be in constant communication with the infant's parents or caregivers about the infant's eating habits as well as when and what solid foods should be served while the infant is in their care.

If the parent or guardian does not want his or her infant to be served solid foods while the infant is in care, the center or day care home should respect that decision and should not serve the infant solid foods. In this situation, as long as the center or day care home continues to serve the infant the required amount of breast milk or iron-fortified infant formula, then the meals are still reimbursable.

8. **Q Are tofu and soy yogurt allowed in the infant meal pattern?**
A No. Tofu and soy yogurt are only allowed as a meat alternate in the CACFP meal patterns. Allowable meat/meat alternates in the infant meal pattern are meat, poultry, fish, dry beans and peas, whole eggs, cheese, cottage cheese, and yogurt. This is consistent with the National Academy of Medicine's report, which only recommended tofu as a meat alternate for children and adult participants.
9. **Q Is there a whole grain-rich requirement for infants?**
A No. The requirement to serve at least one whole grain-rich food per day is only required under the CACFP children and adult meal patterns.
10. **Q Is there a sugar limit for ready-to-eat cereals served to infants?**
A Yes. All breakfast cereals served in the CACFP must contain no more than 6 grams of sugar per dry ounce (21 grams of sugar per 100 grams of dry cereal). Breakfast cereals include ready-to-eat cereals, instant, and regular hot cereals.
11. **Q Can infant cereal be served in a bottle to infants?**
A No. Serving infant cereal in a bottle to infants is not allowed. Neither the infant cereal nor the infant breast milk or formula in the bottle may be claimed for reimbursement when they are served in the same bottle unless it is supported by a medical statement.
12. **Q Is yogurt creditable in the infant meal pattern?**
A Yes. Yogurt is an allowable meat alternate for infants consuming solid foods. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. Yogurt is a good source of protein and the AAP recommends infants consume foods from all food groups to meet infants' nutritional needs. Please note, though, that soy yogurt is not allowed in the infant meal pattern; see Question 8.
13. **Q Are foods that are considered to be a major food allergen or foods that contain these major food allergens allowed for infant meals?**
A Foods that contain one or more of the eight major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, and soybeans) and are appropriate for infants, are allowed and can be part of a reimbursable meal. The AAP recently concluded that there is no current convincing evidence that delaying the introduction of foods that are considered to be major food allergens has a significant positive effect on the development of food allergies.

To align with scientific recommendations, FNS is allowing whole eggs to credit toward the meat alternate component of the updated infant meal patterns. Under the updated infant meal pattern requirements, the whole egg (yolk and white) must be served to the infant in order to be creditable. Previously, only egg yolks were allowed due to concerns with developing food allergies when infants were exposed to the protein in egg whites. Please see memorandum SP-42-2016, CACFP 14-2016: *Early Implementation of the Child and Adult Care Food Program Meal Patterns*, www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf, for more information.

Even though most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions, possibly life-threatening. With this in mind, it is good practice to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how solid foods are introduced.

14. **Q Are commercially prepared mixed or combination infant foods (e.g., infant dinners with vegetables and chicken) reimbursable in the infant meal pattern?**

A Commercially prepared mixed or combination foods that contain more than one food component are not reimbursable in the infant meal pattern. It is extremely difficult to identify the required food components and prove that the amount of the food components in mixed infant meals meet the meal pattern requirements. For example, an infant dinner with vegetables and chicken is not reimbursable. However, infant foods with more than one vegetable or fruit may be reimbursable because vegetables and fruit are one component under the infant meal pattern. Additionally, many commercially prepared mixed infant food products may have added sugar that may promote the development of tooth decay as well as provide few nutrients.

15. **Q Are baby pouch food products allowed in CACFP?**

A Commercially prepared infant foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in CACFP. The way a food is packaged does not impact whether a food is creditable or not.

Providers should serve food from a pouch in the same way that it is served from a jar or plastic container, which is by using a spoon. Spoon-feeding is the most appropriate method for feeding pureed or mashed foods to infants. Infants benefit developmentally from the experience of eating from a spoon. Different tongue and lip motions are used for sucking than for eating from a spoon. Additionally, the American Academy of Pediatric Dentistry warns that sucking on baby food pouches may have the same negative effect as the practice of prolonged sucking of juice from bottles or sippy cups.

This page intentionally left blank.

*CONTRACTING
FOR
OTHER SERVICES
AND
FOOD SERVICE*

This page intentionally left blank.

CONTRACTING OUT MANAGEMENT FUNCTIONS IN THE CHILD AND ADULT CARE FOOD PROGRAM

Section 226.15(c) of the Child and Adult Care Food Program (CACFP) regulations requires that all institutions accept final administrative and financial responsibility for their operations under the program. The provision also stipulates that “. . . *no institution may contract out for the management of the Program.*”

The intention of the provision is to guarantee that institutions retain administrative and financial responsibility for program operations. 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 contracting out for all of its management functions. Management functions, which institutions may not contract out under any circumstances, include monitoring, corrective action, and preparation of application materials. However, institutions may contract out for specific management tasks such as bookkeeping (but not claims submission), data processing, or the service of a nutritionist. Such contracting is permissible whether the institution provides its own or contracts out for food service. (Reference FNS Instruction 792-2, Rev. 4)

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

CONTRACTING FOR FOOD SERVICE

Child care institutions may contract with an outside entity to provide meals for their child care institutions. The CACFP institution and outside entity providing the meals must have a completed and approved *Agreement to Furnish Food Service* on file with the State Agency. The procedure used by the CACFP institution to document meals delivered and the procedure used to claim meals for CACFP reimbursement will vary, depending on the type of outside entity providing the meals. ***If contracting with a public school, the institution must be charged at the minimum for each meal 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) plus the additional performance incentive***
- ***Snack: Free reimbursement rate for snack***

Contracting With a Public School

When a CACFP institution contracts with a public school for meals, the public school is responsible for maintaining the food production records. The school will document that the meals delivered/served to the CACFP institution met meal pattern requirements. If bulk serving, the school must provide portion information to the facility. The school will bill the CACFP institution monthly for the cost of the meals delivered. The CACFP institution is responsible for paying the school for the cost of the meals. The CACFP institution will claim each meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement. The monthly invoice amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

Contracting With Other Outside Food Service Entities

When a CACFP institution contracts with other types of outside entities (i.e., senior nutrition, technology center, restaurants, universities), the outside entity/vendor must document the meals delivered to the CACFP institution using the *Contract Meal Delivery Receipt* or a form approved by the CACFP institution's area coordinator. 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.

Head Start Agencies Contracting With CACFP Child Care Facilities

When a Head Start agency contracts with a child care facility that participates in the CACFP, the child care facility will document the contracted meals in the child care center's Food Production Records/Menus as Served Book or other approved food production records. The child care center will document that the meals served to Head Start children met meal pattern requirements. The child care facility will bill the Head Start agency for the cost of the meals delivered/provided to Head Start children each month. The Head Start agency is responsible for paying the child care facility for the cost of the meals provided to the Head Start children. The child care facility will report the meals served/delivered to the Head Start agency as income on the child care facility's Expenditure/Reimbursement Worksheet. The Head Start agency will claim no more than one reimbursable meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement.

CONTRACT MEALS

When contracting CACFP meal services with schools or other entities, it is important to establish a good working foundation. Points to consider include:

- ▶ Decide what you expect from the entity providing meal services:
 - Establish specific requirements, and have them well-defined. The contractor should consider these factors when establishing a meal cost.

- ▶ Familiarize the entity with CACFP meal pattern requirements:
 - A standardized recipe can ensure adequate quantities, components, etc.
 - Consider the special needs of your children.

- ▶ Emphasize the CACFP requirements:
 - All meals must be served on time.
 - Daily delivery records must be available when contracting with entities other than schools or CACFP participants.
 - Proper portion tools must be available when bulk delivery is used.
 - Crediting and portioning information must be communicated to the entity receiving the meals.

- ▶ List additional requirements the institution may have:
 - Family-style meal service.
 - Menu item restrictions.
 - Second servings or extras.

- ▶ Inspect the food preparation and service areas for:
 - Adequate staff training.
 - Proper sanitation practices.
 - Safe methods of keeping hot foods hot and cold foods cold at all times.
 - Acceptable meal service arrangements.
 - Adequate seating/eating arrangements.
 - Acceptable delivery conditions.

- ▶ Establish a good record-keeping system:
 - The Daily Contract Meal Delivery Receipt requires the signatures of both the preparation kitchen and the person accepting delivery, verifying quantities of foods sent and received, and the crediting/portioning information for a reimbursable meal. (If the entity providing meals is a school or CACFP participant, this is not required.)
 - The entity providing the meals must keep records of all food delivered.
 - The institution **RECEIVING** contract meals should have monthly menus on file along with all other monthly CACFP records.
 - The institution is required to maintain a monthly invoice from the entity providing meals.
 - A copy of the agreement to provide food service must be maintained on file.

- A copy of the agreement to furnish food service contract, which includes the CACFP minimum meal pattern requirements, must be submitted to the State Agency each year along with the annual CACFP application for participation.

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 <u>4</u> Number of 3-5 <u>10</u> Number of 6-12 _____ Bulk Delivery <u>X</u> Preportioned _____	*Crediting/Portioning Information	Temperature at Delivery
Milk	Milk provided by: SITE <u>VENDOR</u> (Circle One) Fat-free milk Record Quantity <u>1 gallon</u>	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?
 Were food temperatures proper?

Yes or No
Yes or No

Comments: Use portioning utensils provided

Director of Day Care Center

 Signature From Site Receiving Food

FOR INSTITUTION TO USE WHEN CONTRACTING MEALS FROM OUTSIDE VENDOR OR WITHIN OWN INSTITUTION; KEPT IN INSTITUTION'S MONTHLY FOLDER.

This page intentionally left blank.

*AT-RISK MEALS
RESPONSIBILITIES*

This page intentionally left blank.

AT-RISK MEAL PROGRAM

Sections 107 and 108 of Public Law 105-336 (the Child Nutrition Reauthorization Act of 1998) authorizes reimbursement for snacks served to children through aged 18 (and to individuals, regardless of age, who are determined by the Oklahoma State Department of Education [the *State Agency*] to be mentally or physically disabled) who participate in programs organized to provide after-school care. Further, Section 122 of the Healthy, Hunger-Free Kids Act allows one additional breakfast, lunch, or supper to be served and claimed for reimbursement. The intent is to assist sites in operating organized programs of care which include education or enrichment activities known to help reduce or prevent children's involvement in juvenile crime or other high-risk behavior.

A. Eligible Programs

To qualify for reimbursement under the Child and Adult Care Food Program (CACFP), the At-Risk Meal Program must meet the following criteria:

1. The purpose of these programs must be to provide care in after-school settings. This does not mean that the programs must offer formal child care as recognized by a licensing authority. There is no federal requirement for At-Risk sites operating under this provision to have either federal, state, or local licensing or approval as a condition of eligibility. However, to qualify under this provision, these programs must be organized to provide children with regularly scheduled activities in a setting that is structured and supervised. By ***regularly scheduled***, it not meant that the program must occur daily. Moreover, while eligible programs would not need to establish formal enrollment procedures, they must have a means of determining that children are present on a given day, such as roster or sign-in sheet.
2. Eligible programs must include education or enrichment activities in organized, structured, and supervised environments.

It must be emphasized that ***under no circumstances*** can organized athletic programs engaged in interscholastic sports be approved as At-Risk programs under this provision. In the Conference Report that accompanied Public Law 105-336, the Conference Committee declared its intent that support under this provision would not be provided to members of athletic teams. However, while athletic teams participating in interscholastic sports programs may not be approved, programs which include supervised athletic activity along with education or enrichment activities may participate. ***The key would be that they are open to all and do not limit membership for reasons other than space or security considerations.***

3. Eligible sites are not allowed to participate during the summer months. The At-Risk Program only operates during the school year. ***NOTE: When school is not in session, children aged 12 and under may be served up to three meals per day in a regular child care setting. However, the center must count these children in the eligibility category (participation data) in which documentation is obtained. If there are no Family-Size and Income Applications (FSIAs) obtained and approved for these children, they would be reported in the not eligible category on the center's monthly claim.***

B. Reimbursement

Under this provision, sites may claim reimbursement for one snack and one meal, per child, per day. See **pages 139** through **141** for minimum meal requirements. Children are eligible to participate through aged 18, and if a child's nineteenth birthday occurs during the school year, reimbursement may be claimed for meals served to that child during the remainder of the school year. Reimbursement may also be claimed for individuals, regardless of age, who are determined by the State Agency to be mentally or physically disabled.

At-Risk programs must be located in the attendance area of a school site which has at least 50 percent of its enrollment eligible for free or reduced-price meals. All meals are claimed at the free reimbursement rate. Under no circumstances may a site charge children for meals served.

C. Times of Operation

Under no circumstances may meals be reimbursed for programs operated before or during the child's school day. Sites are only eligible to receive reimbursement under this provision for meals during the normal school year. It can include weekends, holidays, Thanksgiving, Christmas, and spring break vacations, but does not include summer vacations.

Any meals served under the At-Risk Program must be consumed on-site.

D. Record Keeping

It is the intention of the law to keep any record-keeping burden to the minimum necessary to ensure that federal reimbursement is properly paid. At a minimum, sites participating under this provision must maintain the following records for the time periods required in the institution's agreement:

1. Documentation that the site is located in an area served by a site in which at least 50 percent of the enrolled students are certified eligible for free or reduced-price meals. This documentation must also be submitted to the State Agency (SA) prior to approval to participate in the At-Risk Program.

2. Documentation of an individual child's attendance on a daily basis, meal counts for all children, *Food-Purchasing Form*, and *Expenditure/Reimbursement Worksheet*. Refer to Record-Keeping section of this manual, **page 51**.
3. *Menus as Served* records indicating components and quantities of food. Refer to **page 317** for a copy of the form.
4. Review of each At-Risk site for compliance with counting and claiming procedures and the meal pattern. The institution must review each site three times per year and must include a meal observation. For new sites, the first review must be conducted during the first four weeks of meal service. A form has been provided on **page 261** for institutions to use for this purpose.
5. There are two different methods in which a sponsor may conduct reviews to comply with United States Department of Agriculture (USDA) requirements:
 - a. Conduct one announced and two unannounced* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
 - b. A sponsoring organization (SO) may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

* Sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.

This page intentionally left blank.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) AT-RISK ON-SITE MONITOR REVIEW

1. Reviewer: _____
2. Facility: _____
3. Facility's Address: _____
4. Unannounced Review Announced Review

5. Institution Agreement Number: _____
6. Date of Visit: _____
7. Time of Visit: _____
8. Review: 1 2 3 Weekend Follow-Up
9. New Site Initial Review: Yes No

		YES/ NO/NA
A. Record Keeping		
1. Daily attendance/arrival/departure records up-to-date	1.	
2. Food-Purchasing Form/Itemized Receipts	2.	
3. Expenditure/Reimbursement Worksheet	3.	
4. Do the attendance records and meal count records reconcile for a five-day period? (See form below)	4.	

B. Meal Counts		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Meal service times as approved	3.	
4. Meal Count Worksheet maintained	4.	

C. Storage		
1. Adequate space	1.	
2. Chemicals and medicines in separate location	2.	
3. No rusted, dented, or unlabeled containers	3.	
4. Stored food items off floor and away from walls and children	4.	
5. Proper temperature and ventilation	5.	
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.	
7. Refrigerators and freezers defrosted	7.	
8. Open cardboard boxes discarded	8.	
9. Commodity foods dated	9.	
10. Commodity temperature logs maintained	10.	

		YES/ NO/NA
D. Sanitation and Safety		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Children are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen area	12.	
13. Medications properly stored	13.	

E. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

FIVE-DAY RECONCILIATION INFORMATION

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

		YES/ NO/NA
F. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	
2. Complaint-filing procedure	2.	
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	
G. Education/Enrichment		
1. Is there an educational or enrichment activity	1.	
H. Training		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all parent volunteers	2.	

		YES/ NO/NA
I. Day of Review/Meal Observation		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as children	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Proper milk-type served (FF/1%)	7.	
8. Method of production and quality of food	8.	
9. Water is offered throughout the day	9.	
10. Plates and servings adjusted for age groups	10.	
11. Meal supervision provided	11.	
12. Adequate time for eating	12.	
13. Special dietary needs documentation available	13.	
14. Milk substitute provided	14.	
15. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	15.	
16. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	16.	
17. Is further training needed?	17.	
18. Is deep-fat frying occurring?	18.	

J. Meal Analysis for Aged 3 Through 18

Meal Observed: Breakfast AM Snack Lunch PM Snack Supper Late PM Snack

Time Served: _____ **Meal Pattern:** SBP/NSLP CACFP

Children Served by Age				Comments:
3-5 Years	6-18 Years	Total	Nonclaimable Children Served	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Vegetable/Juice				
Fruit/Juice				
Grains/Breads				
Meat/Meat Alternate				

K. Review Summary

Corrective Action Needed, Recommendations, and Comments:

L. Facility Is:		In Compliance <input type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected? (Circle one)	Yes	No	NA
Is an unannounced follow-up review required to view corrective action? (Circle one)	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

(Facility Representative's Signature)

(Date)

(At-Risk Monitor's Signature)

(Date)

*INSTITUTION
ORIGINALS*

This page intentionally left blank.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

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

PARENT'S INFORMATION		
Name of Parent/Guardian:		
Address:	City:	Zip:
Home Telephone Number:		

RENEWAL UPDATES

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

Parent/Guardian Signature	Date

This page intentionally left blank.

MEDICAL STATEMENT

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

Part II (to be filled out by a <i>medical authority</i>)
Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):
List food(s) to be omitted from diet:
List food(s) that may be substituted (diet plan):
Additional information:

This child has a disability as defined by the American Disability Act: Yes No

Date	Signature of State-Recognized Medical Authority
	Telephone Number

This page intentionally left blank.

MILK SUBSTITUTION REQUEST

Child's Name:	Age:
---------------	------

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

Signature of Parent/Guardian:	Date:
-------------------------------	-------

INSTITUTION APPROVAL:	
Signature:	Date:

Nondairy Beverages

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

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

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

This page intentionally left blank.

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

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

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

This institution is an equal opportunity provider.

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

Sincerely,

(Signature) _____

This page intentionally left blank.

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

PART 1. ALL HOUSEHOLD MEMBERS

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

PART 2. BENEFITS

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

NAME: _____ CASE NUMBER: _____

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

Homeless Migrant Runaway

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

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS 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	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

This page intentionally left blank.

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

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

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

Sign Here: _____ Print Name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____

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

PART 6: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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

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

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

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

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

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

Signature of Parent/Guardian: _____ Date: _____

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

185 % of Poverty Level	
Household Size	Yearly
1	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

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

Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:
Household Size:				Year:
Categorical Eligibility:	Date Withdrawn:	Eligibility: Free	Eligibility: Reduced	Eligibility: Denied
Reason:				
Determining Official's Signature:				Date:

This page intentionally left blank.

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

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

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

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

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

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

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

- Part 1:** a. List all enrolled children.
b. List all household members, including foster children, with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the *No Income* box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call *your school, homeless liaison, or migrant coordinator* at _____. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income and How Often It Was Received:** For each household member who receives income, 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 you 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 your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

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

Part 6: Answer this question if you choose.

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

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

Part 1:

- List all enrolled children.
- List all household members; for the enrolled children, list ages and birth dates. For any person, including children, with no income, you must check the **No Income** box.

Part 2: Skip this part.

Part 3: Skip this part.

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

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

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

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

In Box 3, list retirement, Social Security, SSI, 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 your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

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

Part 6: Answer this question if you choose.

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

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

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM**

**HOUSEHOLD-SIZE AND INCOME SCALES
FOR FREE AND REDUCED-PRICE MEALS
FISCAL YEAR 2019**

To be used for applications obtained from July 1, 2018, through June 30, 2019.

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,782	1,316	658	607	304
2	21,398	1,784	892	823	412
3	27,014	2,252	1,126	1,039	520
4	32,630	2,720	1,360	1,255	628
5	38,246	3,188	1,594	1,471	736
6	43,862	3,656	1,828	1,687	844
7	49,478	4,124	2,062	1,903	952
8	55,094	4,592	2,296	2,119	1,060
For each additional family member, add:	5,616	468	234	216	108

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add:	7,992	666	333	308	154

This page intentionally left blank.

This page intentionally left blank.

FREE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: _____ **Fiscal Year:** _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1.															
2.															
3.															
4.															
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.															
TOTAL															

*EF = Enrollment Form obtained

This page intentionally left blank.

REDUCED-PRICE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: _____ **Fiscal Year:** _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1.															
2.															
3.															
4.															
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.															
TOTAL															

*EF = Enrollment Form obtained

This page intentionally left blank.

NOT ELIGIBLE CACFP ROSTER FOR REGULAR MEALS ONLY

Center: _____ **Fiscal Year:** _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1.															
2.															
3.															
4.															
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.															
TOTAL															

*EF = Enrollment Form obtained

This page intentionally left blank.

- Regular Meals
- At-Risk Meals

DAILY ATTENDANCE RECORD

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

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		

This page intentionally left blank.

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES

- Regular Meals
- At-Risk Meals

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

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						

This page intentionally left blank.

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

- Regular Meals
- At-Risk Meals

To be maintained at institution with CACFP records)

Year: _____

Month: _____

Agreement Number: DC- _____

DATE	MEALS SERVED TO PROGRAM CHILDREN Aged 1 Through 12 Years										NUMBER MEALS SERVED TO PROGRAM INFANTS Aged 0 Through 12 Months				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Snack		PM-1	PM-2	PTPM-1	PTPM-2	Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack	
				AM-1	AM-2													
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.

This page intentionally left blank.

DAILY RECORD OF MEALS SERVED

Month and Year: _____

Regular Meals

At-Risk Meals

Center:	Children	Meal	Total Reimbursable Meals																																
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
			B*	AM*	L*	PM*	S*	LPM*	B	AM	L	PM	S	LPM	B	AM	L	PM	S	LPM	B	AM	L	PM	S	LPM	B	AM	L	PM	S	LPM			
1.																																			
2.																																			
3.																																			
4.																																			
5.																																			
		Totals																																	
		Grand Totals From All Pages																																	

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

This page intentionally left blank.

This page intentionally left blank.

RECORD OF DONATED PRODUCT

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

1. Product: _____
2. Amount: _____
3. Date Donated: _____
4. Name of Donor: _____
5. Telephone Number: _____

CERTIFICATION STATEMENT:

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

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

Name: _____ Date: _____

This page intentionally left blank.

Maintain in institution records.

EXPENDITURE/REIMBURSEMENT WORKSHEET INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Month: _____ Year: _____

DATE	ITEM/ENTRY (Vendor or Personnel, Etc.)	CHECK NUM- BER	OPERATING AND ADMINISTRATIVE COSTS (\$)								INCOME (Other Than CACFP Reimburse- ment)										
			CACFP Ad- ministrative Labor	(4) \$	CACFP Ad- ministrative 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) \$	Miscellaneous	(11) \$		
(1)	(2)	(3)																			
(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) \$ _____

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

PROFIT/LOSS OF INSTITUTION (FINANCIAL VIABILITY)

Institution: _____

Month: _____

1. Total Revenues: _____

Revenues from the General Ledger/Spreadsheet for the Institution

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

2. Total Expenditures: _____

Expenditures from the General Ledger/Spreadsheet for the Institution

3. Profit/Loss: _____

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

MONTHLY RECORD-KEEPING CHECKLIST

Month: _____ Year: _____

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

- Meal Count Worksheet
- Expenditure/Reimbursement Worksheet (Summary of All Allowable Operating and Administrative Costs)
- Monthly Profit/Loss Statement
- Food-Purchasing Forms/Itemized Receipts
- Record of Donated Product
- Title XX Documentation/Title XIX Documentation
- Canceled Checks (Documentation of CACFP Expenditures)
- Daily Attendance Records
- Daily Attendance Records—Arrival and Departure Times, if applicable
- Daily Record of Meals Served, if applicable
- Procurement Documentation

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

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

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

This page intentionally left blank.

Building for the Future

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

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

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the Five Groups)
Milk, 1% Fruit Vegetable Grains	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable

Participating Facilities

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

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

Eligibility

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

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

Contact Information

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

Sponsoring Organization/Center

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

This institution is an equal opportunity provider.

This page intentionally left blank.

END OF MONTH INVENTORY

Month: _____ Date: _____

ITEM	PURCHASED FOODS AMOUNT ON HAND	SUPPLIES AMOUNT ON HAND

This page intentionally left blank.

END-OF-MONTH MILK INVENTORY

Fiscal Year: _____

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

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

WEEKLY MENU PLANNER

BREAKFAST	LUNCH	SNACK

WEEKLY MENU PLANNER

AM SNACK	SUPPER	LATE PM SNACK

BREAKFAST

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

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

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2		X	4 fluid oz (1/2 cup)	=	
Aged 3 through 5		X	6 fluid oz (3/4 cup)	=	
Aged 6 through 12		X	8 fluid oz (1 cup)	=	
Program Adults*		X	8 fluid oz (1 cup)	=	
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					

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

MEAT/MEAT ALTERNATE (Optional)					
Aged 1 through 2		X	.5 oz	=	
Aged 3 through 5		X	.5 oz	=	
Aged 6 through 12		X	1.0 oz	=	
Program Adults*		X	1.0 oz	=	
					Total Ounces Needed

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

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

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

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

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2		X	4 fluid oz (1/2 cup)	=	
Aged 3 through 5		X	6 fluid oz (3/4 cup)	=	
Aged 6 through 12		X	8 fluid oz (1 cup)	=	
Program Adults*		X	8 fluid oz (1 cup)	=	
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					
MEAT/MEAT ALTERNATE (Optional)					
Aged 1 through 2		X	1.0 oz	=	
Aged 3 through 5		X	1.5 oz	=	
Aged 6 through 12		X	2.0 oz	=	
Program Adults*		X	2.0 oz	=	
					Total Ounces Needed
VEGETABLE					
Aged 1 through 2		X	.5 (1/4 cup)	=	
Aged 3 through 5		X	1 (1/4 cup)	=	
Aged 6 through 12		X	2 (1/4 cup)	=	
Program Adults*		X	2 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed
FRUIT					
Aged 1 through 2		X	.5 (1/4 cup)	=	
Aged 3 through 5		X	1 (1/4 cup)	=	
Aged 6 through 12		X	1 (1/4 cup)	=	
Program Adults*		X	1 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed
GRAINS					
Aged 1 through 2		X	1 (1/2 serving)	=	
Aged 3 through 5		X	1 (1/2 serving)	=	
					Total 1/2 Servings Needed
Aged 6 through 12		X	1 full serving	=	
Program Adults*		X	1 full serving	=	
					Total Full Servings Needed

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

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

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

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2		X	4 fluid oz (1/2 cup)	=	
Aged 3 through 5		X	4 fluid oz (1/2 cup)	=	
Aged 6 through 12		X	8 fluid oz (1 cup)	=	
Program Adults*		X	8 fluid oz (1 cup)	=	
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					
VEGETABLE					
Aged 1 through 2		X	2 (1/4 cup)	=	
Aged 3 through 5		X	2 (1/4 cup)	=	
Aged 6 through 12		X	3 (1/4 cup)	=	
Program Adults*		X	3 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed
FRUIT					
Aged 1 through 2		X	2 (1/4 cup)	=	
Aged 3 through 5		X	2 (1/4 cup)	=	
Aged 6 through 12		X	3 (1/4 cup)	=	
Program Adults*		X	3 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed
MEAT/MEAT ALTERNATE					
Aged 1 through 2		X	.5 oz	=	
Aged 3 through 5		X	.5 oz	=	
Aged 6 through 12		X	1.0 oz	=	
Program Adults*		X	1.0 oz	=	
					Total Ounces Needed
GRAINS					
Aged 1 through 2		X	1 (1/2 serving)	=	
Aged 3 through 5		X	1 (1/2 serving)	=	
					Total 1/2 Servings Needed
Aged 6 through 12		X	1 full serving	=	
Program Adults*		X	1 full serving	=	
					Total Full Servings Needed

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

MENUS AS SERVED

- Regular Meals
- At-Risk Meals

Comments/Special Dietary Needs:

Date: _____

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

This page intentionally left blank.

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 Amount¹				

*Creditable Amount—Multiply ounces per raw portion of creditable ingredient by the *Food-Buying Guide* yield.

II. Alternate Protein Product (APP)

If the product contains APP, please fill out the chart below to determine the creditable amount of APP. If APP is used, you must provide documentation as described in Attachment A for each APP used.

Description of APP, Manufacturer's Name, and Code Number	Ounces Dry APP Per Portion	Multiply	% of Protein As-Is*	Divide by 18**	Creditable Amount APP***
		X	%	÷ 18	
		X	%	÷ 18	
		X	%	÷ 18	
B. Total Creditable Amount¹					
C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest 1/4 oz)					

* Percent of protein As-Is is provided on the attached APP documentation.

** 18 is the percent of protein when fully hydrated.

*** Creditable amount of APP equals ounces of dry APP multiplied by the percent of protein as-is divided by 18.

¹ Total Creditable Amount must be rounded **DOWN** to the nearest 0.25 oz (1.49 would round down to 1.25 oz meat equivalent). Do **NOT** round up. If you are crediting both M/MA and APP, you do not need to round down in Box A until after you have added the creditable APP amount from Box B.

Total weight (per portion) of product as purchased: _____

Total creditable amount of product (per portion): _____ (Reminder: Total creditable amount cannot count for more than the total weight of product.)

I certify that the above information is true and correct and that a _____ - ounce serving of the above product (ready-for-serving) contains _____ ounces of equivalent meat/meat alternate when prepared according to directions.

I further certify that any APP used in the product conforms to the Food and Nutrition Service (FNS) Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation (Attachment A).

Signature: _____ Title: _____

Printed Name: _____ Date: _____ Phone Number: _____

This page intentionally left blank.

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 14.75 grams of whole-grain or enriched flour or meal, bran or germ, or an equivalent amount of cereal as provided in FNS Instruction 783-1, Rev. 2, to equal 1 serving Grains/Breads. Grains/Breads may be credited in 1/4-serving increments.
** CNP requires a minimum of 1/8 cup fruit/vegetable to equal 1 serving Fruit/Vegetable.

This page intentionally left blank.

ATTACHMENT A

Company Name: _____

APP Product: _____

- A. _____ certifies that _____ meets all requirements for APP intended for use in foods manufactured for Child Nutrition Programs as described in Appendix A of 7 CFR 210, 220, 225, and 226.
- B. _____ certifies that _____ has been processed so that some portion of the nonprotein constituents have been removed by fractionating. This product is produced from _____.
- C. The Protein Digestibility Corrected Amino Acid Score (PDCAAS) for _____ is _____. It was calculated by multiplying the lowest uncorrected amino acid score by true protein digestibility as described in the Protein Quality Evaluation Report from the Joint Expert Consultation of the Food and Agriculture Organization/World Health Organization of the United Nations, presented December 4-8, 1989, in Rome, Italy. The PDCAAS is required to be greater than 0.8 (80 percent of casein).
- D. The protein level of _____ is at least 18 percent by weight when fully hydrated at a ratio of _____ parts water to one part product.
- E. The protein level of _____ is certified to be at least _____ on an As-Is basis for the As-Purchased product. ***NOTE: Protein is often provided on a moisture-free basis (MFB), which is not the information Food and Nutrition Service (FNS) requires.***

All of the above information is required for APP.

NOTE: It is also helpful to have the ingredients statement for the APP product. For example, if the product is uncolored and unflavored, the ingredients statement might be soy protein concentrate or if the product is colored and textured, the ingredients statement might be textured vegetable protein (soy flour, caramel color).

This page intentionally left blank.

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

CHECKLIST FOR EVALUATING A MANUFACTURER'S PFS		
(If <i>N</i> is checked for any question below, contact the manufacturer to request the information)		
Y	N	Is the PFS on signed company letterhead? The signature on the PFS can be handwritten, stamped, or electronic.
Y	N	Does the PFS include product name, product code number, and serving/portion size?
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description as the ingredients listed on the product label? For example, if the PFS lists <i>ground beef (not more than 20% fat)</i> , the product label should also list <i>ground beef (not more than 20% fat)</i> .
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the <i>Food-Buying Guide (FBG) for School Meal Programs</i> or <i>FBG for Child Nutrition Programs</i> (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 <i>Yes</i> , does the manufacturer provide supporting documentation that meets USDA's APP requirements? Specific requirements for APP products and examples of supporting documentation are available at 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 paste or puree. See FBG for additional information on calculated volume.
 - Dried fruits credit as double the volume served in school meals only (e.g., 1/4 cup raisins credit as 1/2 cup fruit). All other CN programs credit dried fruit on the volume served.
 - Raw leafy vegetables credit as half the volume served in school meals only (e.g., 1 cup raw spinach credits as 1/2 cup dark-green vegetable). All other CN programs credit as volume served.
- A PFS may include crediting information for more than one meal component. For instance, a cheese pizza may credit toward the meat/meat alternate, grains, and the red/orange vegetable subgroup. The crediting information for each meal component may be documented on the same PFS.

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

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

INFANT MEAL WAIVER

I wish to decline my child's participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Infant: _____

Date of Birth: _____

Signature of Parent/Guardian: _____

Date: _____

This page intentionally left blank.

INFANT MEALS AS SERVED

TOTAL INFANTS SERVED: _____

DATE: _____

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

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

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

This page intentionally left blank.

CONTRACT MEAL SERVICE DELIVERY RECEIPT

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

DATE: _____

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

SITE PREPARING MEAL: _____

SITE RECEIVING MEAL: _____

DELIVERY TIME: _____ NUMBER OF MEALS ORDERED/DELIVERED: _____

FOOD ITEMS AND QUANTITIES DELIVERED

Menu	Quantity Delivered: Number of 1-2 _____ Number of 3-5 _____ Number of 6-12 _____ Bulk Delivery: _____ Preportioned: _____	*Crediting/Portioning Information	Temperature at Delivery
Milk	Milk provided by: SITE VENDOR (Circle One) Record Quantity: _____		
Vegetable/Juice			
Fruit/Juice			
Grains/Breads			
Meat/Meat Alternate			
Extras			

* Crediting/portioning information: i.e., 1 cup spaghetti sauce = 2 ounces meat/meat alternate, 6 chicken nuggets = 2 ounces meat/meat alternate and 1 ounce grains/breads serving, 2 cheese sticks = 1 ounce meat/meat alternate

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, Production Information Statements, and/or recipes are available for all combination food items or other applicable components.

Signature From Preparation Kitchen

I acknowledge that the above items and quantities were delivered to this contract site.

INSPECTION DELIVERY: Was the food delivered in a safe/sanitary method? Yes or No
 Were food temperatures proper? Yes or No

Comments: _____

Signature From Site Receiving Food

FOR INSTITUTION TO USE WHEN CONTRACTING MEALS FROM OUTSIDE VENDOR OR WITHIN OWN INSTITUTION; KEPT IN INSTITUTION'S MONTHLY FOLDER.

This page intentionally left blank.

*MULTISITED
INSTITUTIONS
ADDITIONAL
REQUIREMENTS AND
ORIGINALS*

*Multisited Institutions Need
to Refer to the Child Care
Record-Keeping Requirements
for Additional Required
Record-Keeping Forms*

This page intentionally left blank.

MULTISITED INSTITUTIONS ADDITIONAL REQUIREMENTS

Institutions with more than one facility are required to maintain additional records. Refer to [page 13](#) for a list of the additional requirements.

The Oklahoma State Department of Education (the *State Agency*) has supplied sample forms to assist the institution in maintaining the additional records.

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

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

EXPENDITURE/REIMBURSEMENT WORKSHEET

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

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

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

For each expenditure:

1. In Column 1—Record the date the specific cost was incurred.
2. In Column 2—Record the vendor.
3. In Column 3—Record the number of the check issued. (***NOTE: Cash payments for labor are not acceptable.***)

In Columns 4 through 24—Record the amount of the CACFP sponsor expenditures under the appropriate column. One entry may be broken down into more than one category.

25. Income—Report any income for the month other than CACFP reimbursement that the sponsor received specifically for the CACFP.
26. Grand Totals—Total all expenditures in each column.
27. Net Costs—Calculate net costs by totaling Columns 4 through 24 and subtracting the total of Column 25.
28. Reimbursement Received—Record amount of reimbursement received for the month from the Payment Notice.
29. Operating Balance—Item 27 minus Item 28 indicates operating balance. This dollar amount can be a negative or positive number.

Maintain with institution records.

EXAMPLE
EXPENDITURE/REIMBURSEMENT WORKSHEET
MULTISITED SPONSORS

Month: FEBRUARY Year: YYYY

		OPERATING AND ADMINISTRATIVE COSTS (\$)												
DATE	ITINERARY (Vendor or Personnel, etc.)	CHECK NO.	Admin Salaries	Admin Benefits	Equipment *2,500 and Over	Materials and Supplies Durable	Materials and Supplies Expendable	Printing	Postage	Office Space Rental/Lease	Utilities	Insurance Premiums	Contracted Professional Services	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
2/1	Director, H Brand	3100	135.00	10.00										
2/1	Director, T Wilks	3101	135.00	10.00										
2/1	A & E Leasing	3102								500.00				
2/1	XYZ Energy	3103									75.00			
2/1	Pete's Printing	3104						75.00						
2/15	Director, H Brand	3120	135.00	10.00										
2/15	Director, T Wilks	3121	135.00	10.00										
(26)	GRAND TOTALS		540.00	40.00				75.00		500.00	75.00			

OPERATING COSTS (\$)										
Equipment Rental Lease	Telephone	Advertising/Public Information	Dues, Memberships, Subscriptions	Travel for Program Operations	Travel for Training	Site Training Materials/Facilities	SO Staff Training Materials/Facilities	Other Administrative Services	Indirect Cost	INCOME
(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)
\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
(26) GRAND TOTALS										

(27) Net Costs (Total of Columns 4 through 24 minus Column 25) \$ 1,165.00
(28) Reimbursement Received \$ 8,000.00
(29) Item 27 ÷ Item 28 x 100 14.56%
(30) Is Item 29 Less Than 15 Percent Yes No
(Yes answer equals compliance)

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

NOTES

REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—REGULAR MEALS ONLY INSTRUCTIONS

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled
- Number of Title XX/Title XIX or free and reduced-price
- Participation
 - Number Free
 - Number Reduced
 - Number Not Eligible
 - Total
- Number of meals served by shift
 - Breakfasts
 - Lunches
 - Suppers
 - Snacks

REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION—AT-RISK MEALS ONLY INSTRUCTIONS

Indicate month and year.

Indicate sponsoring organization (SO).

Indicate agreement number.

For each facility listed, record the following:

- Number of days in operation during the month
- Number enrolled

NOTE: For At-Risk meals sites, this number should indicate the MAXIMUM number of children who would be allowed to be in each of the participating facilities at any given time. Institutions should base this number on the maximum number the fire marshal would allow or the maximum number for which the institution wants to be responsible.

- Number of free participation

NOTE: For At-Risk meals sites, this number should indicate the highest daily count of children who participated for the month. This number should never exceed the enrollment number.

- Number of At-Risk meals served to children by shift:
 - At-Risk Breakfasts
 - At-Risk Lunches
 - At-Risk Suppers
 - At-Risk Snacks

EXAMPLE
AT-RISK MEALS ONLY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION**

Month: OCTOBER 20 YY Sponsoring Organization: COLORS CAP
Agreement Number: DC-99-123

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	TOTAL FREE PARTICIPATION	NUMBER OF AT-RISK MEALS SERVED																	
				AT-RISK BREAKFASTS		AT-RISK LUNCHES		AT-RISK SUPPERS		AT-RISK SNACKS											
				1st	2nd	1st	2nd	1st	2nd	1st AM	2nd AM	1st PM	2nd PM	1st Late	2nd Late						
1. Red Center	21	8	4															80			
2. Blue Center	21	10	8																155		
3. Yellow Center	21	15	11																210		
4.																					
5.																					
6.																					
7.																					
8.																					
9.																					
10.																					
11.																					
12.																					
13.																					
14.																					
15.																					
TOTAL (BY SERVICE)	221	32	23																445		

CHILD AND ADULT CARE FOOD PROGRAM MULTISITED PREAPPROVAL VISIT FORM INSTRUCTIONS

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of Child and Adult Care Food Program (CACFP) operations. These reviews must be documented and kept on file. No meals should be claimed prior to a preapproval visit.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply: Check all boxes in Numbers 1 through 13 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:
The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:
The SO representative who made the preapproval visit must sign and date the Preapproval Visit Form.

EXAMPLE
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MULTISITED PREAPPROVAL VISIT FORM

Center Name: Blue Center

Center Address: 123 Brick Street

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	X
2. Civil rights compliance (poster, complaint procedure)	2.	X
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form a. Obtained on enrolled children b. Approved by institution official	3. a. b.	 X X
4. CACFP enrollment form	4.	X
5. Monthly count by category/roster sheet maintained	5.	X
6. Daily attendance records maintained	6.	X
7. Meal Count Worksheet (Meal Counts)	7.	X
8. Itemized receipts/invoices properly maintained a. Food-Purchasing Form b. Signature of purchaser	8. a. b.	 X X
9. Inventory up-to-date (recommended)	9.	X
10. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	10.	X
11. Meal patterns a. Minimum meal pattern requirements (components and quantities) b. Meal limitation/time frame c. Infant Meal Pattern requirements d. Child Nutrition (CN) Labels/Product Formulation Statement e. Special dietary needs	11. a. b. c. d. e.	 X X X X X
12. Sanitation and safety	12.	X
13. Food preparation area adequate for meals served	13.	X

Comments: The facility's representative requested nutrition education materials and technical assistance in developing cycle menus.

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Nell Carter
Center Representative's Signature

9/21/YYYY
Date

Ima Fishul
Sponsoring Organization Representative's Signature

9/21/YYYY
Date

This page intentionally left blank.

REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where children are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

MONITOR REVIEWS

A sponsoring organization (SO) must review food service operations at each facility. The United States Department of Agriculture (USDA) requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New child care facilities, outside-school-hours care centers, and homeless shelters must have a review conducted during the first four weeks of program operations.
2. Each child care facility, outside-school hours care center, and homeless shelter must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
 - b. An SO may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two announced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

- c. All reviews shall include, at a minimum:
- CACFP meal patterns
 - Licensing or approval
 - Participation or attendance at sponsor training
 - Meal counts
 - Menus and meal records
 - Enrollment form requirements
 - Corrected problems from previous reviews
 - Five-day reconciliation
4. Maintain on file at the SO's office all reports to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

NOTES

ON-SITE MONITOR REVIEW FORM INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor visit.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A - D Read each statement, and answer each item accordingly.

EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: Ima Fishul

5. Institution Agreement Number: DC-99-123

2. Facility: Blue Center

6. Date of Visit: 10/28/YYYY

3. Facility's Address: 123 Brick Street

7. Time of Visit: 10 AM

4. Unannounced Review Announced Review

8. Review: 1 2 3 Weekend Follow-Up

9. New Site Initial Review: Yes No

		YES/ NO/NA
A. License (if applicable)		
1. Current license/permit	1.	Yes
2. Capacity: <u>35</u>		
3. Center meets licensing standards	3.	Yes
B. Record Keeping		
1. Family-Size and Income Application (Head Start-Funded Enrollment Form available on all enrolled children)	1.	Yes
2. Enrollment form is current on each enrolled child	2.	Yes
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	3.	Yes
4. Daily attendance/arrival/departure records up-to-date	4.	Yes
5. Sponsoring organization (SO) notified of enrollment changes	5.	Yes
6. Food-Purchasing Form/Itemized Receipts	6.	Yes
7. Expenditure/Reimbursement Worksheet	7.	Yes
8. Distributed <i>Building for the Future</i> fact sheet	8.	Yes
9. Posted WIC brochure	9.	Yes
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10.	Yes

		YES/ NO/NA
C. Meal Counts		
1. Physical point of service count taken	1.	Yes
2. Counts separated by shifts	2.	Yes
3. Center meets licensing standards	3.	Yes
4. Meal service times as approved	4.	Yes
5. Meal Count Worksheet maintained	5.	Yes
D. Storage		
1. Adequate space	1.	Yes
2. Chemicals and medicines in separate location	2.	Yes
3. No rusted, dented, or unlabeled containers	3.	Yes
4. Stored food items off floor and away from walls and children	4.	Yes
5. Proper temperature and ventilation	5.	Yes
6. Thermometers in freezers and refrigerators Refrigerator temperature: <u>41°</u> Freezer temperature: <u>0°</u>	6.	Yes
7. Refrigerators and freezers defrosted	7.	Yes
8. Open cardboard boxes discarded	8.	Yes
9. Commodity foods dated	9.	Yes
10. Commodity temperature logs maintained	10.	Yes

FIVE-DAY RECONCILIATION INFORMATION

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		Yes
10/6	30	30	30		30	30		Yes
10/7	30	27	27		27	27		Yes
10/8	30	25	25		25	25		Yes
10/9	30	28	28		28	28		Yes

Items E-J

Read each statement, and answer each item accordingly.

Item K

Food Service/Meal Observation—Read each statement, and answer accordingly.

		YES/ NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	Yes
2. Clean kitchen (floors, cupboards, pest-free)	2.	Yes
3. Clean equipment	3.	Yes
4. Dining surfaces and countertops sanitized	4.	Yes
5. Proper method of dishwashing	5.	Yes
6. Effective hair restraint	6.	Yes
7. Proper handwashing technique	7.	Yes
8. Proper grooming and hygiene	8.	Yes
9. Children are in a safe environment and not in imminent danger	9.	Yes
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	Yes
11. Leftovers properly stored	11.	Yes
12. Only authorized persons in kitchen	12.	Yes
13. Medications properly stored	13.	Yes
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	Yes
2. All components served	2.	Yes
3. Sufficient quantities served	3.	Yes
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	Yes
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	Yes
6. Procedure used for controlling the ordering and delivery of contract meals	6.	Yes

		YES/ NO/NA
G. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	Yes
2. Complaint-filing procedure	2.	Yes
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	Yes
H. Nutrition Education		
1. Nutrition education in classroom and/or at mealtime	1.	Yes
I. Training		
1. CACFP training by sponsor for all facility staff	1.	Yes
2. CACFP training by sponsor for all parent volunteers	2.	Yes
J. Infants		
1. Offer meals to all enrolled infants	1.	Yes
2. Follow Infant Meal Pattern	2.	Yes
3. Infant Meal Waiver maintained	3.	Yes
4. Infant Meals as Served form up-to-date	4.	Yes
		YES/ NO/NA
K. Food Service/Meal Observation		
1. Method of production <u>Self-Prep</u>		
2. Meal service times as approved	2.	Yes
3. Adequate space for dining	3.	Yes
4. Program adults served the same meal as children	4.	Yes
5. All components served	5.	Yes
6. Required quantities served	6.	Yes
7. Proper milk-type served (FF/1%)	7.	Yes
8. Method of production and quality of food	8.	Yes
9. Plates and servings adjusted for age groups	9.	Yes
10. Meal supervision provided	10.	Yes
11. Adequate time for eating	11.	Yes
12. Special dietary needs documentation available	12.	Yes
13. Milk substitute provided	13.	Yes
14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14.	Yes
15. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	15.	No
16. Is further training needed?	16.	Yes
17. Is water offered throughout the day?	17.	Yes
18. Is deep-fat frying occurring?	18.	No

Item L

Meal Analysis for Aged 1-12

Meal Observed—Circle the appropriate meal that is being observed.

Time Served—Record the time the meal was actually served.

Children Served by Age

1 Through 2 Years—Record how many children in this age group participated in the meal service.

3 Through 5 Years—Record how many children in this age group participated in the meal service.

6 Through 12 Years—Record how many children in this age group participated in the meal service.

Total Children—Record how many total claimable children participated in the meal service.

Nonclaimable Children Served—Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

Components and Quantities—In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

L. Meal Analysis for Aged 1 Through 12

Meal Observed: Breakfast AM Snack Lunch PM Snack Supper Late PM Snack
Time Served: 11:30 AM

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		
0	7	0	7	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	Milk	1/2 gallon of 1% white = 64 oz	7 x 6 oz = 42 oz	64 oz - 42 oz = +22 oz
Vegetable/Juice	Green beans Spaghetti sauce	1 #300 can of each: green beans—5 (1/4 cups) spaghetti sauce, meatless—6.85 (1/4 cups) Total—11.85 (1/4 cups)	7 x 1 (1/4 cups) = 7 (1/4 cups)	11.85 - 7.00 = +4.85 (1/4 cups)
Fruit/Juice	Peaches	1 #300 can peaches, sliced—8 (1/4 cups)	7 x 1 (1/4 cups) = 7 (1/4 cups)	8 - 7 = + 1 (1/4 cup)
Grains	Spaghetti	Spaghetti noodles, 1/2#—10.6 (1/2 cup servings)	7 x 1 = 7 (1/2 servings)	10.6 - 7.0 = +3.6 (1/2 servings)
Meat/Meat Alternate	Ground beef	1 1/2# ground beef = 17.7 (1-oz servings)	7 x 1.5 oz = 10.5 oz	17.7 - 10.5 = +7.2 oz

Item M

Infant Meal Analysis

Meal Observed:

Circle the appropriate meal that is being observed.

Infants Served by Age:

Birth through 3 months—Record the number of infants in the appropriate age group who are participating in the meal service.

Each Infant's Analysis:

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

EXAMPLE

M. Infant Meal Analysis						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack

Birth - 5 Months	6 - 11 Months
	1

Child's Name: HARRISON BUTLER			Age: 9 MONTHS	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk	<i>IRON-FORTIFIED INFANT FORMULA</i>	<i>8 OZ</i>	<i>6-8 OZ</i>	<i>+2 OZ</i>
Fruit/Vegetable	<i>APRICOTS</i>	<i>2 TBSP</i>	<i>1-4 TBSP</i>	<i>+1 TBSP</i>
Infant Cereal/Bread/Crackers	<i>IRON-FORTIFIED INFANT CEREAL</i>	<i>3 TBSP</i>	<i>2-4 TBSP</i>	<i>+1 TBSP</i>
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers		NA		
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers		NA		
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers		NA		
Meat/Meat Alternate				

Item N

Review Summary

Record all areas that require corrective action. Make appropriate comments and recommendations.

Item O

Facility Is in Compliance/Noncompliance

Check the appropriate box.

Follow-Up Visit:

Circle **Yes** if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is **Yes**, then documentation must be available to show that a follow-up visit was made. **NOTE: A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle No if no areas of noncompliance have been noted. A follow-up visit is not necessary.**

Facility Signature and Date:

The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:

The reviewer must sign and date the Monitor Review form.

EXAMPLE

N. Review Summary
Corrective Action Needed, Recommendations, and Comments:

O. Facility Is:	In Compliance <input checked="" type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No
Is a follow-up review required to view corrective action?	Yes	(NA)
		(No)

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

NELL CARTER
(Facility Representative's Signature)

10/28/YYYY
(Date)

IMA FISHUL
(Sponsoring Organization Monitor's Signature)

10/28/YYYY
(Date)

HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or monitor suspects that the facility is cheating but records indicate compliance, the SO will mail a household contact form to each household who has a child/adult enrolled in the facility. Each envelope will contain a self-addressed, stamped envelope to encourage the household to respond. The form will explain to the household that the facility where its child/adult is in attendance is being reviewed and its response would be appreciated. The areas of the form requesting household response are the months, days, and hours the child/adult was in attendance and when his/her meals were consumed.

The SO will log when the household contacts were sent out and log the responses when any are returned. The parents/guardians will be able to call the SO should there be any questions. The SO must receive at least *two negative* responses before further action is taken against the facility.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the facility seriously deficient and at that time propose the facility for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the facility does not appeal, the SO will send a termination/disqualification letter to the facility, logging the dates of the termination/disqualification. The State Agency will receive copies of all letters as they are generated. The State Agency, in turn, will send all correspondence to USDA.

EXAMPLE
HOUSEHOLD CONTACT DOCUMENTATION

The COLORS CAP is conducting a review of BLUE CENTER. Please complete the information, and return this form in the envelope provided. Please call 444-5555 if you have questions.

This questionnaire **MUST** be filled out by the parent/guardian only.

1. Child/Adult: HARRISON BUTLER Birth Date: 1/6/YYYY

2. Please indicate which of the past 12 months your child/adult was in care:

Oct Nov Dec Jan Feb Mar
Apr May June July Aug Sept

3. Please indicate the regular hours and days your child/adult is in care:

Monday: 7:00 to 5:00 Thursday: 7:00 to 5:00
Tuesday: 7:00 to 5:00 Friday: 7:00 to 5:00
Wednesday: 7:00 to 5:00 Saturday: _____ to _____
Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

Breakfast Lunch Supper
AM Snack PM Snack Evening Snack

5. Do you supply any food? Yes No

If Yes, please explain: BREAST MILK

6. If your child/adult is no longer in care, what was his/her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

SHEILA BUTLER
Parent/Guardian Signature
673-1234
Telephone Number

10/4/YYYY
Date

EXPENDITURE/REIMBURSEMENT WORKSHEET MULTISITED SPONSORS

Maintain with institution records.

Month: _____ Year: _____

		OPERATING AND ADMINISTRATIVE COSTS (\$)											
DATE	ITINERARY (Vendor or Personnel, etc.)	CHECK NO.	Admin Salaries	Admin Benefits	Equipment *2,500 and Over	Materials and Supplies Durable	Materials and Supplies Expendable	Printing	Postage	Office Space Rental/Lease	Utilities	Insurance Premiums	Contracted Professional Services
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
(26)	GRAND TOTALS												

OPERATING COSTS (\$)										INCOME
Equipment Rental Lease	Telephone	Advertising/Public Information	Dues, Memberships, Subscriptions	Travel for Program Operations	Travel for Training	Site Training Materials/Facilities	SO Staff Training Materials/Facilities	Other Administrative Services	Indirect Cost	
(15) \$	(16) \$	(17) \$	(18) \$	(19) \$	(20) \$	(21) \$	(22) \$	(23) \$	(24) \$	(25) \$
GRAND TOTALS										

(26)

(27) Net Costs (Total of Columns 4 through 24 minus Column 25) \$ _____

(28) Reimbursement Received \$ _____

(29) Item 27 ÷ Item 28 x 100 \$ _____

(30) Is Item 29 Less Than 15 Percent Yes No
 (Yes answer equals compliance)

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

REGULAR MEALS ONLY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION**

Sponsoring Organization: _____

Agreement Number: _____

Month: _____ 20____

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	# TITLE XXXIX OR FREE & REDUCED PRICE	PARTICIPATION			NUMBER OF REGULAR MEALS SERVED										
				FREE	RE-DUCED-PRICE	NOT ELIGI-BLE	TOTAL	REGULAR BREAKFASTS		REGULAR LUNCHES		REGULAR SUPPERS		REGULAR SNACKS			
								1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
1.																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
TOTAL (BY SERVICE)																	

AT-RISK MEALS ONLY

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
REPORT OF FACILITIES OPERATING UNDER ONE INSTITUTION**

Sponsoring Organization: _____

Agreement Number: _____

Month: _____ 20_____

LIST EACH FACILITY	# OF DAYS	# EN-ROLLED	TOTAL FREE PARTICIPATION	NUMBER OF AT-RISK MEALS SERVED																															
				AT-RISK BREAKFASTS		AT-RISK LUNCHES		AT-RISK SUPPERS		AT-RISK SNACKS																									
				1st	2nd	1st	2nd	1st	2nd	1st AM	2nd AM	1st PM	2nd PM	1st Late	2nd Late																				
				1.																															
2.																																			
3.																																			
4.																																			
5.																																			
6.																																			
7.																																			
8.																																			
9.																																			
10.																																			
11.																																			
12.																																			
13.																																			
14.																																			
15.																																			
TOTAL (BY SERVICE)																																			

This page intentionally left blank.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) MULTISITED PREAPPROVAL VISIT FORM

Center Name: _____

Center Address: _____

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	
2. Civil rights compliance (poster, complaint procedure)	2.	
3. Family-Size and Income Application (FSIA)/Funded Head Start Enrollment Form a. Obtained on enrolled children b. Approved by institution official	3. a. b.	
4. CACFP enrollment form	4.	
5. Monthly count by category/roster sheet maintained	5.	
6. Daily attendance records maintained	6.	
7. Meal Count Worksheet (Meal Counts)	7.	
8. Itemized receipts/invoices properly maintained a. Food-Purchasing Form b. Signature of purchaser	8. a. b.	
9. Inventory up-to-date (recommended)	9.	
10. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	10.	
11. Meal patterns a. Minimum meal pattern requirements (components and quantities) b. Meal limitation/time frame c. Infant Meal Pattern requirements d. Child Nutrition (CN) Labels/Product Formulation Statement e. Special dietary needs	11. a. b. c. d. e.	
12. Sanitation and safety	12.	
13. Food preparation area adequate for meals served	13.	

Comments: _____

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Center Representative's Signature

Date

Sponsoring Organization Representative's Signature

Date

This page intentionally left blank.

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ON-SITE MONITOR REVIEW

1. Reviewer: _____
2. Facility: _____
3. Facility's Address: _____
4. Unannounced Review Announced Review

5. Institution Agreement Number: _____
6. Date of Visit: _____
7. Time of Visit: _____
8. Review: 1 2 3 Weekend Follow-Up
9. New Site Initial Review: Yes No

	YES/ NO/NA
A. License (if applicable)	
1. Current license/permit	1.
2. Capacity: _____	
3. Center meets licensing standards	3.
B. Record Keeping	
1. Family-Size and Income Application (Head Start-Funded Enrollment Form available on all enrolled children)	1.
2. Enrollment form is current on each enrolled child	2.
3. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	3.
4. Daily attendance/arrival/departure records up-to-date	4.
5. Sponsoring organization (SO) notified of enrollment changes	5.
6. Food-Purchasing Form/Itemized Receipts	6.
7. Expenditure/Reimbursement Worksheet	7.
8. Distributed <i>Building for the Future</i> fact sheet	8.
9. Posted WIC brochure	9.
10. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	10.

	YES/ NO/NA
C. Meal Counts	
1. Physical point of service count taken	1.
2. Counts separated by shifts	2.
3. Center meets licensing standards	3.
4. Meal service times as approved	4.
5. Meal Count Worksheet maintained	5.
D. Storage	
1. Adequate space	1.
2. Chemicals and medicines in separate location	2.
3. No rusted, dented, or unlabeled containers	3.
4. Stored food items off floor and away from walls and children	4.
5. Proper temperature and ventilation	5.
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.
7. Refrigerators and freezers defrosted	7.
8. Open cardboard boxes discarded	8.
9. Commodity foods dated	9.
10. Commodity temperature logs maintained	10.

FIVE-DAY RECONCILIATION INFORMATION

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO

This page intentionally left blank.

		YES/ NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Children are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen	12.	
13. Medications properly stored	13.	
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

		YES/ NO/NA
G. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	
2. Complaint-filing procedure	2.	
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	
H. Nutrition Education		
1. Nutrition education in classroom and/or at mealtime	1.	
I. Training		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all parent volunteers	2.	
J. Infants		
1. Offer meals to all enrolled infants	1.	
2. Follow Infant Meal Pattern	2.	
3. Infant Meal Waiver maintained	3.	
4. Infant Meals as Served form up-to-date	4.	

		YES/ NO/NA
K. Food Service/Meal Observation		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as children	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Proper milk-type served (FF/1%)	7.	
8. Method of production and quality of food	8.	
9. Plates and servings adjusted for age groups	9.	
10. Meal supervision provided	10.	
11. Adequate time for eating	11.	
12. Special dietary needs documentation available	12.	
13. Milk substitute provided	13.	
14. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	14.	
15. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	15.	
16. Is further training needed?	16.	
17. Is water offered throughout the day?	17.	
18. Is deep-fat frying occurring?	18.	

This page intentionally left blank.

L. Meal Analysis for Aged 1 Through 12						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
Time Served:	_____					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Vegetable/Juice				
Fruit/Juice				
Grains				
Meat/Meat Alternate				

This page intentionally left blank.

M. Infant Meal Analysis						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack

Birth - 5 Months	6 - 11 Months

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

Child's Name:			Age:	
Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

This page intentionally left blank.

This page intentionally left blank.

HOUSEHOLD CONTACT DOCUMENTATION

The _____ is conducting a review of _____. Please complete the information, and return this form in the envelope provided. Please call _____ if you have questions.

This questionnaire **MUST** be filled out by the parent/guardian only.

1. Child/Adult: _____ Birth Date: _____

2. Please indicate which of the past 12 months your child/adult was in care:

Oct Nov Dec Jan Feb Mar
Apr May June July Aug Sept

3. Please indicate the regular hours and days your child/adult is in care:

Monday: _____ to _____ Thursday: _____ to _____
Tuesday: _____ to _____ Friday: _____ to _____
Wednesday: _____ to _____ Saturday: _____ to _____
Sunday: _____ to _____

4. Which meals/snacks does your child/adult receive while in care?

Breakfast Lunch Supper
AM Snack PM Snack Evening Snack

5. Do you supply any food? Yes No

If Yes, please explain: _____

6. If your child/adult is no longer in care, what was his/her last date of care? _____

Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature

Date

Telephone Number

This page intentionally left blank.

*ADULT DAY CARE
INSTITUTIONS*

This page intentionally left blank.

APPROVING ADULT FAMILY-STYLE 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 435**.)
2. Households may report incomes for different periods; e.g., one monthly, one every two weeks, one twice a month, and one weekly. The institution 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.

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.

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 Forces Family Subsistence Supplemental Allowances (FSSA)*. (Reference All-State Directors’ Memo 2006-CN-10.)
- (b) ***Privatized housing*** refers to the Military Housing Privatization Initiative, a program operating at a number of military installations. This initiative puts the operation of military-owned housing under private contractors. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. It is important to note that this income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. (Reference All-State Directors’ Memos 2004-CN-06, 2004-CN-01, 2003-CN-17, 2003-CN-16.)

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
ADULT ONLY
LETTER TO THE HOUSEHOLD

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household *ONLY* if they are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to: (Name of Center) Life Long Adult Day Care, (Address) 555 “O” Street, (Phone Number) 444-0000.**
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
3. **Who can get reduced-price meals?** Adults can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines (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) 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
ADULT ONLY
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION (FSIA)**

PART 1. ALL HOUSEHOLD MEMBERS		
a. Name(s) of Adult Participant(s) FLORENCE SCOTT		
b. Names of All Household Members (First, Middle Initial, Last)	Age of Adult Participant(s)	Check If NO Income
FLORENCE SCOTT	94	<input checked="" type="checkbox"/>
FRANK SCOTT		<input checked="" type="checkbox"/>
FELECIA SCOTT		<input type="checkbox"/>

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
<i>Example: Jane Smith</i>	\$ 200 /weekly	\$ 150 /twice a month	\$ 100 /monthly	\$ _____ / _____
FELECIA SCOTT	\$ 1700 /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):	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.					
Annual Income Conversion:		Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income: 1700.00	Per Week:	Every 2 Weeks:	Twice a Month:	Month: X	Year:
Household Size: 3					
Categorical Eligibility:		Date Withdrawn:	Eligibility: Free X	Eligibility: Reduced	Eligibility: Denied
Reason:					
Determining Official's Signature: <i>Ima Fishul</i>				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	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

ADULT DAY CARE RECORD KEEPING

*Adult Day Care Institutions
Need to Refer to the Child Care
Record-Keeping Requirements
for Additional
Required Record-Keeping Forms*

INDIVIDUAL PLAN OF CARE

Adult day care centers shall provide an individual plan of care designed to meet the needs of functionally impaired adults. Such a plan shall provide a variety of health, social, and related support services to each enrolled participant.

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	<ul style="list-style-type: none"> •Serve renal, diabetic diet •Restrict sodium & potassium •Encourage frequent change of position •Encourage chair exercise twice daily 	<ul style="list-style-type: none"> •Will eat >75% renal, diabetic diet •Will assist with repositioning and transfers 	
2	Nursing Activities Social Services	<ul style="list-style-type: none"> •Orient to new surroundings and new faces (introduce self) •Communicate information in short, simple sentences 	<ul style="list-style-type: none"> •Will be oriented X⁴ 	
3	Nursing Activities Social Services	<ul style="list-style-type: none"> •Provide an individual, supportive relationship 	<ul style="list-style-type: none"> •Will socialize with staff/peers daily 	
4	Nursing	<ul style="list-style-type: none"> •Set up tray and encourage PT to feed self •Assist as needed to complete meal 	<ul style="list-style-type: none"> •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: Life Long Adult Day Care

Month: NOVEMBER

Year: YYYY

DAY/DATE	MONDAY, <u>31ST</u>	TUESDAY, <u>1ST</u>	WEDNESDAY, <u>2ND</u>	THURSDAY, <u>3RD</u>	FRIDAY, <u>4TH</u>
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, <u>7TH</u>	TUESDAY, <u>8TH</u>	WEDNESDAY, <u>9TH</u>	THURSDAY, <u>10TH</u>	FRIDAY, <u>11TH</u>
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
3:30	Volley Ball	Game	Toss Game	Spelling Bee	The Price Is Right

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

ADULT MEAL COUNT WORKSHEET

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

Meals Served to Program Participants Are:

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

Number Nonclaimable Meals Served. The Child and Adult Care Food Program (CACFP) must be reimbursed for any nonclaimable meals served. This income must be reported on the Expenditure/Reimbursement Worksheet:

- Meals over license capacity.
- Meals not meeting meal pattern requirements.
- Nonprogram adult meals and contract meals.
- Any meals over the three meals per participant per day limit.

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

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

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

(To be maintained at institutions with CACFP records.)

DATE	NUMBER MEALS SERVED PROGRAM PARTICIPANTS				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Supplement	Breakfast	Lunch	Supper	Supplement
1								
2								
3	7	9		9		1		
4	7	9		9				
5	5	7		7				
6	5	7		6		1		
7	6	8		6		1		
8								
9								
10	6	8		8		1		
11	6	8		8		1		
12	6	8		8		1		
13	6	8		8		1		
14	6	8		8				
15								
16								
17	5	7		7		1		
18	5	7		7				
19	4	6		6		1		
20	3	5		5		1		
21	4	6		6		1		
22								
23								
24	4	6		6		1		
25	4	6		6				
26	5	7		7				
27	5	7		7				
28								
29								
30								
31								
TOTALS	113	153		150		13		

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

This page intentionally left blank.

*ADULT DAY CARE
MENU PLANNING
AND MENUS AS SERVED*

ADULT MEAL PATTERN

Breakfast (Select all three components for a reimbursable meal)	
Food Components and Food Items ¹	Minimum Quantities
Fluid Milk²	8 fluid ounces
Vegetables, fruits, or portions of both³	1/2 cup
Grains (oz eq)^{4,5,6}	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 servings
Whole grain-rich, enriched, or fortified cooked breakfast cereal ⁷ , cereal grain, and/or pasta	1 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) ^{7,8}	
Flakes or rounds	2 cups
Puffed cereal	2 1/2 cups
Granola	1/2 cup

¹ Must serve all 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), or flavored fat-free (skim) milk. 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 Beginning October 1, 2019, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

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).

⁸ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 1/2 cups for adults.

ADULT MEAL PATTERN

Lunch/Supper (Select all five components for a reimbursable meal)	
Food Components and Food Items¹	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
Vegetables⁶	1/2 cup
Fruits^{6,7}	1/2 cup
Grains (oz eq)^{8,9}	
Whole grain-rich or enriched bread	2 slices
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 servings
Whole grain-rich, enriched, or fortified cooked breakfast cereal ¹⁰ , cereal grain, and/or pasta	1 cup

¹ Must serve all five 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), or flavored fat-free (skim) milk. 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 in Appendix A to Part 226.

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 Beginning October 1, 2019, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

¹⁰ 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 Milk²	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
Vegetables⁵	1/2 cup
Fruits⁵	1/2 cup
Grains (oz eq)^{6,7}	
Whole grain-rich or enriched bread	1 slice
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1 serving
Whole grain-rich, enriched, or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/2 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ^{8,9}	
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), or flavored fat-free (skim) milk. 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 Alternate protein products must meet the requirements in Appendix A to Part 226.

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 Beginning October 1, 2019, ounce equivalents (oz eq) are used to determine the quantity of creditable grains. Grain-based desserts do not count toward meeting the grains requirement.

⁸ 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).

⁹ Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1 1/2 cups for adults.

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	9	X	2.0 ounces	=	18
					Total Ounces Needed

GRAINS					
Adults	7	X	2 servings	=	14
					Total Servings Needed

EXAMPLE LUNCH AND SUPPER*

HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Adults Present: 9

Number of Adults Served					
MILK*					
Adults	<i>9</i>	X	8 fluid ounces	=	<i>72</i>
					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	<i>9</i>	X	2 (1/4 cup)	=	<i>18</i>
					Total Number of 1/4 Cups Needed
FRUIT					
Adults	<i>9</i>	X	2 (1/4 cup)	=	<i>18</i>
					Total Number of 1/4 Cups Needed
MEAT/MEAT ALTERNATE					
Adults	<i>9</i>	X	2.0 ounces	=	<i>18</i>
					Total Ounces Needed
GRAINS					
Adults	<i>9</i>	X	2 servings	=	<i>18</i>
					Total Servings 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 servings	=	9
					Total Servings Needed

ADULT FOOD PRODUCTION RECORDS/ MENUS AS SERVED

The food production record is to begin on October 1 of each fiscal year and end on September 30. Make copies of the *Menus as Served* original on **page 451** for your records.

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

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box
- Comments Box—Note any comments or special dietary needs
- Date of meal service
- Meal counts of—
 - * Total 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 Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.

This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements.

As with all other record-keeping forms provided by the State Agency, the Food Production Records/Menus as Served Book is a prototype management tool. If an institution has a food production record-keeping system that is equal to or better than the one provided, it may be used. Contact your area coordinator 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

Regular Meals
 At-Risk Meals

Comments/Special Dietary Needs:

Date: 10/4/YYYY

MEAL TYPE	MENU	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: ____	Cornflakes Toast Bananas Milk		WG <input type="checkbox"/> 1 32-oz box corn- flakes 24 1-oz slices bread		7# bananas, un- peeled	1 gallon lowfat white
AM SNACK Total participants served: ____ Program Adults: ____			WG <input type="checkbox"/>			
LUNCH Total participants served: 24 Program Adults: __0__	Spaghetti sauce w/ ground beef Spaghetti noodles Green beans Peaches Bread sticks Milk	5# 20% fat ground beef	WG <input checked="" type="checkbox"/> Spaghetti noodles 2 1/2# 24 1-oz bread sticks	Green beans, 2 #10 cans, cut, drained, heated Spaghetti sauce, 1 #10 can, meatless	Peaches, freestone, sliced, 2 #10 cans	3/4 gallon lowfat white
PM SNACK Total participants served: 30 Program Adults: __0__	Savory crackers Orange juice		WG <input type="checkbox"/> 2/1-lb boxes savory crackers		1 gallon orange juice	
SUPPER Total participants served: ____ Program Adults: ____			WG <input type="checkbox"/>			
LATE PM SNACK Total participants served: ____ Program Adults: ____			WG <input type="checkbox"/>			

REVIEW OPTIONS

Sponsors are required to monitor food service operations of facilities under their administration annually. New facilities must have their first review during the first four weeks of operation. Each review must include a meal analysis where enrollees are present and a five-day reconciliation of records. If a facility is found to be seriously deficient, the next review conducted must be an unannounced follow-up review. This review does not count toward the required reviews.

MONITOR REVIEWS

An SO must review food service operations at each facility. The USDA requires that multisited institutions include the following when fulfilling their monitoring responsibilities:

1. New adult care centers must have a review conducted during the first four weeks of program operations.
2. Each adult care facility must be reviewed at least three times each year by the SO, with not more than six months elapsing between reviews.
3. There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:
 - a. Conduct one announced and two unannounced reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. All reviews must be documented and kept on file.
 - b. An SO may do **review averaging** by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, the first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If **review averaging** is selected, the SO must have a written plan with detailed procedures for tracking reviews. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.

c. All reviews shall include, at a minimum:

- CACFP meal patterns
- Licensing or approval
- Participation or attendance at sponsor training
- Meal counts
- Corrected problems from previous reviews
- Five-day reconciliation

4. Maintain on file at the SO's office all reports pertaining to the above areas of responsibility. Conduct annual training sessions, maintaining documentation as well as topics presented and names of participants.

ADULT MULTISITED PREAPPROVAL VISIT FORM

INSTRUCTIONS

Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each new facility prior to the beginning of CACFP operations. These reviews must be documented and kept on file.

Facility Name: Record the facility name.

Facility Address: Record the address of the facility.

Facility Agrees to Comply: Check all boxes in Numbers 1 through 12 if the facility agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Facility Representative's Signature and Date:

The representative of the facility must sign and date the Preapproval Visit Form.

Sponsoring Organization Representative's Signature and Date:

The SO's representative who made the preapproval visit must sign and date the Preapproval Visit Form.

EXAMPLE

ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: Live Longer Adult Day Care

Center Address: 556 Pebble Street, Oklahoma City, OK 73123

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	X
2. Civil rights compliance (poster, complaint procedure)	2.	X
3. Family-Size and Income Application (FSIA)	3.	
a. Obtained on enrollee	a.	X
b. Approved by institution official	b.	X
4. Monthly count by category/roster sheet maintained	4.	X
5. Daily attendance records maintained	5.	X
6. Meal Count Worksheet (Meal Counts)	6.	X
7. Itemized receipts/invoices properly maintained	7.	
a. Food-Purchasing Form	a.	X
b. Signature of purchaser	b.	X
8. Inventory up-to-date (recommended)	8.	X
9. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	9.	X
10. Meal patterns	10.	
a. Minimum meal pattern requirements (components and quantities)	a.	X
b. Meal limitation/time frame	b.	X
c. Child Nutrition (CN) Labels/Product Formulation Statement	c.	X
d. Special dietary needs	d.	X
11. Sanitation and safety	11.	X
12. Food preparation area adequate for meals served	12.	X

Comments: Center requested assistance in nutrition ideas for disabled enrollees.

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Gettin Older
Center Representative's Signature

10/4/YYYY
Date

Ima Fishul
Sponsoring Organization Representative's Signature

10/4/YYYY
Date

ADULT ON-SITE MONITOR REVIEW FORM

INSTRUCTIONS

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
 2. Facility's Name: Record the facility's name.
 3. Facility's Address: Record the facility's address.
 4. Unannounced or Announced: Indicate if the review is unannounced or announced.
 5. Institution Agreement Number: Record the institution's agreement number.
 6. Date of Visit: Record the date of the monitor visit.
 7. Time of Visit: Record the time of arrival at this site.
 8. Review: Circle the appropriate answer to identify which review is being conducted (1, 2, 3, weekend, or follow-up).
 9. New Site: Indicate if this is a new site's initial review.
- Items A-D Read each statement, and answer each item accordingly.

EXAMPLE
ADULT ON-SITE MONITOR REVIEW FORM

1. Reviewer: Ima Fishul
 2. Facility: Life Long Adult Day Care
 3. Facility's Address: 555 Stone Street
 4. Unannounced Review Announced Review

5. Institution Agreement Number: AD-99-999
 6. Date of Visit: 10/28/YYYY
 7. Time of Visit: 10 AM
 8. Review: 1 2 3 Weekend Follow-Up
 9. New Site Initial Review: Yes No

		YES/ NO/NA
A. License (if applicable)		
1. Current license/permit	1.	Yes
2. Capacity: <u>35</u>		
3. Center meets licensing standards	3.	Yes
B. Record Keeping		
1. Family-Size and Income Application	1.	Yes
2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	2.	Yes
3. Daily attendance/arrival/departure records up-to-date	3.	Yes
4. Sponsoring organization (SO) notified of enrollment changes	4.	Yes
5. Food-Purchasing Form/Itemized Receipts	5.	Yes
6. Expenditure/Reimbursement Worksheet	6.	Yes
7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	7.	Yes
8. Individual plan of care is on file for each adult participant	8.	Yes
9. Adult care facility has a group program	9.	Yes

		YES/ NO/NA
C. Meal Counts		
1. Physical point of service count taken	1.	Yes
2. Counts separated by shifts	2.	Yes
3. Counts within license capacity	3.	Yes
4. Meal service times as approved	4.	Yes
5. Meal Count Worksheet maintained	5.	Yes
D. Storage		
1. Adequate space	1.	Yes
2. Chemicals and medicines in separate location	2.	Yes
3. No rusted, dented, or unlabeled containers	3.	Yes
4. Stored food items off floor and away from walls and participants	4.	Yes
5. Proper temperature and ventilation	5.	Yes
6. Thermometers in freezers and refrigerators Refrigerator temperature: <u>41°</u> Freezer temperature: <u>0°</u>	6.	Yes
7. Refrigerators and freezers defrosted	7.	Yes
8. Open cardboard boxes discarded	8.	Yes
9. Commodity foods dated	9.	Yes
10. Commodity temperature logs maintained	10.	Yes

DATE	# ENROLLMENT	# IN ATTENDANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECONCILED YES/NO
10/5	30	25	25		25	25		Yes
10/6	30	30	30		30	30		Yes
10/7	30	27	27		27	27		Yes
10/8	30	25	25		25	25		Yes
10/9	30	28	28		28	28		Yes

Items E-H

Read each statement, and answer each item accordingly.

Item I

Food Service/Meal Observation—Read each statement, and answer accordingly.

		YES/ NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	Yes
2. Clean kitchen (floors, cupboards, pest-free)	2.	Yes
3. Clean equipment	3.	Yes
4. Dining surfaces and countertops sanitized	4.	Yes
5. Proper method of dishwashing	5.	Yes
6. Effective hair restraint	6.	Yes
7. Proper handwashing technique	7.	Yes
8. Proper grooming and hygiene	8.	Yes
9. Participants are in a safe environment and not in imminent danger	9.	Yes
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	Yes
11. Leftovers properly stored	11.	Yes
12. Only authorized persons in kitchen	12.	Yes
13. Medications properly stored	13.	Yes
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	Yes
2. All components served	2.	Yes
3. Sufficient quantities served	3.	Yes
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	Yes
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	Yes
6. Procedure used for controlling the ordering and delivery of contract meals	6.	Yes

		YES/ NO/NA
G. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	Yes
2. Complaint-filing procedure	2.	Yes
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	Yes
H. Training		
1. CACFP training by sponsor for all facility staff	1.	Yes
2. CACFP training by sponsor for all parent volunteers	2.	Yes

		YES/ NO/NA
I. Food Service/Meal Observation		
1. Method of production <u> Self-Prep </u>		
2. Meal service times as approved	2.	Yes
3. Adequate space for dining	3.	Yes
4. Program adults served the same meal as participants	4.	Yes
5. All components served	5.	Yes
6. Required quantities served	6.	Yes
7. Method of production and quality of food	7.	Yes
8. If milk is offered, is it fat-free or 1%?	8.	Yes
9. Meal supervision provided	9.	Yes
10. Adequate time for eating	10.	Yes
11. Special dietary needs documentation available	11.	Yes
12. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	12.	Yes
13. Is further training needed?	13.	Yes
14. Observed Offer versus Serve being supplemented	14.	Yes
15. Is water offered throughout the day?	15.	Yes
16. Is deep-fat frying occurring?	16.	No

Item J

Meal Analysis

Meal Observed—Circle the appropriate meal that is being observed.

Time Served—Record the time the meal was actually served.

Components and Quantities—In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

J. Meal Analysis						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
Time Served:	11:30 AM					

Total Meals Served	Nonclaimable Meals Served	Comments
24	0	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt	Milk	1/2 gallon, 1% unflavored = 64 oz		0
Vegetable/Juice	Green beans Spaghetti sauce	2 #10 cans cut green green beans—45.3 (1/4 cups) spaghetti sauce, meat- less—1 #10 can—47.9 (1/4 cups) Total—93.2 (1/4 cups)	24 x 2 (1/4 cups) = 48 (1/4 cups)	93.2 - 48 = +45.2 (1/4 cups)
Fruit/Juice	Peaches	peaches, 1 #10 can, sliced = 50 (1/4 cups)	24 x 2 (1/4 cups) = 48 (1/4 cups)	50 - 48 = + 2 (1/4 cups)
Grains	Spaghetti	spaghetti noodles, 2 1/2# = 26.5 (1/2 cup servings) 24—1-oz bread sticks	24 x 2 = 48 servings	50.5 - 48 = +2.5 servings
Meat/Meat Alternate	Ground beef—80/20	5# ground beef = 59 (1-oz servings)	24 x 2 = 48 oz	59 - 48 = +11 oz

Item K

Review Summary

Record all areas that require corrective action. Make appropriate comments and recommendations.

Item L

Facility Is in Compliance/Noncompliance

Check the appropriate box.

Follow-Up Visit:

Circle **Yes** if a follow-up is required, as per the sponsor's policy, to view that corrective action has taken place. If the answer is **Yes**, then documentation must be available to show that a follow-up visit was made. **NOTE: A follow-up visit does not count as a second monitor review. The follow-up visit must be unannounced. Circle No if no areas of noncompliance have been noted. A follow-up visit is not necessary.**

Facility Signature and Date:

The facility representative must sign and date the Monitor Review form.

Reviewer Signature and Date:

The reviewer must sign and date the Monitor Review form.

EXAMPLE

K. Review Summary
Corrective Action Needed, Recommendations, and Comments:

L. Facility Is:	In Compliance <input checked="" type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No
Is a follow-up review required to view corrective action?	Yes	(NA)
		(No)

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

GETTIN OLDER

(Facility Representative's Signature)

10/28/YYYY

(Date)

IMA FISHUL

(Sponsoring Organization Monitor's Signature)

10/28/YYYY

(Date)

*ADULT DAY CARE
INSTITUTION
ORIGINALS*

This page intentionally left blank.

**ADULT
LETTER TO THE HOUSEHOLD**

Dear Guardian:

The Child and Adult Care Food Program (CACFP) offers meal reimbursements to adult day care facilities that provide structured comprehensive services to nonresidential adults who are functionally impaired or aged 60 and older. By completing the attached Family-Size and Income Application (FSIA), the centers will be able to receive reimbursement that is based on the number of enrolled participants who are eligible for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each adult in day care?** You may complete and submit one FSIA for the adults enrolled in day care in your household *ONLY* if they are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to:** *(Name of Center)* _____, *(Address)* _____, *(Phone Number)* _____.
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Social Security Income (SSI), or Medicaid can get free meals. Adults in households participating in Women Infants and Children (WIC) *MAY* be eligible for free meals.
3. **Who can get reduced-price meals?** Adults can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Adults in households participating in WIC *MAY* be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must only include your spouse and your dependents who share income and expenses.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the adult day care center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP or FDPIR case number or an SSI or Medicaid assistance number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. **We are in the military; do we include our housing 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) _____

This page intentionally left blank.

ADULT FAMILY-SIZE AND INCOME APPLICATION (FSIA)

PART 1. ALL HOUSEHOLD MEMBERS		
a. Name(s) of Adult Participant(s)		
b. Names of All Household Members (First, Middle Initial, Last)	Age of Adult Participant(s)	Check If NO Income
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART 2. BENEFITS
<p>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.</p>
NAME: _____ CASE NUMBER: _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.				
A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>Example: Jane Smith</i>	\$ 200 /weekly	\$ 150 /twice a month	\$ 100 /monthly	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).	
<p>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.</p>	
<p><i>I certify (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.</i></p>	
Sign Here:	Print Name:
Date:	
Address:	Phone Number:
City:	State: Zip Code:

Last four digits of social security number: ***-**-_____	<input type="checkbox"/> I do not have a social security number
--	---

PART 5. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (Optional)			
Choose one ethnicity:	Choose one or more (regardless of ethnicity):		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

This page intentionally left blank.

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	22,459
2	30,451
3	38,443
4	46,435
5	54,427
6	62,419
7	70,411
8	78,403
Each Additional Person:	7,992

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

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

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

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

This institution is an equal opportunity provider.

This page intentionally left blank.

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.

This page intentionally left blank.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM**

**HOUSEHOLD-SIZE AND INCOME SCALES
FOR FREE AND REDUCED-PRICE MEALS
FISCAL YEAR 2019**

To be used for applications obtained from July 1, 2018, through June 30, 2019.

(The Free Scale Should Not Be Distributed to Families)

ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	15,782	1,316	658	607	304
2	21,398	1,784	892	823	412
3	27,014	2,252	1,126	1,039	520
4	32,630	2,720	1,360	1,255	628
5	38,246	3,188	1,594	1,471	736
6	43,862	3,656	1,828	1,687	844
7	49,478	4,124	2,062	1,903	952
8	55,094	4,592	2,296	2,119	1,060
For each additional family member, add:	5,616	468	234	216	108

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	22,459	1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
For each additional family member, add:	7,992	666	333	308	154

This page intentionally left blank.

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

This page intentionally left blank.

GROUP PROGRAM

Adult Day Care Center: _____

Month: _____ **Year:** _____

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

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

This page intentionally left blank.

ADULT MEAL COUNT WORKSHEET

Agreement Number: AD- _____ Month: _____ 20 _____
 (To be maintained at institutions with CACFP records.)

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

This page intentionally left blank.

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 servings	=	
					Total Servings Needed

This page intentionally left blank.

LUNCH AND SUPPER*

HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

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 servings	=	
					Total Servings Needed

*Milk is not a required component at supper.

This page intentionally left blank.

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

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 servings	=	
					Total Servings Needed

This page intentionally left blank.

ADULT MULTISITED PREAPPROVAL VISIT FORM

Center Name: _____

Center Address: _____

The following items were discussed and reviewed:		Center Agrees to Comply
1. Current license posted (if applicable)	1.	
2. Civil rights compliance (poster, complaint procedure)	2.	
3. Family-Size and Income Application (FSIA) a. Obtained on enrollee b. Approved by institution official	3. a. b.	
4. Monthly count by category/roster sheet maintained	4.	
5. Daily attendance records maintained	5.	
6. Meal Count Worksheet (Meal Counts)	6.	
7. Itemized receipts/invoices properly maintained a. Food-Purchasing Form b. Signature of purchaser	7. a. b.	
8. Inventory up-to-date (recommended)	8.	
9. Food-Production Records/Menus as Served Book maintained accurately (up-to-date)	9.	
10. Meal patterns a. Minimum meal pattern requirements (components and quantities) b. Meal limitation/time frame c. Child Nutrition (CN) Labels/Product Formulation Statement d. Special dietary needs	10. a. b. c. d.	
11. Sanitation and safety	11.	
12. Food preparation area adequate for meals served	12.	

Comments: _____

Approval Recommended: Yes No

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

Center Representative's Signature

Date

Sponsoring Organization Representative's Signature

Date

This page intentionally left blank.

MENUS AS SERVED

Regular Meals

Comments/Special Dietary Needs:

Date: _____

MEAL TYPE	MENU	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total participants served: _____ Program Adults: _____			WG <input type="checkbox"/>			
AM SNACK Total participants served: _____ Program Adults: _____			WG <input type="checkbox"/>			
LUNCH Total participants served: _____ Program Adults: _____			WG <input type="checkbox"/>			
PM SNACK Total participants served: _____ Program Adults: _____			WG <input type="checkbox"/>			
SUPPER Total participants served: _____ Program Adults: _____			WG <input type="checkbox"/>			
LATE PM SNACK Total participants served: _____ Program Adults: _____			WG <input type="checkbox"/>			

This page intentionally left blank.

ADULT ON-SITE MONITOR REVIEW FORM

1. Reviewer: _____

5. Institution Agreement Number: _____

2. Facility: _____

6. Date of Visit: _____

3. Facility's Address: _____

7. Time of Visit: _____

4. Unannounced Review Announced Review

8. Review: 1 2 3 Weekend Follow-Up

9. New Site Initial Review: Yes No

		YES/ NO/NA
A. License (if applicable)		
1. Current license/permit	1.	Yes
2. Capacity: _____		
3. Center meets licensing standards	3.	Yes
B. Record Keeping		
1. Family-Size and Income Application	1.	
2. Monthly categorical counts/CACFP Roster maintained and verified by attendance records	2.	
3. Daily attendance/arrival/departure records up-to-date	3.	
4. Sponsoring organization (SO) notified of enrollment changes	4.	
5. Food-Purchasing Form/Itemized Receipts	5.	
6. Expenditure/Reimbursement Worksheet	6.	
7. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period? (See form below)	7.	
8. Individual plan of care is on file for each adult participant	8.	
9. Adult care facility has a group program	9.	

		YES/ NO/NA
C. Meal Counts		
1. Physical point of service count taken	1.	
2. Counts separated by shifts	2.	
3. Counts within license capacity	3.	
4. Meal service times as approved	4.	
5. Meal Count Worksheet maintained	5.	
D. Storage		
1. Adequate space	1.	
2. Chemicals and medicines in separate location	2.	
3. No rusted, dented, or unlabeled containers	3.	
4. Stored food items off floor and away from walls and participants	4.	
5. Proper temperature and ventilation	5.	
6. Thermometers in freezers and refrigerators Refrigerator temperature: _____ Freezer temperature: _____	6.	
7. Refrigerators and freezers defrosted	7.	
8. Open cardboard boxes discarded	8.	
9. Commodity foods dated	9.	
10. Commodity temperature logs maintained	10.	

DATE	# ENROLL-MENT	# IN ATTEN-DANCE	# BREAKFAST	# AM	# LUNCH	# PM	# SUPPER	RECON-CILED YES/NO

This page intentionally left blank.

		YES/ NO/NA
E. Sanitation and Safety		
1. Trash cans covered	1.	
2. Clean kitchen (floors, cupboards, pest-free)	2.	
3. Clean equipment	3.	
4. Dining surfaces and countertops sanitized	4.	
5. Proper method of dishwashing	5.	
6. Effective hair restraint	6.	
7. Proper handwashing technique	7.	
8. Proper grooming and hygiene	8.	
9. Participants are in a safe environment and not in imminent danger	9.	
10. Food-handling procedures (thawing, time, temperature, transportation)	10.	
11. Leftovers properly stored	11.	
12. Only authorized persons in kitchen	12.	
13. Medications properly stored	13.	
F. Food Production		
1. Food Production Records/Menus as Served Book complete and up-to-date	1.	
2. All components served	2.	
3. Sufficient quantities served	3.	
4. Statement from recognized medical authority on file for substitutions due to medical reasons	4.	
5. Child Nutrition (CN) Label or Product Formulation Statement available	5.	
6. Procedure used for controlling the ordering and delivery of contract meals	6.	

		YES/ NO/NA
G. Civil Rights Compliance		
1. . . . <i>And Justice for All</i> poster	1.	
2. Complaint-filing procedure	2.	
3. All participants served the same meal at no separate charge—regardless of race, color, national origin, sex, age, or disability—and there is no discrimination in the course of food service	3.	
H. Training		
1. CACFP training by sponsor for all facility staff	1.	
2. CACFP training by sponsor for all parent volunteers	2.	

		YES/ NO/NA
I. Food Service/Meal Observation		
1. Method of production _____		
2. Meal service times as approved	2.	
3. Adequate space for dining	3.	
4. Program adults served the same meal as participants	4.	
5. All components served	5.	
6. Required quantities served	6.	
7. Method of production and quality of food	7.	
8. If milk is offered, is it fat-free or 1%?	8.	
9. Meal supervision provided	9.	
10. Adequate time for eating	10.	
11. Special dietary needs documentation available	11.	
12. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	12.	
13. Is further training needed?	13.	
14. Observed Offer versus Serve being supplemented	14.	
15. Is water offered throughout the day?	15.	
16. Is deep-fat frying occurring?	16.	

This page intentionally left blank.

J. Meal Analysis						
Meal Observed:	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
Time Served:	_____					

Total Meals Served	Nonclaimable Meals Served	Comments

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk/Yogurt				
Vegetable/Juice				
Fruit/Juice				
Grains				
Meat/Meat Alternate				

This page intentionally left blank.

K. Review Summary

Corrective Action Needed, Recommendations, and Comments:

L. Facility Is:		In Compliance <input type="checkbox"/>	In Noncompliance <input type="checkbox"/>
Were problems noted in previous review corrected?	Yes	No	NA
Is a follow-up review required to view corrective action?	Yes	No	

We certify that this review has been completed while in the facility. All areas of noncompliance have been discussed.

(Facility Representative's Signature)

(Date)

(Sponsoring Organization Monitor's Signature)

(Date)

This page intentionally left blank.

INDEX

Adopted Child.....	22
Adult Day Care Eligibility Documentation.....	383
Adult Day Care Institutions.....	381
Adult Living With Relative or Friends.....	386
Alimony/Child Support.....	23
Application Approval or Denial.....	20
At-Risk Meals On-Site Review.....	261
At-Risk Meals Responsibilities.....	255
Basic Responsibilities.....	7
Building for the Future.....	78, 307
Calculate Number of Servings.....	197-200, 314-316, 407-410, 443-447
Certification Regarding Debarment/Suspension.....	120
Chart of Procedures.....	117
Child Attending an Institution.....	22
Child Away at School.....	22
Child Nutrition (CN) Labels/Product Formulation Statements.....	192, 319-326
Child/Adult Living with One Parent, Relatives, or Friends.....	22
Child's Income.....	24
Civil Rights.....	91
Civil Rights Complaint Form.....	97-100
Claim for Reimbursement.....	70
Consultant Territories.....	5
Contract Cost and Price.....	107-108
Contract Meal Delivery Receipt.....	253, 331
Contracting for Food Service.....	247-252, 331
Contracting for Management Functions.....	249
Crediting Combination Foods.....	191
Crediting Foods for Infant Meals.....	233-235
Current Income.....	20, 24, 386
Daily Attendance Records—Arrival and Departure Times.....	56, 293
Daily Attendance Records.....	54, 291
Daily Record of Meals Served.....	60, 297
Developmental Readiness for Infants.....	226-227
Donated Products Record.....	74, 301
Earnings From Work.....	386
Economic Unit/Household.....	23, 386
Eligibility Definitions.....	22, 386
Eligibility Documentation.....	15
Eligibility Guidelines.....	281
Emancipated Child.....	22
Enrollment Form.....	17, 267
Expenditure/Reimbursement Worksheet—Independent/Site.....	66-69, 303
Expenditure/Reimbursement Worksheet—Multisited.....	336, 362

Family Members Living Apart	22, 386
Family-Size and Income Application Examples	31-42
Family-Size and Income Applications—Adult Care	393, 429
Family-Size and Income Applications—Child Care	19, 275-280
Food-Buying Guide Explanation	204
Food Distribution Program on Indian Reservations (FDPIR).....	19
Food Production Records/Menus As Served—Adult Care	411-412, 451
Food Production Records/Menus As Served—Child Care	201, 317
Food-Purchasing Form	62-63, 299
Foreign Exchange Student	22
Formal Bid Procurement Log.....	116
Formal Methods of Procurement	104-107
Foster Children	22, 24
Garnisheed Wages and Bankruptcy	24, 387
Grains	171
Group Program—Adult Care	398, 439
Head Start Children	43, 283
Household Income	20, 386
Household Letter—Adult Care	391, 427
Household Letter—Child Care	29, 273
Household-Size and Income Scale	281, 435
Household/Economic Unit	23, 386
Income	24, 386
Income-Eligibility Scale	281, 435
Income Exclusions	27, 389-390
Income for the Self-Employed	24, 387
Income Households	20, 386
Individual Plan of Care—Adult Care	396, 437
Infant Meal Pattern	223-225, 437
Infant Meal Waiver	228, 327
Infants	222
Infant Meals Served	230, 329
Informal Methods of Procurement	103
In-Kind Compensation	27, 389
In-Service Training	88
Institution Originals	265, 425
Institutionalized Child	23, 25
Inventory	83, 309
Joint Custody	23
Legislative Prohibition	27
Letter to Household—Adult Care	391, 427
Letter to Household—Child Care	29, 273
Loans	27, 389
Lump Sum Payments	25, 387

Meal Count Worksheet—Adult Care	400, 441
Meal Count Worksheet—Child Care	58-59, 295
Meal Pattern Requirements—Adult Care	404-406
Meal Pattern Requirements—Child Care	139-141
Meat/Meat Alternates.....	149
Medicaid	383
Medical Statement.....	219, 269
Menus As Served/Food Production Records—Adult Care	411, 451
Menus As Served/Food Production Records—Child Care	201, 317
Methods of Procurement	103
Micro Purchasing.....	103
Military	23, 25-26, 387-389
Milk	142
Milk Inventory	86, 311
Milk Substitution Request	148, 271
Monthly Record-Keeping Checklist	75, 305
Monthly Record of Inventory.....	83, 309
Multisited Household Contact.....	360, 379
Multisited Institutions	333
Multisited Institutions—Additional Requirements	13, 333
Multisited Institutions—Report of Facilities (At-Risk Meals Only).....	343, 365
Multisited Institutions—Report of Facilities (Regular Meals Only).....	341, 364
Multisited On-Site Monitor Review—Adult Care	417, 453-459
Multisited On-Site Monitor Review—Child Care	350-359, 369-377
Multisited Preapproval Visit	344, 367, 415, 449
Multisited Review Options	347-348
Noncompetitive Proposals.....	107
Number of Servings—How to Calculate	197-200, 314-316, 443-447
Occasional Earnings.....	27, 389
Originals	263, 425
Other Income.....	26, 389
Other Required Records.....	77
Payment Notice	72
Price Quotes.....	118
Procurement Plan.....	132
Procurement Procedures and Practices	103
Product Formulation Statements/CN Labels	192, 319-326
Profit/Loss of Institutions	304
Protest Procedures.....	122
Questions/Answers for Infant Meals.....	236-245
Record of Donated Products	64, 301
Record Keeping—Adult Care	395
Record Keeping—Child Care	51
Rosters for Regular Meals Only	46, 285-289
Self-Employed Income	24, 387
Small Purchase/Informal Procurement Log.....	115
Social Security/Pensions/Retirements.....	26, 389
Small Purchasing Procedures	103-104

Special Dietary Needs	217
SSI	383
Student Financial Assistance.....	27
Supplemental Nutrition Assistance Program (SNAP).....	19, 383
Temporary Assistance to Needy Families (TANF).....	19
Temporary Workers/Seasonal	26, 389
Training.....	87
Vegetables and Fruits.....	161
Vendor Contacts.....	119
Water Requirement	13, 137
Welfare	26, 389
Whole Grains.....	212
Women Infant, and Children (WIC) Information	80