

INSTITUTION
ORIGINALS

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COMPLETING ENROLLMENT FORM

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

This form **does not** replace the Family-Size and Income Application (FSIA), which must be distributed annually.

Head Start facilities need only complete Items 1, 2, 3, and 6.

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

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

MEDICAL STATEMENT

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

Name of Student: _____ Age: _____

Name of Parent/Guardian: _____ Telephone Number: _____

Name of Institution: _____

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

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

List food(s) to be omitted from diet:

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

Additional information:

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

Yes

No

Date

Signature of Licensed Physician, Physician's
Assistant, or Nurse Practitioner

Telephone Number

EXCEPTIONS FOR SPECIAL DIETARY NEEDS

Documentation must be on file and available for individual participants who are unable, because of medical or other special dietary needs, to consume certain foods. Substitutions due to medical needs shall be supported by a statement from a recognized licensed physician, physician's assistant, or nurse practitioner and should include recommended alternate foods. If a medical statement is not available, meals lacking the required components/quantities cannot be claimed for reimbursement.

Institutions *MAY* consider ethnic and religious preferences when planning and preparing meals. Variations on an experimental or continuing basis in the *food components* for the CACFP meal patterns must have written approval from the United States Department of Agriculture (USDA). Contact the State Agency for further instructions.

MILK SUBSTITUTION REQUEST

Child's Name: _____ Age: _____

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

Signature of Parent/Guardian: _____

Date: _____

INSTITUTION APPROVAL:

Signature: _____ Date: _____

Nondairy Beverages

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

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

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

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LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

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

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

This institution is an equal opportunity provider and employer.

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

Sincerely,

(Signature) _____

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

PART 1. ALL HOUSEHOLD MEMBERS				
a. Name(s) of Enrolled Child(ren)				
b. Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* *If all children indicated below are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income
			<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 WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<i>(Example) Jane Smith</i>	\$ <u>200</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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

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

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

Sign Here: _____ Print Name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

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

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

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

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

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

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

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

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

Signature of Parent/Guardian: _____ Date: _____

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

185% of Poverty Level	
Household Size	Yearly
1	21,775
2	29,471
3	37,167
4	44,863
5	52,559
6	60,255
7	67,951
8	75,647
Each additional person:	7,696

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

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

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

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

USDA is an equal opportunity provider and employer.

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

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

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

Household Size: _____

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

Reason: _____

Determining Official's Signature: _____ Date: _____

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

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

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

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

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

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

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

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

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

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

Part 6: Answer this question if you choose.

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

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

Part 1: a. List all enrolled children.

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

Part 2: Skip this part.

Part 3: Skip this part.

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

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

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

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

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

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

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

Part 6: Answer this question if you choose.

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

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

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

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

**HOUSEHOLD-SIZE INCOME SCALES
FOR FREE AND REDUCED-PRICE MEALS
Fiscal Year 2016**

To be used for applications obtained from July 1, 2015, through June 30, 2016.

(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	15,301	1,276	638	589	295
2	20,709	1,726	863	797	399
3	26,117	2,177	1,089	1,005	503
4	31,525	2,628	1,314	1,213	607
5	36,933	3,078	1,539	1,421	711
6	42,341	3,529	1,765	1,629	815
7	47,749	3,980	1,990	1,837	919
8	53,157	4,430	2,215	2,045	1,023
For each additional family member, add:	5,408	451	226	208	104

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional family member, add:	7,696	642	321	296	148

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HEAD START FEDERALLY FUNDED ENROLLMENT FORM INSTRUCTIONS

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

FREE CACFP ROSTER—REGULAR MEALS ONLY

Center: _____ Fiscal Year: _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1.															
2.															
3.															
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27.															
28.															
29.															
30.															
TOTAL															

*EF = Enrollment Form obtained

CACFP ROSTER—REGULAR MEALS ONLY

The CACFP Roster is used to determine monthly counts of *free*, *reduced*, and *not eligible* participation.

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

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

It is recommended that the rosters be maintained in a loose-leaf binder. Children's FSIA's should be placed behind the roster on which they are listed.

REDUCED CACFP ROSTER—REGULAR MEALS ONLY

Center: _____ Fiscal Year: _____

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

*EF = Enrollment Form obtained

CACFP ROSTER—REGULAR MEALS ONLY

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

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

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

It is recommended that the rosters be maintained in a loose-leaf binder. Children's FSIA's should be placed behind the roster on which they are listed.

NOT ELIGIBLE CACFP ROSTER—REGULAR MEALS ONLY

Center: _____ Fiscal Year: _____

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DATE DROPPED
1.															
2.															
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27.															
28.															
29.															
30.															
TOTAL															

*EF = Enrollment Form obtained

CACFP ROSTER—REGULAR MEALS ONLY

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

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

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

It is recommended that the rosters be maintained in a loose-leaf binder. Children's FSIA's should be placed behind the roster on which they are listed.

DAILY ATTENDANCE RECORDS

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

The Daily Attendance Record may be used by centers claiming reimbursement for three or less meal services per day. Instructions for use are:

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box.
- Record the center's name, and month and year of attendance record.
- List each child's first and last names left for care at the center.
- Daily, check each child who is in attendance.
- Identify children who are in attendance but do not receive reimbursable meals.

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES

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

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

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

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

- Regular Meals
- At-Risk Meals

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

Agreement Number: DC- _____ Month: _____ 20 _____ (To be maintained at institution with CACFP records.)

DATE	MEALS SERVED TO PROGRAM CHILDREN Aged 1 Through 12 Years										NUMBER MEALS SERVED TO PROGRAM INFANTS Aged 0 Through 12 Months				NUMBER NONCLAIMABLE MEALS SERVED*			
	Breakfast	Lunch	Supper	Snack			Breakfast	Lunch	Supper	Snack	Breakfast	Lunch	Supper	Snack				
				A.M.—1	A.M.—2	P.M.—1									P.M.—2	LT P.M.—1	LT P.M.—2	
1																		
2																		
3																		
4																		
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28																		
29																		
30																		
31																		
TOTALS																		

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

MEAL COUNT WORKSHEET

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

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

Meals Served to Program Children Are:

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

Meals Served to Program Infants Are:

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

Number Nonclaimable Meals Served. The CACFP must be reimbursed for any nonclaimable meals served. This income must be reported on the Expenditure/Reimbursement Worksheet:

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

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

DAILY RECORD OF MEALS SERVED

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

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

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

Instructions for using the Daily Record of Meals Served include:

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

For two shifts of any meal service, record the first shift number, then a slash mark, and the second shift number.

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

FOOD-PURCHASING FORM

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

The following information must be included on the form:

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

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

- Name of store
- Correct date of purchase

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

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

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

RECORD OF DONATED PRODUCT

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

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

CERTIFICATION STATEMENT:

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

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

Name: _____ **Date:** _____

RECORD OF DONATED PRODUCTS

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

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

EXPENDITURE/REIMBURSEMENT WORKSHEET

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

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

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

For each expenditure:

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

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

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

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

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

Examples:

Postage, printing, office supplies

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

Example:

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

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

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

Example:

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

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

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

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

12. Income—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals. Charges for the nonclaimable meals must equal the **FREE** reimbursement rate for the meal eaten plus the value of commodities for lunch and supper meals. In order for the CACFP to recover the total cost of these meals, all fractions must be rounded up.

13. Grand Totals: Total all expenditures in each column.
14. Net Costs: Calculate net costs by totaling Columns 4 through 11 and subtracting the total of Column 12.
15. Reimbursement Received: Record amount of reimbursement received for the month from the Payment Notice.
16. Operating Balance: Item 14 minus Item 15 indicates operating balance. This dollar amount can be a negative or positive number.

BLENDED RATES WORKSHEET FOR REGULAR MEALS ONLY - OPTIONAL

Month: _____ Year: _____

FREE _____ # REDUCED-PRICE _____ # NOT ELIGIBLE _____ TOTAL _____
 % FREE _____ % REDUCED-PRICE _____ % NOT ELIGIBLE _____ % TOTAL _____

NOTE: Round up at free and reduced-price if third number is 5 or more; adjust NOT ELIGIBLE to equal 100 percent.

	BREAKFAST:	Reimbursement Rates:	(Record all numbers before and after decimal)	
Free	_____	x \$ _____	= \$ _____	
Reduced-Price	_____	x \$ _____	= \$ _____	
Not Eligible	_____	x \$ _____	= \$ _____	Number of Meals Served
The total breakfast rate for this month (no rounding):			= \$ _____ x _____	= \$

	LUNCH/SUPPER:	Reimbursement Rates:	(Record all numbers before and after decimal)	
Free	_____	x \$ _____	= \$ _____	
Reduced-Price	_____	x \$ _____	= \$ _____	
Not Eligible	_____	x \$ _____	= \$ _____	Number of Meals Served
The total lunch/supper rate for this month (no rounding) :			= \$ _____ x _____	= \$

	SNACK:	Reimbursement Rates:	(Record all numbers before and after decimal)	
Free	_____	x \$ _____	= \$ _____	
Reduced-Price	_____	x \$ _____	= \$ _____	
Not Eligible	_____	x \$ _____	= \$ _____	Number of Meals Served
The total supplement rate for this month (no rounding):			= \$ _____ x _____	= \$

(If Applicable) Cash-in Lieu Rate \$ _____ x _____
 (Do not round) = \$

GRAND TOTAL REIMBURSEMENT CALCULATED = \$

Note: There is NO rounding on the final rate determination.

BLENDED RATES WORKSHEET FOR REGULAR MEALS ONLY (Optional Form)

1. Determine the number of *free*, *reduced-price*, and *not eligible* children participating in the CACFP for the month. This is accomplished by totaling the number of children recorded as participants in each category on the CACFP Roster.
2. Calculate the percentages of each category of the total CACFP participation for the month. This is accomplished by dividing the total of each category (*free*, *reduced-price*, and *not eligible*) by the total CACFP participants for the month. If necessary, round the *not eligible* category to make 100 percent.

NOTE: When added together, the percentages of the three categories must equal 100 percent.

3. Multiply the percentage of participation by category in decimal form to the current rates. Total each meals rate, and do not round.
4. If you are a cash-in-lieu recipient, enter the current rate and multiply by the number of lunches and/or suppers served for the month.
5. Total the reimbursement calculated. This figure will allow you to know approximately how much your reimbursement will be. The State Agency may have to adjust your reimbursement for various reasons; therefore, it may not be exactly what you will receive.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION
CHILD AND ADULT CARE FOOD PROGRAM (CACFP) CLAIM FOR REIMBURSEMENT**

INSTITUTION: _____
 AGREEMENT NUMBER: _____ MONTH COVERED: _____ 20 _____

1. GENERAL DATA

a. Number of days operating: _____ b. Number of facilities: _____

c. Eligibility Data (For Single-Sited Centers Only)

1. Total enrollment _____
 (Total enrollment may differ from CACFP participation if you have children enrolled who do not eat reimbursable meals)

2. License capacity _____

2. FOR REGULAR MEALS ONLY

a. PARTICIPATION DATA: (Report current number of participants)

1. Number free (F) _____

2. Number reduced-price (R) _____

3. Number not eligible (N/E) _____

4. Total CACFP participation _____

b. Title XX (Child Care Centers)/XIX (Adult Centers) or Free and Reduced-Price Data for Single-Sited Proprietary Centers Only:

1. Number of Title XX/XIX *OR* Free and Reduced-Price _____

2. Percentage of Title XX/XIX *OR* Free and Reduced-Price _____

c. TOTAL REGULAR MEALS CLAIMED:

1. **Regular Breakfasts**

1st shift _____

2nd shift _____

TOTAL _____

2. **Regular Lunches**

1st shift _____

2nd shift _____

TOTAL _____

3. **Regular Suppers**

1st shift _____

2nd shift _____

TOTAL _____

4. **Regular Snacks**

A.M. 1st shift _____

A.M. 2nd shift _____

P.M. 1st shift _____

P.M. 2nd shift _____

LATE P.M. 1st shift _____

LATE P.M. 2nd shift _____

TOTAL _____

d. CASH-IN-LIEU OF COMMODITIES
 Regular Lunches and/or Suppers _____

3. FOR AT-RISK MEALS ONLY

a. PARTICIPATION DATA: (Report current number of participants)

Number free (F) _____

b. TOTAL AT-RISK MEALS CLAIMED (Child Care Only)

1. **At-Risk Breakfasts** _____

1st shift _____

2nd shift _____

TOTAL _____

2. **At-Risk Lunches** _____

1st shift _____

2nd shift _____

TOTAL _____

3. **At-Risk Suppers** _____

1st shift _____

2nd shift _____

TOTAL _____

4. **At-Risk Snacks** _____

A.M. 1st shift _____

A.M. 2nd shift _____

P.M. 1st shift _____

P.M. 2nd shift _____

LATE P.M. 1st shift _____

LATE P.M. 2nd shift _____

TOTAL _____

c. CASH-IN-LIEU OF COMMODITIES
 At-Risk Lunches and/or Suppers _____

I certify that to the best of my knowledge and belief this claim is true and correct in all respects; that records are available to support this claim; that it is in accordance with the terms of existing agreement(s); that payment thereof has not been received; and if a proprietary institution, I also certify that the Title XX/Title XIX or free and reduced-price standard (25 percent or more of enrolled participants or 25 percent of license capacity, whichever is less) has been met.

Authorized Representative's Signature _____
 Title _____ Date _____

CLAIM FOR REIMBURSEMENT

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

Institution: Record the name of institution.

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

Month Covered: Record the month that the claim covers.

1. GENERAL DATA

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

2. For Regular Meals Only:

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

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

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

3. FOR AT-RISK MEALS ONLY:

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

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

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

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

MONTHLY RECORD-KEEPING CHECKLIST

Month: _____

Year: _____

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

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

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.

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

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Building for the Future

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

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

Meals

CACFP homes and centers follow meal patterns established by USDA.

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

Participating Facilities

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

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

Eligibility

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

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

Contact

Information

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

Sponsoring Organization/Center

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

USDA is an equal opportunity provider and employer.

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MONTHLY RECORD OF INVENTORY (Optional)

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

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

Inventory records are used to:

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

INVENTORY INSTRUCTIONS

At the end of the month:

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

END-OF-MONTH MILK INVENTORY

Year: _____

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

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

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WEEKLY MENU PLANNER

BREAKFAST	LUNCH	SNACK

STEPS IN PLANNING A CYCLE MENU

Directions: Refer to the minimum meal requirements of the CACFP while following these steps.

Start With Lunch

1. Select a different meat/meat alternate for each lunch for the entire cycle.
 - The same meat type should not be served more than three times during one week.
2. Select at least two sources from the fruit and vegetable group to complement the meat/meat alternate at each lunch.
 - It is recommended to include vitamin C every day and vitamin A every other day.
3. Select an enriched or whole-grain grains/breads alternate item for each lunch.
4. Include an approved fluid milk type as a beverage.

Plan Breakfast to Accompany Lunch

1. Select an enriched or whole-grain grains/breads alternate for each breakfast.
2. Select a fruit or vegetable or a full-strength juice to accompany each bread item.
3. Include an approved fluid milk type as a beverage or to accompany hot or cold cereal.

Plan Snacks to Complement Breakfast and Lunch

Select two different components from the four components available.

When planning a supper cycle, follow the lunch cycle steps. The same menu may not be served if the same children are participating. Try not to repeat a main dish item within the cycle. This can be accomplished by varying the types of meat items served and varying the preparation methods of similar meat items.

Plan for a variety of breakfasts and snacks; however, these may be repeated during the cycle menu.

A cycle menu is a master plan to be used as an effective management tool. Menus may need to be reviewed occasionally to make changes to improve them based on food acceptability, preparation problems, food availability, and plate waste. When it is necessary to substitute food items, use like-for-like substitutions to make the adjustment in the menu. A cycle menu will not put an end to menu planning, but when properly planned and efficiently used, cycle menus are an effective management tool.

WEEKLY MENU PLANNER

A.M. SNACK	SUPPER	LATE P.M. SNACK

STEPS IN PLANNING A CYCLE MENU

Directions: Refer to the minimum meal requirements of the CACFP while following these steps.

Start With Lunch

1. Select a different meat/meat alternate for each lunch for the entire cycle.
 - The same meat type should not be served more than three times during one week.
2. Select at least two sources from the fruit and vegetable group to complement the meat/meat alternate at each lunch.
 - It is recommended to include vitamin C every day and vitamin A every other day.
3. Select an enriched or whole-grain grains/breads alternate item for each lunch.
4. Include an approved fluid milk type as a beverage.

Plan Breakfast to Accompany Lunch

1. Select an enriched or whole-grain grains/breads alternate for each breakfast.
2. Select a fruit or vegetable or a full-strength juice to accompany each bread item.
3. Include an approved fluid milk type as a beverage or to accompany hot or cold cereal.

Plan Snacks to Complement Breakfast and Lunch

Select two different components from the four components available.

When planning a supper cycle, follow the lunch cycle steps. The same menu may not be served if the same children are participating. Try not to repeat a main dish item within the cycle. This can be accomplished by varying the types of meat items served and varying the preparation methods of similar meat items.

Plan for a variety of breakfasts and snacks; however, these may be repeated during the cycle menu.

A cycle menu is a master plan to be used as an effective management tool. Menus may need to be reviewed occasionally to make changes to improve them based on food acceptability, preparation problems, food availability, and plate waste. When it is necessary to substitute food items, use like-for-like substitutions to make the adjustment in the menu. A cycle menu will not put an end to menu planning, but when properly planned and efficiently used, cycle menus are an effective management tool.

BREAKFAST
HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

Number of Children/Adults Served

MILK (ONLY APPROVED TYPES ALLOWED)

Aged 1 through 2	x	4 fluid oz (1/2 cup)	=	
Aged 3 through 5	x	6 fluid oz (3/4 cup)	=	
Aged 6 through 12	x	8 fluid oz (1 cup)	=	
Program Adults*	x	8 fluid oz (1 cup)	=	
There are 128 ounces of milk in one gallon.				Total Number of Fluid Ounces Needed

FRUIT/VEGETABLE

Aged 1 through 2	x	1 (1/4 cup)	=	
Aged 3 through 5	x	2 (1/4 cups)	=	
Aged 6 through 12	x	2 (1/4 cups)	=	
Program Adults*	x	2 (1/4 cups)	=	
				Total Number of 1/4 Cups

GRAINS/BREADS

Aged 1 through 2	x	1 (1/2 serving)	=	
Aged 3 through 5	x	1 (1/2 serving)	=	
				Total of 1/2 Servings Needed
Aged 6 through 12	x	1 full serving	=	
Program Adults*	x	1 full serving	=	
				Total of Full Servings Needed

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

HOW TO CALCULATE NUMBER OF SERVINGS

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

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

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

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

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

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

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

**Number of Children/Adults Served
MILK (ONLY APPROVED TYPES ALLOWED)**

Aged 1 through 2	x	4 fluid oz (1/2 cup)	=	_____
Aged 3 through 5	x	6 fluid oz (3/4 cup)	=	_____
Aged 6 through 12	x	8 fluid oz (1 cup)	=	_____
Program Adults*	x	8 fluid oz (1 cup)	=	_____

There are 128 ounces of milk in one gallon.

Total Number of Fluid Ounces
Needed

FRUIT/VEGETABLE

Aged 1 through 2	x	1 (1/4 cup)	=	_____
Aged 3 through 5	x	2 (1/4 cups)	=	_____
Aged 6 through 12	x	3 (1/4 cups)	=	_____
Program Adults*	x	3 (1/4 cups)	=	_____

Total Number of 1/4 Cups

MEAT/MEAT ALTERNATE

Aged 1 through 2	x	1.0 oz	=	_____
Aged 3 through 5	x	1.5 oz	=	_____
Aged 6 through 12	x	2.0 oz	=	_____
Program Adults*	x	2.0 oz	=	_____

Total Ounces Needed

GRAINS/BREADS

Aged 1 through 2	x	1 (1/2 serving)	=	_____
Aged 3 through 5	x	1 (1/2 serving)	=	_____
_____ Total of 1/2 Servings Needed				
Aged 6 through 12	x	1 full serving	=	_____
Program Adults*	x	1 full serving	=	_____

Total of Full Servings Needed

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

HOW TO CALCULATE NUMBER OF SERVINGS

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

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

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

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

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

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

SNACK

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

(Choose two of the four food components.)

Number of Children/Adults Served

MILK (ONLY APPROVED TYPES ALLOWED)

Aged 1 through 2	x	4 fluid oz (1/2 cup)	=	_____
Aged 3 through 5	x	4 fluid oz (1/2 cup)	=	_____
Aged 6 through 12	x	8 fluid oz (1 cup)	=	_____
Program Adults*	x	8 fluid oz (1 cup)	=	_____

There are 128 ounces of milk in one gallon.

Total Number of Ounces Needed

FRUIT/VEGETABLE

Aged 1 through 2	x	2 (1/4 cups)	=	_____
Aged 3 through 5	x	2 (1/4 cups)	=	_____
Aged 6 through 12	x	3 (1/4 cups)	=	_____
Program Adults*	x	3 (1/4 cups)	=	_____

Total Number of 1/4 Cups

GRAINS/BREADS

Aged 1 through 2	x	1 (1/2 serving)	=	_____
Aged 3 through 5	x	1 (1/2 serving)	=	_____
Aged 6 through 12	x	1 full serving	=	_____
Program Adults*	x	1 full serving	=	_____

Total of 1/2 Servings Needed

Total of Full Servings Needed

MEAT/MEAT ALTERNATE

Aged 1 through 2	x	.5 oz	=	_____
Aged 3 through 5	x	.5 oz	=	_____
Aged 6 through 12	x	1.0 oz	=	_____
Program Adults*	x	1.0 oz	=	_____

Total Ounces Needed

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

HOW TO CALCULATE NUMBER OF SERVINGS

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

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

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

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

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

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

MENUS AS SERVED

- Regular Meals
- At-Risk Meals

Comments/Special Dietary Needs:

Date: _____

Meal Type	Menu	Qty. Served: Meat/Meat Alternate	Qty. Served: Grains/Breads	Qty. Served: Fruit/Veg/Juice	Qty. Served: Milk	Leftovers
BREAKFAST Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
A.M. SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
LUNCH Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
P.M. SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
SUPPER Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						
EVENING SNACK Total children served: _____ Number of children served: 1-2: _____ 3-5: _____ 6-12: _____ Program Adults: _____						

FOOD PRODUCTION RECORDS/MENUS AS SERVED

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

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

- Indicate whether this form is being used for regular or At-Risk meals by checking the appropriate box
- Comments Box: Note any comments or special dietary needs
- Date of meal service
- Meal counts of:
 - * Total children served
 - * Children served per age group
 - * Program adults served
- Menu as served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)
- Comments, as applicable, addressing acceptability of meal, etc.

The Food Production Records/Menus as Served must be completed on a daily basis. In addition, records must be kept on-site at all times.

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

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

PRODUCT FORMULATION STATEMENT FOR MEAT/MEAT ALTERNATE AND ALTERNATE PROTEIN PRODUCT CALCULATIONS

Provide a copy of the label in addition to the following information on company letterhead signed by an official representative of the company.

Product Name: _____ Code Number: _____

Manufacturer: _____ Case/Pack/Count/Portion/Size: _____

I. Meat/Meat Alternate (M/MA)

Please fill out the chart below to determine the creditable amount of Meat/Meat Alternate.

Description of Creditable Ingredients Per Food-Buying Guide	Ounces Per Raw Portion of Creditable Ingredient	Multiply	Food-Buying Guide Yield	Creditable Amount*
		X		
		X		
		X		
A. Total Creditable Amount¹				

*Creditable Amount—Multiply ounces per raw portion of creditable ingredient by the Food-Buying Guide yield.

II. Alternate Protein Product (APP)

If the product contains APP, please fill out the chart below to determine the creditable amount of APP. If APP is used, you must provide documentation as described in Attachment A for each APP used.

Description of APP, Manufacturer's Name, and Code Number	Ounces Dry APP Per Portion	Multiply	% of Protein As-Is*	Divide by 18**	Creditable Amount APP***
		X	%	÷ by 18	
		X	%	÷ by 18	
		X	%	÷ by 18	
B. Total Creditable Amount¹					
C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest 1/4 oz)					

*Percent of protein As-Is is provided on the attached APP documentation.

**18 is the percent of protein when fully hydrated.

***Creditable amount of APP equals ounces of dry APP multiplied by the percent of protein as-is divided by 18.

¹ Total Creditable Amount must be rounded **DOWN** to the nearest 0.25 oz (1.49 would round down to 1.25 oz meat equivalent). Do **NOT** round up. If you are crediting both M/MA and APP, you do not need to round down in Box A until after you have added the creditable APP amount from Box B.

Total weight (per portion) of product as purchased: _____

Total creditable amount of product (per portion): _____

(Reminder: Total creditable amount cannot count for more than the total weight of product.)

I certify that the above information is true and correct and that a _____-ounce serving of the above product (ready for serving) contains _____ ounces of equivalent meat/meat alternate when prepared according to directions.

I further certify that any APP used in the product conforms to the Food and Nutrition Service (FNS) Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation (Attachment A).

Signature: _____ Title: _____

Printed Name: _____ Date: _____ Phone Number: _____

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(Place information on company letterhead with signature of a legally authorized representative of the company.)

**PRODUCT FORMULATION STATEMENT
FOR PREPARED GRAINS/BREADS**

Product Name: _____ Code Number: _____

Case/Pack/Count/Portion/Size: _____

Total Weight (Grams or Ounces) of One Ready-to-Eat Serving of Product: _____

List the exact types and weights of each enriched and/or whole-grain meal, flour, bran, or germ per product serving:

I certify that the above information is true and correct and that one _____ (specify serving weight) ready-to-eat serving of the specified product contains _____ serving(s) of Grains/Breads* for the USDA Child Nutrition Programs.

SIGNATURE

TITLE

PRINTED NAME

DATE

TELEPHONE NUMBER

*For crediting as a Grains/Breads component, FNS Child Nutrition Programs require (1) all grains/breads items must be enriched or whole grain, made from enriched or whole-grain flour. If using a cereal, it must be whole grain, enriched, or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour; (2) the exact or minimum amount of creditable grains must be documented to assure that 14.75 grams of creditable grains equals one grains/breads serving. Grains/breads may be credited in 1/4-serving increments. See FNS Instruction 783-1, Rev. 2, to equal 1 serving Grains/Breads or FNS Food-Buying Guide, revised November 2001.

**PRODUCT FORMULATION STATEMENT
FOR PREPARED FRUIT/VEGETABLE**

Product Name: _____ Code Number: _____

Case/Pack/Count/Portion/Size: _____

Volume and Weight of One Serving of Product: _____

- Weight of Total Product Per Batch: _____
- Number of Portions/Servings Per Batch: _____

I certify that the above information is true and correct and that one _____ serving (specify serving volume/weight) of the above product (ready to eat) contains _____ servings of fruit/vegetable** for the Child Nutrition Programs.

SIGNATURE

TITLE

PRINTED NAME

DATE

TELEPHONE NUMBER

* CNP requires 14.75 grams of whole-grain or enriched flour or meal, bran or germ, or an equivalent amount of cereal as provided in FNS Instruction 783-1, Rev. 2, to equal 1 serving Grains/Breads. Grains/Breads may be credited in 1/4-serving increments.

**CNP requires a minimum of 1/8 cup fruit/vegetable to equal 1 serving fruit/vegetable.

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ATTACHMENT A

Company Name: _____

APP Product: _____

- A. _____ certifies that _____ meets all requirements for APP intended for use in foods manufactured for Child Nutrition Programs as described in Appendix A of 7 CFR 210, 220, 225, and 226.
- B. _____ certifies that _____ has been processed so that some portion of the nonprotein constituents have been removed by fractionating. This product is produced from _____ .
- C. The Protein Digestibility Corrected Amino Acid Score (PDCAAS) for _____ is _____. It was calculated by multiplying the lowest uncorrected amino acid score by true protein digestibility as described in the Protein Quality Evaluation Report from the Joint Expert Consultation of the Food and Agriculture Organization/World Health Organization of the United Nations, presented December 4-8, 1989, in Rome, Italy. The PDCAAS is required to be greater than 0.8 (80 percent of casein).
- D. The protein level of _____ is at least 18 percent by weight when fully hydrated at a ratio of _____ parts water to one part product.
- E. The protein level of _____ is certified to be at least _____ on an As-Is basis for the As-Purchased product. *Note: Protein is often provided on a moisture-free basis (MFB), which is not the information Food and Nutrition Service (FNS) requires.*

All of the above information is required for APP.

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Reviewer Checklist for Evaluating Manufacturer-Completed Product Formulation Statements for Meat/Meat Alternate (M/MA) Products and Alternate Protein Product Products

Circle Y or N	Steps for Evaluation Page 1
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GENERAL INFORMATION

Y	N	<p>A copy of the product label is attached.</p> <p>The label should have the product name, ingredients statement, net weight, manufacturer/distributor name and address, and for meat/poultry products, an inspection legend. The Nutrition Facts panel is voluntary for institutional product labels unless a nutrition or health claim is made.</p>
Y	N	Product Name is provided and matches the name on the product label.
Y	N	Product Code Number is provided and matches the code number on the product label.
Y	N	Manufacturer name is provided.
Y	N	Case/pack/count/portion/size are included as applicable.

MEAT/MEAT ALTERNATE

Y	N	<p>I have my copy of the Food-Buying Guide for Child Nutrition Programs (FBG), and it has the written in corrections as noted in the Pen and Ink Changes document provided by FNS.</p> <p style="text-align: center;">Available at <http://teammnutrition.usda.gov/Resources/foodbuyingguide.html></p>
Y	N	<p>The food items in Section 1. Meat/Meat Alternate match a description in Column 1 (Food As Purchased) of the FBG.</p> <p>Example: <i>Beans, Kidney, dry</i> matches a description in Column 1 of the FBG, but <i>Kidney Beans</i> does not match a description in Column 1 of the FBG (you do not know if the kidney beans are dry, canned, or frozen).</p>
Y	N	<p>The description does not match Column 1, but it does match a description in Column 4 (Serving Size Per Meal Contribution) or Column 6 (Additional Information) of the FBG.</p> <p>If the answer is <i>Y</i>, then you will need to convert the yield data from Column 6.</p>

Circle Y or N	Steps for Evaluation Page 2
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MEAT/MEAT ALTERNATE continued

Y	N	<p>The FBG Yield (servings per purchase unit) provided aligns with the correct description in Column 1, the description of how the food is served in Column 4, and the correct unit for the serving size in Column 4 to provide answers in units of 1 ounce. For meat/poultry, use the percent yield in Column 6.</p> <p>Example 1: A burrito is being evaluated. <i>Kidney beans, dry, canned, whole (pages 1 through 7, FBG)</i> matches a description in Column 1, the product is served heated which matches a description as served in Column 4; therefore, the FBG yield that should be used is 38.9 1/4-cups heated beans for 108 oz No. 10 can (38.9/108). The yield for drained beans (which is unheated) should not be used. For dry beans/legumes/peas/lentils, keep in mind that 1/4 cup cooked, drained beans/legumes/peas/lentils is equivalent to 1.0 oz meat alternate.</p> <p>Example 2: A sandwich is being evaluated. <i>Peanut butter (pages 1 through 40, FBG)</i> matches a description in Column 1, and 2 Tbsp (1 oz meat alternate) matches the unit we want our answer in. For this example, there are three acceptable yield ratios: (1) 97.5 1-oz servings per 108 oz, (2) 28.8 1-oz servings per 28 oz, or (3) 14.4 1-oz servings per 16 oz. When purchase units are 1 lb, always use 16 oz in the yield ratio. Do not use the yield ratios for 3 Tbsp peanut butter, since this will put the answer in units of 1 1/2 oz.</p> <p>Example 3: A chicken patty is being evaluated. <i>Chicken, boneless, raw (pages 1 through 31, FBG)</i> matches a description in Column 1, cooked matches a description in Column 4. The yield in Column 6 is 70 percent (you will multiply using the decimal form which is 0.70).</p>
Y	N	The answer provided in the Creditable Amount column for each separate ingredient has been verified using a calculator, and the answer was not rounded up.
Y	N	The total creditable amount for the meat/meat alternate section, Total A, is correct, and the answer was not rounded up.
Y	N	<p>All of the creditable ingredients listed on the form match ingredients listed in the ingredients statement on the product label.</p> <p>Example: It is not acceptable for the documentation to list <i>ground beef (not more than 30 percent fat)</i> if the label only lists <i>beef</i>. This means that the manufacturer does not have to actually use ground beef (not more than 30 percent fat), but can use any type of beef. <i>Beef</i> is not creditable since there is no one single FBG yield that can cover all beef items. Because the correct description is not on the label, the product cannot be accepted with the documentation.</p>

Circle Y or N	Steps for Evaluation Page 3
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ALTERNATE PROTEIN PRODUCT (APP)

Y	N	<p>The APPs listed are single ingredients such as soy flour, soy protein concentrate, soy protein isolate, whey protein concentrate, and nonfat dry milk.</p> <p>Examples of ingredients that do not meet the APP requirements are: wheat proteins, tofu, surimi, soy burgers, soy crumbles.</p>
Y	N	<p>The product itself is an entrée item or an integral part of an entrée item.</p> <p>Example: entrée items ARE sandwich patties, meat fillings or crumbles, pizzas, burritos, etc. Entrée items are NOT drinks, smoothies, desserts, muffins, cakes, protein bars, bread, chips, etc.</p>
		Documentation (Refer to Attachment A)
Y	N	<p>The APP documentation is on letterhead of the manufacturer that actually makes the APP.</p> <p>Documentation should not be accepted on distributor letterhead or from the food company making your purchased product (except in the rare case that the food company making the finished product actually manufactures the APP itself).</p>
Y	N	<p>a. The documentation states that the APP meets requirements found in 7 CFR Parts 210, 220, 225, and 226.</p>
Y	N	<p>b. The documentation indicates that nonprotein constituents have been removed.</p>
Y	N	<p>c. The PDCAAS (Protein Corrected Amino Acid Score) is provided, and the score is greater than 0.80 (80).</p> <p>The PDCAAS score should be provided in decimal form (i.e., 0.92), but sometimes the PDCAAS is reported as a whole number (i.e., 92) instead. If the PDCAAS is less than 0.8 (80), then the product does not meet the protein quality requirements and cannot be used for credit even if the percent as-is protein is greater than 18 percent.</p>
Y	N	<p>d. The hydration ratio is provided in the documentation and was calculated correctly (percent protein as-is divided by 18) minus 1 part dry APP = parts water).</p> <p>Example: if the percent as-is protein is 64.8, the calculation is as follows: $([64.8 \div 18] - 1 \text{ part dry APP}) = 2.6$ parts water to hydrate the product down to 18 percent protein. The ratio of dry APP:water for this example will be 1:2.6.</p>
Y	N	<p>e. The percent protein is provided on an as-is basis and is greater than 18 percent.</p> <p>If the documentation states MFB or moisture-free basis—you cannot use this protein value. The as-is protein value must be used in calculating the meat alternate credit for APP.</p>

Circle Y or N	Steps for Evaluation Page 4
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ALTERNATE PROTEIN PRODUCT (APP) continued

Y	N	APP documentation meeting all of the above requirements is provided for each separate APP listed on the product analysis form.
		Check the Calculation for Each APP Ingredient Used
Y	N	The whole number percent protein (not the decimal form of the percent) is used in the calculation. Example: If the percent as-is protein is 64.8 percent, use 64.8 in the calculation, not 0.648.
Y	N	The answer for each separate APP calculation is correct and was not rounded up.
Y	N	The amount of credit from APP, Total B, is correct and was not rounded up.
		TOTAL CREDITABLE AMOUNT
Y	N	The sum of Total A (meat/meat alternate) plus Total B (APP credit) is correct and was not rounded up.
Y	N	The total weight per portion of the product is provided and matches portion information provided on the label.
Y	N	The total credit is rounded down to the nearest 0.25 ounce.
Y	N	The Total Creditable Amount is not greater than the total weight of the portion of the product. (The credit may be equal to or less than the portion weight served.) When using APP with high concentrations of protein, sometimes the calculation provides an answer that is greater than the weight of the product served; in this case, you must reduce the credit so that it is equal or less than the weight of the product served. Example: if a soy burger uses soy isolate and whey protein concentrate and the weight of the heated burger weighs 1.75 oz, but the calculations show a total of 2.3 oz meat alternate, you can only count a maximum of 1.75 oz meat alternate for the burger because that is the weight of the meat alternate food being served.
		AUTHORIZATION INFORMATION
Y	N	The phone number was called, and the number is valid for the company that manufactures the food product purchased; it is the correct contact number for the name of the person who signed the documentation. Ask for clarifications if needed.
Y	N	Overall—the product formulation statement is acceptable without further information. <i>Do not accept products that do not have acceptable documentation.</i>

INFANT MEAL WAIVER

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

Name of Infant: _____

Date of Birth: _____

Signature of Parent/Guardian: _____

Date: _____

INFANT MEAL WAIVER INSTRUCTIONS

Infants who are enrolled for child care must have access to CACFP meals. Meals served to infants from birth up to eight months that contain only iron-fortified formula or bottled breast milk provided by the **PARENT** or the **CAREGIVER** may be claimed for reimbursement. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal. Infants 8 to 12 months must be served the additional required items at breakfast and lunch that are provided by the caregiver. ***All infant meals must be served by the caregiver.***

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

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

INFANT MEALS AS SERVED

TOTAL INFANTS SERVED: _____ **DATE:** _____
Breakfast: _____ **Lunch/Supper:** _____ **Snack:** _____ REMEMBER TO ADD INFANT MEALS TO THE MEAL COUNT WORKSHEET.

Meal Type	Quantity Served Meat/Meat Alternate	Quantity Served Bread/Cereal	Quantity Served Fruit/Vegetable/ Juice	Quantity Served Formula/Breast Milk
Names and Ages				
Breakfast				
1.				
2.				
3.				
4.				
5.				
Lunch/Supper				
1.				
2.				
3.				
4.				
5.				
Snack				
1.				
2.				
3.				
4.				
5.				
Supper				
1.				
2.				
3.				
4.				
5.				

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

INFANT MEALS SERVED INSTRUCTIONS

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

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

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

**CONTRACT MEAL SERVICE
DELIVERY RECEIPT**

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

DATE: _____

MEAL TYPE: Breakfast _____ Lunch _____ A.M./P.M./Late P.M. Supplement _____ Supper _____
(Circle One)

SITE PREPARING MEAL: _____

SITE RECEIVING MEAL: _____

DELIVERY TIME: _____ NUMBER OF MEALS ORDERED/DELIVERED: _____

FOOD ITEMS AND QUANTITIES DELIVERED

Menu	Quantity Delivered	Bulk Delivery _____ Preportioned _____	*Crediting/ Portioning Information
Milk	Milk provided by: SITE _____ VENDOR _____ (Circle One) Record Quantity: _____		
Vegetable/Fruit/ Juice			
Grains/Breads			
Meat/Meat Alternate			
Extras			

* Crediting/portioning information: i.e., 1 cup spaghetti sauce = 2 ounces meat/meat alternate, 6 chicken nuggets = 2 ounces meat/meat alternate and 1 ounce grains/breads alternate serving, 2 cheese sticks = 1 ounce meat/meat alternate.

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, product analysis statements, and/or recipes are available for all processed meat items or other applicable components.

Signature From Preparation Kitchen

I acknowledge that the above items and quantities were delivered to this contract site.

INSPECTION DELIVERY: Was the food delivered in a safe/sanitary method? Yes or No
Were food temperatures proper? Yes or No

Comments: _____

Signature From Site Receiving Food

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

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