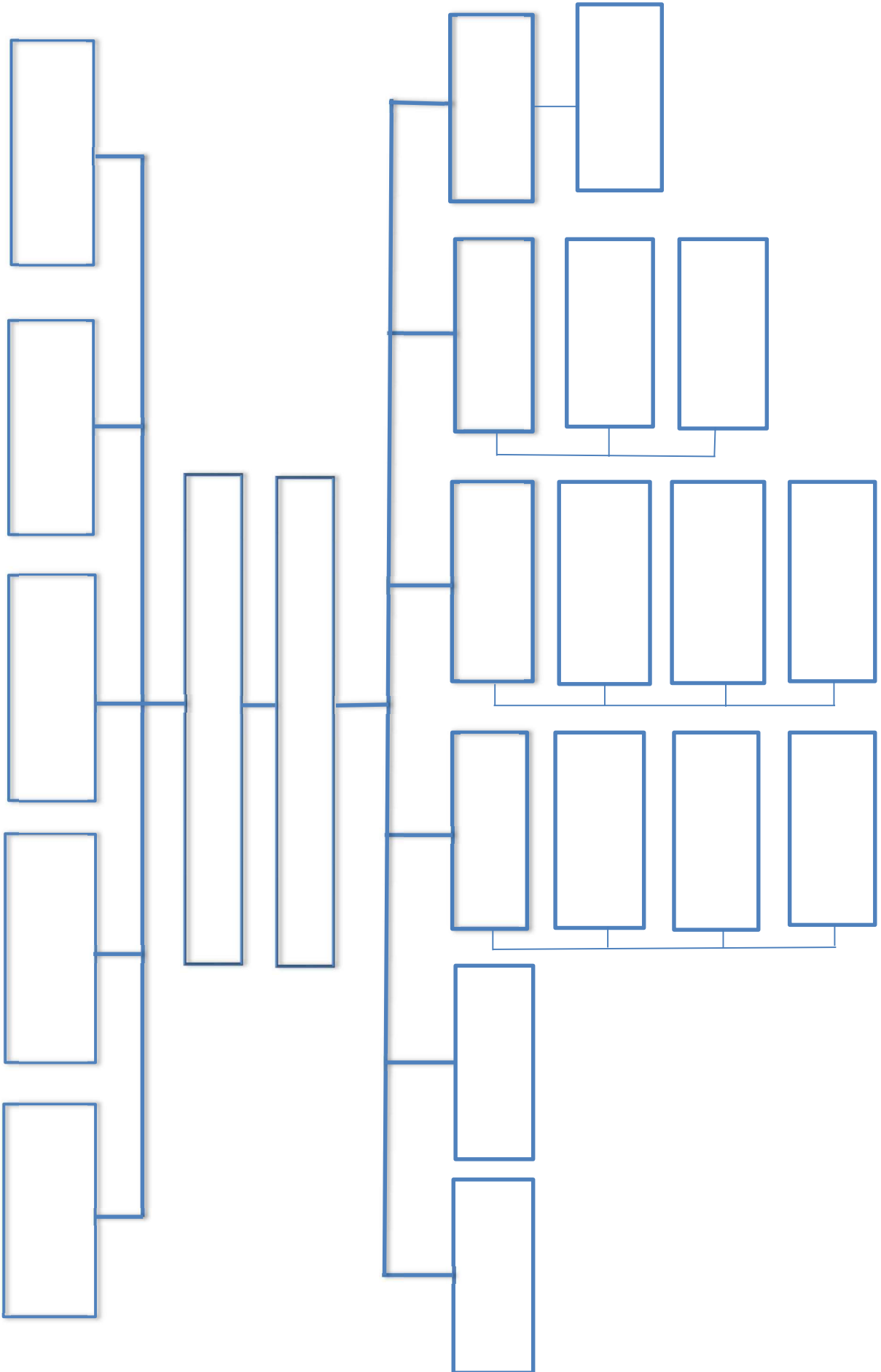


AT-RISK ORIGINALS

Organizational Chart

Name of Institution



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 mcg

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

MEDICAL STATEMENT

Part I (to be filled out by <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

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

Institution Name: _____ Agreement #: DC - _____

Month/Year: _____ Form Completed By: _____

Date	Breakfast	Lunch	Snack	Supper	Nonprogram
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					

**Adults/Nonprogram can be served but they cannot be claimed for reimbursement*

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

CACFP Claim Revision

Agreement #: _____

Institution/Site Name: _____

Please provide the revised counts

Claim Month/Year: _____

Number of days in operations: _____

Total enrollment: _____

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

At-Risk total enrollment, if applicable: _____

Participation Data:

Title XX/XIX, if applicable: _____

Number free eligible: _____

Number reduced eligible: _____

Number not eligible: _____

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

Reason for revision: _____

CACFP Notification of Meal Service Change

Agreement Number: _____ Institution/Site Name: _____

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

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

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

Please list currently approved maximum number of meals:

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

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Open	Close

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

If applicable, list NEW mealtimes here:

No change to mealtimes

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

Please list NEW maximum number of meals:

No change to max number

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

If serving shift or weekend meals, please provide justification:

If applicable, check the box for each day you wish to serve meals:

No change to days of the week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If applicable, list your NEW hours of operation:

Open	Close	<input type="checkbox"/> No change to hours of operation

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

Authorized Representative Signature: _____ Date: _____

SDE Signature: _____ Date: _____

CHILD MEAL WAIVER

A new waiver from must be obtain every fiscal year

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 Child: _____

Age: _____

Signature of Parent/Guardian: _____

Date: _____

Budget Revision Justification Form

Date: _____

Institution Name: _____

Agreement Number: _____

Budget Amendment Justification Month and Year: _____

NOTE: Budget amendments can only be effective beginning the first of the month in which the amendment is received. Example: A budget amendment received on October 25 can be effective on October 1.

Budget Line-Item Number/Type of Expense: _____

—

Original projected amount: _____

Adjusted projected amount: _____

Justification Explanation:

Budget Line-Item Number/Type of Expense: _____

—

Original projected amount: _____

Adjusted projected amount: _____

Justification Explanation:

Budget Line-Item Number/Type of Expense: _____

—

Original projected amount: _____

Adjusted projected amount: _____

Justification Explanation:

AT-RISK 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
- Schools Only :Expenditure/Reimbursement Worksheet or Revenue and Expenditure report showing code 700 (Summary of All Allowable Operating and Administrative Costs)
- Financial Documentation - Any bank and credit card statement(s) where CACFP funds were deposited, spent, or transferred to or from, Year to date report, Profit/Loss statement, canceled checks, etc.
- Food-Purchasing Forms/Itemized Receipts
- Daily Attendance Records
- Enrollment Documentation
- Sign in sheets for children not enrolled but participate in a meal, if applicable
- End of the Month Inventory (*Schools can use perpetual*)

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

- Add new participants in attendance
- 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.

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

ANNUAL REQUIRED DOCUMENTATION

- Procurement Documentation
- Training Records

WEEKLY MENU PLANNER

BREAKFAST	AM SNACK	LUNCH

This institution is an equal opportunity provider.

WEEKLY MENU PLANNER

PM SNACK	SUPPER	LATE PM SNACK

This institution is an equal opportunity provider.

BREAKFAST

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

Children Present: _____ (Aged 1 through 2)
 _____ (Aged 3 through 5)
 _____ (Aged 6 through 18)

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 18		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 18		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 18		X	1.0 oz	=	
Program Adults*		X	1.0 oz	=	
					Total Ounces Needed

GRAINS					
Aged 1 through 2		X	0.5 (1/2 oz eq)	=	
Aged 3 through 5		X	0.5 (1/2 oz eq)	=	
Aged 6 through 18		X	1 (1 oz eq)	=	
Program Adults*		X	1 (1 oz eq)	=	
					Total Oz Equ 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 - 2) _____ (Aged 3 - 5) _____ (Aged 6 - 18)

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 18		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					
Aged 1 through 2		X	1.0 oz	=	
Aged 3 through 5		X	1.5 oz	=	
Aged 6 through 18		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 18		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 18		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	0.5 (1/2 oz eq)	=	
Aged 3 through 5		X	0.5 (1/2 oz eq)	=	
Aged 6 through 18		X	1 (1 oz eq)	=	
Program Adults*		X	1 (1 oz eq)	=	
					Total Oz Eq 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	0.5 (1/2 oz eq)	=	
Aged 3 through 5		X	0.5 (1/2 oz eq)	=	
Aged 6 through 12		X	1 (1 oz eq)	=	
Program Adults*		X	1 (1 oz eq)	=	
					Total Oz Eq Needed

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

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: _____

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.

ATTACHMENT A

Company Name: _____

APP Product: _____

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

All of the above information is required for APP.

NOTE: It is also helpful to have the ingredients statement for the APP product. For example, if the product is uncolored and unflavored, the ingredients statement might be soy protein concentrate or if the product is colored and textured, the ingredients statement might be textured vegetable protein (soy flour, caramel color).

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

CHECKLIST FOR EVALUATING A MANUFACTURER'S PFS		
(If <i>N</i> is checked for any question below, contact the manufacturer to request the information)		
Y	N	Is the PFS on signed company letterhead? The signature on the PFS can be handwritten, stamped, or electronic.
Y	N	Does the PFS include product name, product code number, and serving/portion size?
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description as the ingredients listed on the product label? For example, if the PFS lists <i>ground beef (not more than 20% fat)</i> , the product label should also list <i>ground beef (not more than 20% fat)</i> .
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the <i>Food-Buying Guide (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 past or puree. See FBG for additional information on calculated volume.
- Dried fruits credit as double the volume served in school meals only (e.g., 1/4 cup raisins credit as 1/2 cup fruit). All other CN programs credit dried fruit on the volume served.
- Raw leafy vegetables credit as half the volume served in school meals only (e.g., 1 cup raw spinach credits as 1/2 cup dark-green vegetable). All other CN programs credit as volume served.

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

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

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

MENUS AS SERVED

- Regular Meals
- At-Risk Meals

Comments/Special Dietary Needs:

Date: _____

Form completed by: _____

MEAL TYPE	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total 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"/>			

MENUS AS SERVED

(Snack Only)

Comments/Special Dietary Needs:

--

MEAL TYPE	QTY SERVED: MEAT/MEAT AL- TERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
SNACK Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SNACK Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SNACK Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SNACK Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SNACK Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SNACK Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			

MENUS AS SERVED

(Supper Only)

Comments/Special Dietary Needs:

--

MEAL TYPE	QTY SERVED: MEAT/MEAT AL- TERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
SUPPER Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SUPPER Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SUPPER Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SUPPER Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SUPPER Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			
SUPPER Date: _____ Total children served: ____ Number of children served: 1-2: ____ 3-5: ____ 6-12: ____ Program Adults: ____		WG <input type="checkbox"/>			