

**CHILD AND ADULT CARE
FOOD PROGRAM (CACFP)**

**FY2024
CENTER
TRAINING MANUAL**

OKLAHOMA STATE DEPARTMENT OF EDUCATION

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

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

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

mail:

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

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

email: program.intake@usda.gov

This institution is an equal opportunity provider.

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LIST OF CHILD NUTRITION AND RELATED ACRONYMS

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

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

CHILD NUTRITION CACFP CONTACT INFORMATION

Program Specialist are available to provide technical assistance to Child Nutrition Programs (CNP) personnel.

PROGRAM SPECIALIST:

ALBERTA BURGESS 405-213-8327 Alberta.Burgess@sde.ok.gov	Craig—18 Nowata—53 Ottawa—58 Tulsa (1/2)—72 Washington—74	LEIGHANN RAUSCH 405-301-5786 LeighAnn.Rausch@sde.ok.gov	Canadian—09 Oklahoma (1/4)—55
BECKY GILBERT 405-301-7838 Becky.Gilbert@sde.ok.gov	Beaver—04 Cimarron—13 Custer—20 Dewey—22 Ellis—23 Garfield—24 Harper—30 Major—44 Texas—70 Woodward—77	MONA KING 405-219-9015 Mona.King@sde.ok.gov	Cherokee—11 Delaware—21 Mayes—46 Wagoner—73
JERI BUCHANAN 405-246-8342 Jeri.Buchanan@sde.ok.gov	Beckham—05 Comanche (1/2)—16 Cotton—17 Greer—28 Harmon—29 Jackson—33 Kiowa—38 Roger Mills—65 Tillman—71 Washita—75	NIKKI ASSAD 405-248-8365 Nikki.Assad@sde.ok.gov	Cleveland—14 Oklahoma (1/4)—55
JILL HARDIN 405-239-0598 Jill.Hardin@sde.ok.gov	Choctaw—12 LeFlore—40 McCurtain—48 Pushmataha—64	PAULINE GRESHAM 405-834-2962 Pauline.Gresham@sde.ok.gov	Caddo—08 Comanche (1/2)—16 Grady—26 McClain—47
KAREN JOHN 405-301-7689 Karen.John@sde.ok.gov	Atoka—03 Bryan—07 Coal—15 Hughes—32 Murray—50 Pontotoc—62 Seminole—67	RHONDA STEVENS 405-219-9637 Rhonda.Stevens@sde.ok.gov	Creek—19 Rogers—66 Tulsa (1/2)—72
KATHY KUCK 405-249-7918 Kathy.Kuck@sde.ok.gov	Blaine—06 Kingfisher—37 Logan—42 Oklahoma (1/4)—55	SANDY BULLARD 405-246-5648 Sandy.Bullard@sde.ok.gov	Lincoln—41 Oklahoma (1/4)—55 Pottawatomie—63
KRISTEN SCHOELING 405-249-0274 Kristen.Schoeling@sde.ok.gov	Alfalfa—02 Grant—27 Kay—36 Noble—52 Osage—57 Pawnee—59 Payne—60 Woods—76	SHARON WHEELER 405-306-0736 Sharon.Wheeler@sde.ok.gov	Carter—10 Garvin—25 Jefferson—34 Johnston—35 Love—43 Marshall—45 Stephens—69
		TAMMY FLUTE 405-249-0964 Tammy.Flute@sde.ok.gov	Adair—01 Haskell—31 Muskogee—51 Sequoyah—68
		TINA BRANSCUM 405-394-4425 Tina.Branscum@sde.ok.gov	Latimer—39 McIntosh—49 Okfuskee—54 Okmulgee—56 Pittsburg—61

State Agency Telephone Number: 405-521-3327

Fax Number: 405-521-2239

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

CACFP DEPARTMENT AT OSDE:

KASSI REDDELL	Program Manger, CACFP & Summer Feeding	Kassandra.Reddell@sde.ok.gov
LESIA KING	Claims & Independent Centers Specialist	Lesia.King@sde.ok.gov
JENNIFFER PRYOR	At-Risk Specialist	Jennifer.Pryor@sde.ok.gov
LORI BURROUGHS	Sponsor Org (SO) and FDCH Specialist	Lori.Burroughs@sde.ok.gov

Notes

BASIC RESPONSIBILITIES

BASIC RESPONSIBILITIES—AT A GLANCE

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

All of the forms provided in this manual are to be used in the 2024 fiscal year ONLY (October 1, 2023, through September 30, 2024).

1. REQUIRED DOCUMENTATION

a. *INSTITUTION APPLICATION FOR PARTICIPATION*

- Applications are based on the federal fiscal year October 1 through September 30.
- Applications must always reflect current and approved operations.
- Every facility must maintain a current license/permit, if applicable.

b. *AGREEMENT*

- Approved agreement is permanent and kept on file unless or until such time as the institution is terminated or drops from participation.
- Annual updates are required.

2. ELIGIBILITY DOCUMENTATION

a. *ENROLLMENT FORM*

- Must have on every child and updated annually.
- Must include normal days and hours child is in care and meals child will normally eat.
- Head Start facilities indicate sessions only, not *normal meals eaten* item.

b. *MEDICAL STATEMENT, IF APPLICABLE*

c. *MILK SUBSTITUTION REQUEST, IF APPLICABLE*

d. *LETTER TO HOUSEHOLD* and *FAMILY-SIZE AND INCOME APPLICATION (FSIA)*

- Distribute **annually** to all participants, making sure to use the current FSIA.
- Parents or guardians are **NOT** required to complete Part 2 (Income Section) of this form.
- The institution must use the **CURRENT** Household-Size Income Scales for **Free and Reduced-Price Meals** to determine the eligibility status of each household submitting an FSIA.
- FSIA **MUST** be completed and correctly approved by the institution before the institution may report the participant as free or reduced-price.
- FSIA is valid only for the current fiscal year (obtain annually at the beginning of each fiscal year or a new enrollment).
- If an institution has Head Start children enrolled, the Head Start facility may complete the *Head Start Federally Funded Enrollment Information* form for the institution to use in lieu of FSIA's.

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

- Recommend one roster for each category; i.e., free, reduced-price, and not eligible.
- Maintain monthly for an updated count of free, reduced-price, and not eligible.
- Record the participant in attendance as free, reduced-price, or not eligible (if he or she participated in one or more meal service).
- Total each column, and record at bottom of the page.

- Maintain with FSIA's.
- At-Risk are not included in F, R, NE Eligibles.

3. RECORD KEEPING

- a. **DAILY ATTENDANCE RECORD** or **DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES**
 - Maintain daily on all participants left for care.
 - List every participant's first and last names.
 - Must support CACFP roster.
 - Must maintain arrival and departure times for each participant if institution is approved for more than three meals per day.
 - Maintain one each month, posting attendance daily.
- b. **CACFP MEAL COUNT WORKSHEET** or **DAILY RECORD OF MEALS SERVED**
 - Maintain one each month, posting meal counts daily.
 - A physical meal count must be taken as each meal is served (point of service).
 - No individual meal count claimed may exceed Department of Human Services (DHS) license capacity. (Any meal served over capacity must be reported as non-program.)
 - Reimbursement shall not be claimed for more than three meal services per participant per day. Reimbursement is limited to two main meals and one snack or two snacks and one main meal. **(Reminder: At least 3 hours between main meals and 2 hours between snack and main meal.)** The time is counted from beginning time to beginning time.
 - If more than one shift is approved per meal type, report counts separately.
 - Total each column, and record at bottom of the page.
 - Child Care Centers: All meals claimed must be served to children 12 years of age or younger.
 - Adult Care Centers: All meals claimed must be served to adults 60 years of age or older.
 - At-Risk Meals: All meals claimed must be served to children 18 years of age or younger.
- c. **FOOD-PURCHASING FORM (ITEMIZED RECEIPTS)**
 - Should reflect what items were purchased, cost of each item, correct date, and place of purchase.
 - If receipts are not thoroughly itemized, the **Food-Purchasing Form** is strongly recommended. The form has space to itemize each category of items purchased. One form is to be used per receipt. Staple receipt to form.
 - Keep receipts documenting food purchased for CACFP. All food and milk receipts must be maintained even if the costs of some items are not reported as a CACFP expense.
 - Institutions that contract for meal service record the total from the billing invoice as the monthly food and milk costs. The invoice serves as the itemized receipt.
- d. **EXPENDITURE/REIMBURSEMENT WORKSHEET (REPORT OF ALLOWABLE OPERATING AND ADMINISTRATIVE COSTS)**
 - Maintain monthly, posting costs applicable to the CACFP. (Record only approved categories on CACFP application; i.e., cost of food, cost of labor.)
 - Report costs under proper categories.

- If reporting labor costs, record formula as approved on application used to arrive at amount claimed for each person. (Documentation of labor costs must be available.) Write the name of each person reported as food service and administrative labor.
 - Form must be used to document the nonprofit status of the institution’s food service operations.
- e. ***CACFP CLAIM FOR REIMBURSEMENT/PAYMENT NOTICE***
- Complete claim based on the records maintained at the institution.
 - Submit to the Oklahoma State Department of Education (SDE) Child Nutrition Programs (CNP) (hereinafter referred to as the *State agency*).
 - ***Claims submitted after 60 days cannot be paid without approval of a one-time exception.***
4. **OTHER REQUIRED RECORDS**
- a. Canceled checks for labor costs, food receipts, and for any other cost reported as a CACFP expense.
 - b. Title XX documentation from DHS, if applicable.
 - c. *Building for the Future* fact sheet—(Sponsors only need proof of reproduction and distribution.)
 - d. Women, Infants, and Children (WIC) brochure—posted in institution.
 - e. Health Department inspection.
 - f. Procurement documentation for CACFP purchases.
5. **INVENTORY - MAINTAINED MONTHLY - *REQUIRED***
MONTHLY RECORD OF INVENTORY
- Maintain monthly to reflect purchased foods and milk remaining at the end of the month.
 - Inventory only unopened items in the correct section.
 - Maintain in center at all times.
6. **MENUS AS SERVED—MAINTAINED DAILY**
- a. Must follow the CACFP minimum meal pattern requirements for child/adult care institutions.
 - b. Must record daily meals served, including total quantities served, counts by age group, date, etc. (as shown in *Menus as Served* section).
 - c. Must maintain in center at all times.
 - d. Medical statements must be maintained and available for any meals that do not meet minimum meal pattern requirements due to medical or special dietary needs.
 - e. ***Child Nutrition (CN) label*** or ***Product Formulation Statement*** must be maintained for any processed and/or combination food used.
 - f. ***Contract Meal Service Delivery Receipt*** must be maintained in lieu of the ***Menus as Served***, if applicable.
- NOTE: All meals must be consumed on-site.***
7. **TRAINING**
- a. Annual Training is required for the application and agreement to be approved.
 - b. Person designated by the institution as the program’s trainer must conduct annual CACFP training and maintain documentation.

- c. Training of all personnel involved with the CACFP, including all shifts and new personnel, is the institution's responsibility. Documentation of all personnel training must be maintained.
 - d. Documentation should include date, agenda, list of topics, and signatures of participants.
 - e. Required training topics include meal patterns, reimbursement process, meal counting, claims submission, claims review procedures, record keeping, and civil rights.
- NOTE: The State agency provides on-site technical assistance upon request.**

8. CIVIL RIGHTS

- a. . . . *And Justice for All* poster displayed at each facility.
- b. The nondiscrimination statement must be included on all CACFP materials developed by the institution provided to the public. (Reference FNS Instruction 113-1, Section IX, B, 4.)
- c. Civil rights complaint-filing procedure on file.

9. COMPLIANCE MONITORING

- a. Administrative Reviews (ARs)—Reviews are conducted of each participating institution to ensure compliance with Performance Standards and all other requirements of the CACFP.
- b. Audits—Nonprofit or for profit institutions expending \$750,000 or more in total federal funds in the prior fiscal year are required to submit an organizationwide audit annually. These audits are due nine months after the end of the institution's fiscal year.

10. INFANTS

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

11. CONTRACTING WITH OUTSIDE VENDOR (PUBLIC SCHOOLS, HEAD STARTS, OTHER FOOD SERVICE ENTITIES) FOR FOOD SERVICE

Contract Meal Service Delivery Receipt form is required if institution is contracting with an outside entity that is not a public school.

12. CONTRACTING WITH OUTSIDE VENDOR FOR OTHER SERVICES

State agency approval required prior to executing contract

- 13. Child care centers are required to offer water to children throughout the day. United States Department of Agriculture (USDA) Food and Nutrition Service (FNS) added the additional requirement to offer water in recognition that the majority of the CACFP participants are very young children and may not be able to or know how to request it themselves. These requirements to make water available and offer water throughout the day do not apply to adult day care centers; however, adult day care centers are encouraged to ensure drinking water is offered and made available to adult participants throughout the day.

Notes

PROGRAM INTEGRITY AND FINANCIAL MANAGEMENT

PROGRAM INTEGRITY

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

A. CACFP regulations requires the State agency to gather names and birth dates from the responsible individuals,. Per 7 CFR 226.6(b)(1)(xv), applicants must certify that all information on the application is true and correct, along with the name, mailing address, and date of birth. OSDE requires a color copy of a valid state or federal ID. Examples: Driver’s license, passport, or a state or federal work ID

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

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

C. Claim Validations

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

D. In Good Standing with the State of Oklahoma

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

Check your status online at <https://www.sos.ok.gov/corp/corpInquiryFind.aspx>
If your organization is not in Good Standing, contact the ***Filing department at (405) 521-3912 select Option 1.***

2. All nonprofit institutions must have a valid 501(c)3 in order to participate in CACFP. This information is checked every year by OSDE. You can check your status at:
https://www.irs.gov/charities-non-profits/tax-exempt-organization-search

3. Proof of ownership must be updated with OSDE if the organization changes their Employer Identification Number (EIN) or Taxpayer Identification Number (TIN)

Example: Daycare changes from a sole proprietor to an LLC.

NOTE: *Not submitting this documentation when the organization makes this change will delay CACFP reimbursement payments*

4. Documentation required to be submitted to the State Agency (*see chart on page 17 & 18*)

Entity Type	Employer Identification Number (EIN), or Taxpayer Identification Number (TIN)	Additional Documentation
Sole Proprietor	Any correspondence or documentation with the pre-printed EIN or TIN and name of business entity or individual from the Internal Revenue Service (IRS)	
Corporation	Any correspondence or documentation with the pre-printed EIN and name of the business entity from IRS.	1) A copy of the certificate of incorporation; and 2) corporate meeting minutes on letterhead stationery listing members and officers of the board of directors of the corporation; and 3) if applicable, a statement on letterhead stationery authorizing another person to obligate the business entity.
Limited Liability Company (LLC)	Any correspondence or documentation with the pre-printed EIN and name of the business entity from IRS	1) A copy of the certificate of Limited Liability; and 2) company meeting minutes on letterhead stationery listing the members of the LLC; and 3) if applicable, a statement on letterhead stationery authorizing another person to obligate the business entity.
Private Non-Profit Organization	Any correspondence or documentation with the pre-printed EIN or TIN and name of business entity or individual from the Internal Revenue Service (IRS)	1) Documentation of 501(c)(3); 2) If required, copy of most recent 990/990-EZ/990-N; 3) board meeting minutes on letterhead stationery listing the members of the organization; and 4) if applicable, a statement on letterhead stationery authorizing another person to obligate the business entity.

Other (only designated for a school or church if they are not an entity type listed in previous categories)	Any correspondence or documentation with the pre-printed EIN and name of business entity from IRS	A statement on letterhead stationery listing the names and title of the person who has authorization to obligate the business entity such as: <ul style="list-style-type: none"> • Military-base commander or designee. • School-superintendent, president, principal, dean of college, or division that administers the program. • Tribal-chief, governor, assistant chief, business manager, or tribal council member. • Church-pastor, business manager, or member of the governing board.
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FINANCIAL MANAGEMENT

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

A. Financial Viability, Administratively Capable, and Program Accountability (VCA)

1. Financial Viability and Financial Management

An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. The institution can demonstrate financial viability through:

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

2. Administrative Capability

An institution must demonstrate the ability to manage operations in compliance with program regulations by ensuring:

- The number of staff and type of qualified staff are adequate.
- The institution has management procedures in place to ensure that CACFP requirements are met.
- The number of monitoring staff in relation to the number of facilities is adequate.

- An organizational chart is needed to show **ALL** of the institutions staff. An example is located for **nonprofit** organizations is on **pages 30** and **for profit** organizations is on **pages 29**. A blank form is located in Original Documents section.
- Written policies and procedures fulfill program responsibilities and civil rights requirements.

3. Program Accountability

An institution must demonstrate the ability to ensure program accountability through:

- Oversight through an operating governing board.
- Written fiscal accountability systems to assure integrity for all funds, property, expenses, and revenues (i.e., accurate processing of claims), and that all expenses are for program-authorized purposes.
- Record keeping—maintaining records of operations in compliance with program regulations.
- Operations including training, monitoring, classifying, and ensuring administrative costs are within regulatory limits.
- Meal pattern and meal service requirements, licensure, health inspections, record keeping, and claiming only for eligible meals served.

B. Required Financial Documentation

1. For Profit and Nonprofit Status

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

a. For Profit Status as an Organization

The institution has adequate financial resources to maintain operations, even if there is a disruption in normal income or a delay in CACFP reimbursements. An institution must have a positive net gain/profit – it cannot be operating at a loss.

(1) Documentation needed during the review to determine if for profit:

- Bank statements used for CACFP funds;
- Credit card statements used for any CACFP transaction(s);
- Year to Date report;
- Profit/loss statement; or
- Any other financial statements or documentation used for CACFP funds whether money was spent, deposited or transferred.

b Nonprofit Food Service Account

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

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

Documentation needed during the review to determine if nonprofit

- End of the Year Report
- Sponsor End of the Year Reportt
- Schools only: Revenue & Expenditure report for program code 700
- Food Purchasing forms
- Receipts of allowed CACFP items and goods
- Canceled checks for labor (*cash apps or cash payments not allowed for labor*)
- Items charged off for CACFP are approved in online application budget

c. Audits

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

1. **Nonprofit institutions** are required to submit an organization-wide audit annually. These audits are due nine months after the end of the institution's fiscal year. You will be contacted by OSDE to submit your audit.
2. **For Profit institutions** are required to have a program specific audits annually. This audit will be performed by a contracted company paid for by OSDE. Your institution will receive this audit every year your institution expends \$750,000 or more in years not receiving a CACFP Administrative Review.

d. Three Month Operating Balance

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

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

e. Child Nutrition Funds

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

- NSLP/SBP
- SSO
- SFSP

C. Receipt/Invoicess for CACFP purchases (Food Purchasing Form)

- Receipts/invoices will be validated against bank/credit card statements
- If the store name and/or date is not on the receipt, have the clerk write it in and initial.
- If an owner has multiple institutions and each one has a different agreement number, EACH facility MUST have their own CACFP receipts. **Receipts cannot be shared.**

1. A fully itemized receipt/invoice is one that includes:
 - Name of store/vendor
 - Store/vendor physical address and Store/vendor telephone number
 - Date of purchase
 - Specific items purchased
 - Quantity of units purchased
 - Weight and/or size of unit
 - Unit cost
 - Total cost
 - a. If the receipt/invoice is not fully itemized, the Food-Purchasing Form on **page 21** should be completed for each purchase made for the institution's food program. The form is divided into three categories. They are:
 - (1.) Food and Milk
 - (2.) Food-Related Supplies
 - (3.) Nonreimbursable Items
 - b. 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. The receipt should still indicate the amount that is for Food and Milk, Food-Related Supplies, and items that are not reimbursable. This can be hand written at the bottom of the receipt.
2. Unallowable Receipts
 - Denoting that SNAP was used to make CACFP purchases. ***If found claiming such expenses, the center and this practice will be reported to the Oklahoma Department of Human Services (DHS)***
 - A copy of a receipt/invoice without the original from the cash register attached.
 - Any receipt/invoice that has been altered, missing information, or is cut off at the bottom.
 - Any receipt/invoice that does not have the date of purchase.
 - A receipt from grocery pick up or delivery that is not the FINAL receipt. ***It cannot be a receipt from when the order was submitted or still in process.***

D. End of the Year Report

1. All institutions are **REQUIRED** to submit an end of the year report *annually* to ensure the institution is in compliance with the nonprofit food service account. This report will be due before any renewal application can be approved.
2. The end of the year report can be based on the institution's fiscal year, the federal fiscal year (October-September), or twelve consecutive recent months financial document. The institution fiscal year information is indicated in the online application and agreement.
3. Examples of acceptable End of the Year Report:
 - End of the Year Report form on **page 25-27**
 - A Profit Loss Statement
 - A report from Quick Books or any other accounting software used
 - Sponsor End of the Year report
 - Revenue and Expenditure Report documentation from your accountant or treasurer
 - Any documentation used at the end of the fiscal year to close out your books

FOOD PURCHASING FORM INSTRUCTIONS

Sections to be completed, if applicable

- a. Food and Milk
 - Edible items served as part of a reimbursable meal
- b. Food-Related Supplies
 - Nonedible items used to provide meal service; i.e., paper products, cleaning supplies
- c. Nonreimbursable Items
 - Items used for personal or day care-related use only (these will not be entered on the Expenditure/Reimbursement Worksheet)

The following information must be included on the form:

- Specific item purchased
- Quantity (number of units; e.g., 6 cans, 1 box)
- Weight and/or size of container (size of unit; e.g., 16 oz, dozen)
- Unit cost (The cost of a single unit without tax)
- Total cost (number of units purchased multiplied by the unit cost)
- A store receipt supporting the purchases must be attached to the form.

The receipt must include:

- Name of store
- Correct date of purchase

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: This total must match the total on the receipt. *(It can be off by 1 cent due to the taxes)*
5. Indicate who completed this form.

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

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

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

Attach receipt containing name of store and date of purchase.

Check #: 1092

FOOD AND MILK					FOOD-RELATED SUPPLIES				
# of Units	Unit Size	Items Used to Prepare Required CACFP Meals	Unit \$ Cost	Total \$ Cost	# of Units	Unit Size	Nonedible Items Used in Kitchen and Dining Areas: i.e., Paper Products, Cleaning Supplies	Unit \$ Cost	Total \$ Cost
1	16 oz	Cranberry juice, 100% juice	1.75	1.75	1	50	Paper plates	2.49	2.49
1	20 oz	Pineapple, tidbits	1.09	1.09	1	each	HP365xr (Ink)	.99	.99
1	10 oz	Cheese crackers	1.69	1.69	1	200 ft	Foil	3.59	3.59
2	15 oz	Cornflakes	3.19	6.38	1	roll	Paper towel	1.59	1.59
1	8 oz	Tub (Butter)	.69	.69					
1	1 lb	Ground beef, 80/20	2.39	2.39					
6	gal	Milk, 1%	2.43	14.58					
1	10 oz	Noodles	1.13	1.13					
1	1/2 lb	Cojk Shrf (Colby/Jack cheese)	1.89	1.89					
1	1/2 lb	Tomatoes	1.49	1.49					
1	8 oz	Cream cheese	1.29	1.29					
1	1 lb	Whole- Wheat bread	.89	.89					
1	.96 lb	Bananas	.50	.50			Food-Related Subtotal		8.66
1	10 oz	Twin 18P Eg (Eggs)	.63	.63			Food-Related Tax		.74
1	4 oz	Com Pantry (cream of mush)	1.79	1.79			Total Food-Related Supplies		9.40
1	6 oz	Hildychdr (cheddar cheese)	1.99	1.99	# of Units	Unit Size	*Nonreimbursable Items	Unit \$ Cost	Total \$ Cost
1	16 oz	GV RTN (rotini noodles)	1.15	1.15	1	ltr	Root beer	1.89	1.89
1	gal	Milk, whole	3.00	3.00	1	6 pk	Toilet tissue	4.69	4.69
					1	pack	Gum	1.39	1.39
					1	pkg	Chocolate Chip cookies	1.99	1.99
		Food and Milk Subtotal		44.32	(Local Tax Rate = .08375)		Nonreimbursable Subtotal		9.96
		Food and Milk Tax		3.80			Nonreimbursable Tax		.85
		Total Food and Milk		48.12			Total Nonreimbursable Items		10.81

* If you purchase from a food vendor or other delivery service, you may be provided with an itemized receipt and usage of this form may not be necessary. Check with your specialist.

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

Form completed by: John Doe

EXPENDITURE/REIMBURSEMENT WORKSHEET INSTRUCTIONS

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

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

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

For each expenditure:

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

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

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

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

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

Examples:

Postage, printing, office supplies

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

Example:

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

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

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

Example:

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

8. Food Service Equipment—Equipment purchased for use in preparing meals with the acquisition cost of \$2,500 or more.
9. Food Purchases—Edible items used to prepare reimbursable meals and/or the monthly total from delivery receipt for contract meals. Documentation includes:
 - Itemized Food-Purchasing Forms
 - Itemized receipts and invoices
 - Invoice for contracted meals
10. Nonfood Purchases—Nonedible items needed to provide meal service. Documentation includes:
 - Itemized Food-Purchasing Forms
 - Itemized receipts and invoices
11. Miscellaneous—Cost related to the operation of the CACFP and not reported under any other category. Documentation includes itemized receipts. **NOTE: Do not include non-reimbursable items recorded on the Food-Purchasing Form.**
12. Income—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals or any interest accrued to child nutrition funds. Charges for the nonclaimable meals must equal the **FREE** reimbursement rate for the meal eaten plus the value of USDA Foods (commodities) for lunch and supper meals. In order for the CACFP to recover the total cost of these meals, all fractions must be rounded up.

If any interest is accrued on Child Nutrition funds, that money is income to the CACFP program and can only be spent on child nutrition programs. It is unallowable to make money on these federal funds. Any interest accrued must be spent on child nutrition.

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 plus total of Column 12: Record the amount of reimbursement received for the month from the Payment Notice plus the total amount listed in Column 12.
16. Operating Balance: Item 14 minus Item 15 indicates operating balance. This dollar amount can be negative or positive number.
17. Indicate who completed this form.

Maintain in institution records.

EXAMPLE

EXPENDITURE/REIMBURSEMENT WORKSHEET
 INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Institution Name: **TOYS N NOISE** Month: **OCTOBER** Year: **YYYY**

DATE	(1)	(2)	CHECK NUMBER	OPERATING AND ADMINISTRATIVE COSTS (\$)								INCOME (Other Than CACFP Reimbursement)			
				(4) CACFP Admin. Labor	(5) CACFP Admin. Expenses	(6) Food Service Salaries/Benefits	(7) Food Service Rent/Utilities/Janitorial	(8) Food Service Equipment	(9) Food Purchases (Food and Milk)	(10) Nonfood Purchases (Food-Related Supplies)	(11) Misc.		(12) INCOME		
10/5		Discount Grocery	1091							48	12	9	40		
10/6		Herman's Foods	1096							198	76	20	17		
10/7		Star Grocery	CASH							209	00	12	09		
10/13		Dairy Mart	1102							112	96				
10/14		Food Way	1116							202	16				
10/10		Cook—Freda Fryer	1097			392	00	(7 hours x \$8 x 7 days)							
10/10		Teacher—L Simon	1098			126	00	(2 hours x \$9 x 7 days)							
10/10		Teacher—C Smith	1099			126	00	(2 hours x \$9 x 7 days)							
10/28		Cook—Freda Fryer	1151			784	00	(7 hours x \$8 x 14 days)							
10/28		Teacher—L Simon	1152			252	00	(2 hours x \$9 x 14 days)							
10/28		Teacher—C Smith	1153			234	00	(2 hours x \$9 x 13 days)							
10/28		Director—H Brand	1154	264	00			(1 hour x \$12 x 22 days)							
10/31		Interest accrued on CACFP funds in Bank 1 account													4
10/31		Nonprogram Meals				\$4.03		(free rate) + \$3000 (commodities rate) = \$4.33 x 15 (adults) =							64
(13)		Grand Totals		264	00	1,914	00			564	09	41	66		69

(14) Net Costs (Total of Columns 4 through 11 Minus Column 12) \$ 2,714.54
 (15) Reimbursement Received plus total of Column 12 \$ 1004.47
 (16) Operating Balance (Item 14 Minus Item 15—See Instructions) \$ 1,710.07

Form completed by: **Sam Gov**

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

THE END OF THE YEAR REPORT INSTRUCTIONS

All institutions must send the State Agency an annual financial End of Year report. The End of the Year report will meet this requirement. When this form is submitted to the State Agency.

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

- Enter the Institution name
- Enter the fiscal year of the report
- Enter the months of the fiscal year. *The institution should use their fiscal year.* It is allowable to use the federal fiscal year from October - September, or twelve, recent consecutive months of financial information. OSDE must have twelve full months of expenditures and reimbursements.

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

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

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

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

Column 4: Food Service Salaries/Benefits—Cost of cooks', cook's assistants', and caregivers' time spent on menu planning, preparing, serving, cleaning up, supervising children while they eat, and/or completing of menu of served forms.

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

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

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

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

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

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

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

Grand Totals: Total of each column.

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

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

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

Indicate who completed this form.

EXAMPLE

END OF THE YEAR REPORT

Institution Name: **TOYS N NOISE**

Year: **YYYY**

Fiscal Months: **January - December**

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

(11) Total CACFP Expenditures (Total of Columns 2 through 9) \$ **66,891.33**

(12) Total Reimbursement Received (Total of Column 10) \$ **58,873.31**

(13) Operating Balance (Item 11 Minus Item 12—See Instructions) \$ **8,018.02**

Form completed by: **Sam Gov**

Contact Info: **Sam.Gov@email.com**

ORGANIZATION CHART INSTRUCTIONS

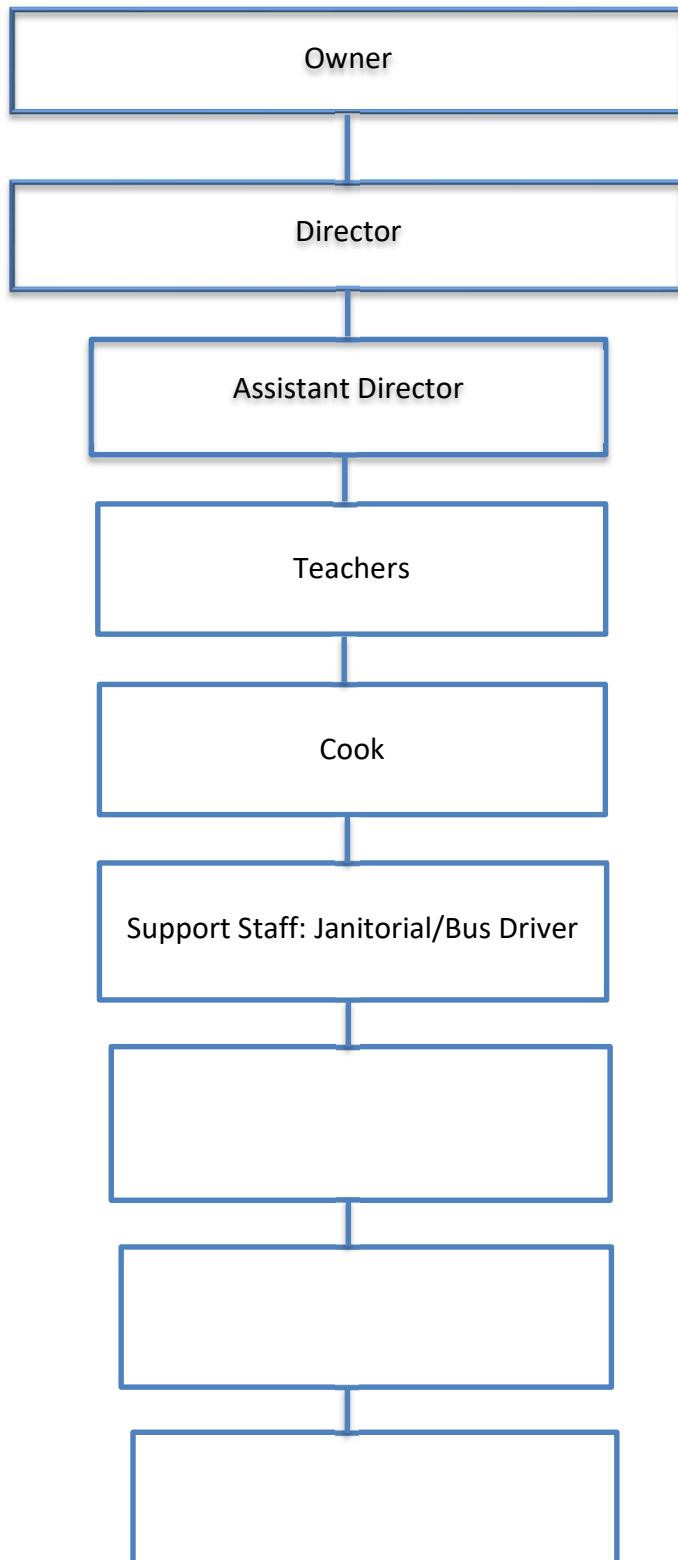
An organizational chart shows the internal structure of an organization. The title of the positions are represented in each of these boxes to show the chain of command.

Examples of organizational charts are listed on **pages 29-30**. The examples given are for a for profit institution and a nonprofit institution. The institution can use the blank forms located in the originals sections or create your own.

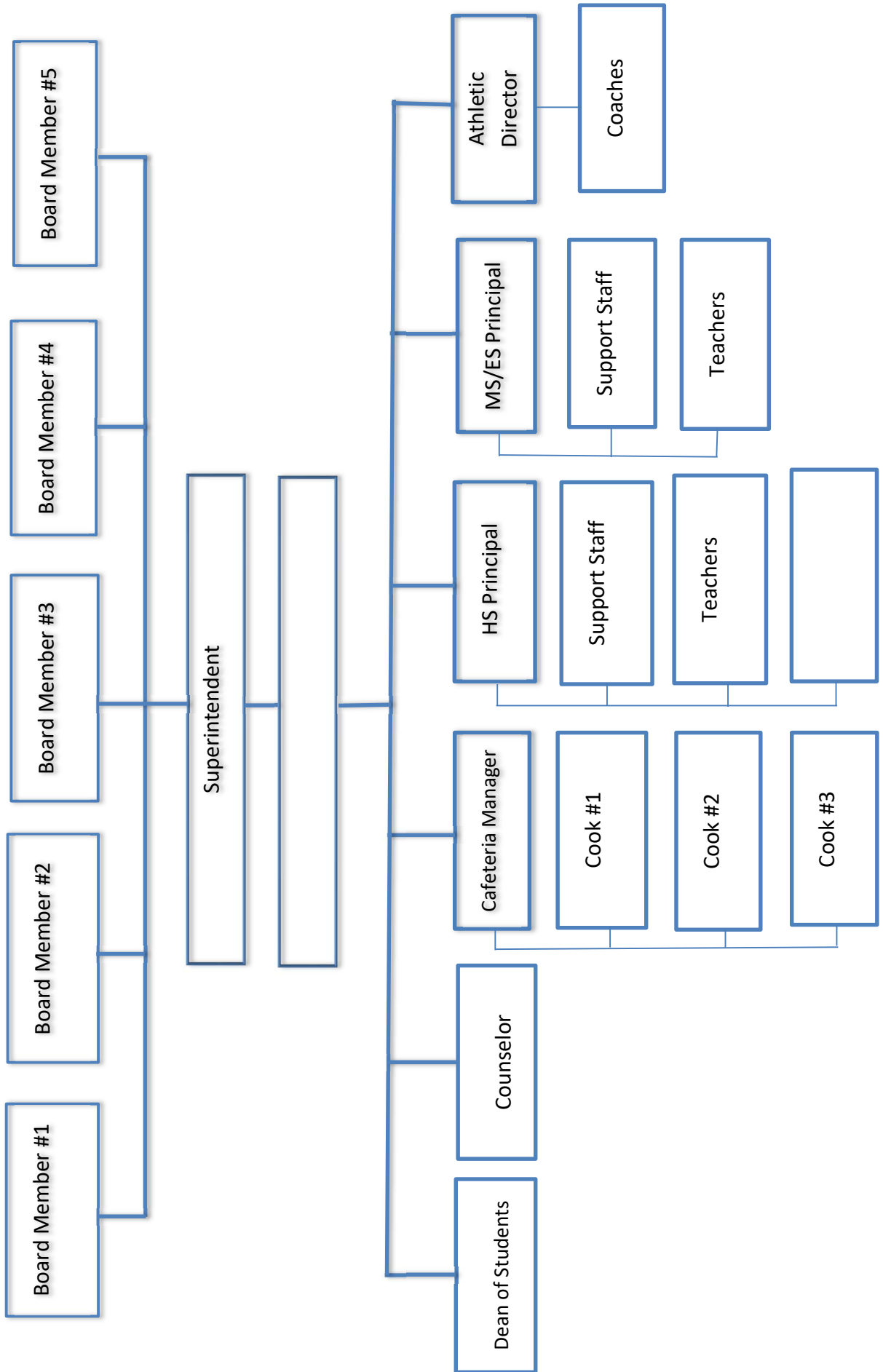
It is not required to list names. Titles are the only items needed. This is not required to be submitted to the State Agency every year. It is only required to be sent in if the organization structure has changed.

Note: A nonprofit institution should always include board members.

For Profit Organizational Chart Example



Nonprofit Organizational Chart Example



ELIGIBILITY

APPROVING CACFP FAMILY-SIZE AND INCOME APPLICATIONS (FSIAs)

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

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

1. ***For Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and/or Food Distribution Program on Indian Reservations (FDPIR) households:***
 - a. The name of each child for whom the application is made.
 - b. A SNAP, TANF, or FDPIR case number.
 - (1) SNAP: A valid SNAP number may begin with the letter **A, B, C, D, H, J, or T** followed by six to nine digits. All valid numbers **MUST** be Oklahoma-issued. Some numbers could also include a dash, followed by two additional numbers. **NOTE: Centers cannot go to the EBT machine and write down the number on the application. The application must be totally completed by the parent/guardian.**
 - (2) TANF*: A valid TANF number is recognized by a six- to nine-digit number beginning with the letter **C or H**. All valid numbers **MUST** be Oklahoma-issued. This number could be followed by a dash with two additional numbers.
 - (3) FDPIR*: An FDPIR number may be any combination of letters and/or numbers. It has no identifiable format. **NOTE: A number starting with KK should not be considered an FDPIR number.**
 - * If an application contains a single case number for SNAP, TANF, or FDPIR, all enrolled children listed on the application must be approved for free meal benefits. Any income information on an application containing a **SINGLE/CORRECT** SNAP, TANF, or FDPIR case number should be disregarded. (Reference USDA Memo SP-38-2009.)
 - * If there is any doubt of the validity of a case number submitted on an application, the institution should contact the appropriate SNAP, TANF, or FDPIR official and document the findings. (This is only for numbers that are not formatted as Oklahoma numbers.)
 - c. The signature of an adult household member.
2. ***Foster children are now categorically eligible, and the required information for foster children is:***
 - a. The name of the child and the indication that the child is a foster child.
 - b. The signature of an adult household member.

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

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

B. Computation of Current Income

1. Each household ***MUST*** provide their **gross** income received and how often they are paid. Income ***MUST*** be identified with the individual who received it and the source of the income (such as wages or welfare). It is the responsibility of the institution representative to compute the household's total current income and compare the total amount to the Income-Eligibility Guidelines (IEG) (see **page 231**).
2. Households may report incomes for different periods on the application; e.g., annually monthly, once every two weeks, once twice a month, and weekly. The institution representative ***MUST*** convert all reported incomes to ***ANNUAL*** income to determine the total household income.
3. To compute annual income for applications:
 - a. If income is received ***every week***, multiply the total gross income by 52.
(Weekly x 52)
 - b. If income is received ***every two weeks***, multiply the total gross income by 26.
(Every 2 weeks x 26)
 - c. If income is received ***twice a month***, multiply the total gross income by 24.
(Twice a month x 24)
 - d. If income is received ***once a month***, multiply the gross income by 12.
(Monthly x 12)

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

4. If a member of the household does not have reportable income, the institution must still request that applicants write a ***ZERO or mark the Zero Income box***.
 - Any household member with no reportable income should mark the zero income box.
 - When no income is provided for any of the adult household members, the application is still considered complete if it includes a social security number, date, and signature.
 - If the institution has known or available information that household income was reported incorrectly, the application will be verified for cause.

C. Application Approval or Denial

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

tion for a household.

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

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

6. Effective Date

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

D. Applications in Other Languages

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

ELIGIBILITY DEFINITIONS

Determining Household Size

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

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

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

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

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

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

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

Foster Child—A foster child is a child whose care and placement is the responsibility of an agency that administers a state plan under Part B or Part E of Title IV of the Social Security Act or a foster child who a court has placed with a caretaker household. These provisions only apply to children formally placed in foster care by a state child welfare agency or a court. They do not apply to informal arrangements such as caretaker arrangements or permanent guardianship placements that may exist outside of or as a result of state- or court-based systems. Whether placed by the state child welfare agency or a court, in order for a child to be considered categorically eligible for free meals, the state must retain legal custody of the child. The household keeping the foster child ***DOES*** include the foster child in its family size, and it does include as part of the household income any monies the foster child receives. However, the household does not report any monies the foster parents are receiving for the care of the foster child. ***NOTE: Because some adopted children were first placed in families as foster children, parents may not be aware that once a child is adopted, he or she must be determined eligible based on the economic unit and all income available to that household, including any adoption assistance, is counted when making an eligibility determination.***

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

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

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

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

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

Determining Household Income

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

Income includes the following:

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

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

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

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

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

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

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

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

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

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

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

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

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

- (a) *U.S. Armed Forces Family Subsistence Supplemental Allowances (FSSA)*. (Reference All State Directors’ Memo 2006-CN-10.)
- (b) *Privatized housing* refers to the Military Housing Privatization Initiative, a program operating at a number of military installations. This initiative puts the operation of military-owned

housing under private contractors. Under this privatization initiative, a housing allowance appears on the leave and earnings statement of service members living in privatized housing. It is important to note that this income exclusion is only for service members living in housing covered under the Military Housing Privatization Initiative. It is not an allowable exclusion for households living off base in the general commercial/private real estate market. (Reference All State Directors' Memo 2004-CN-06, 2004-CN-01, 2003-CN-17, 2003-CN-16.)

Additionally, USDA has provided clarification regarding household-size and income determination where both parents are deployed and their children are staying with friends or relatives. Consistent with the above policy, the children would be counted as part of the household where they are staying; however, both parents would also be included in the household and only the funds provided to the household by the deployed military parents would be included in total household income. (Reference All State Directors' Memo 2003-CN-06.)

- (c) *Military Combat Pay*. This exclusion is authorized by the Agriculture, Rural Development, Food and Drug Administration (FDA), and Related Agencies Appropriations Act, 2010 (P.L. 111-80; October 21, 2009).

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

- Received in addition to the service member's basic pay.
 - Received as a result of the service member's deployment to or service in an area that has been designated as a combat zone.
- AND**
- Not received by the service member prior to his or her deployment to or service in the designated combat zone.

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

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

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

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

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

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

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

Income Exclusions

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

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

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

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

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

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

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

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

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

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

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

ABC DAY CARE
111 Main Street
Somewhere, OK 99999

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

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

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

This institution is an equal opportunity provider.

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

Sincerely,
(Signature) Ima Fishul

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

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

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

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

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the State)
Check normal days the child is in care
- Part 1:** Answer this question if you choose.
- Part 2:** Skip this part.
- Part 3:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- **If any child in the household is a foster child, mark the foster box in the top section for each foster child in the household.**

IF YOU ARE APPLYING BASED ON INCOME, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the state)
Check normal days the child is in care.
- Part 1:** Answer this question if you choose
- Part 2:** Follow these instructions to report total current household income .
- **Column A—Name:** List only the first and last names of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income:** For each household member receiving income, list each income received and the interval the household member is paid.
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.
 - If any member of the household does not receive income, the zero income box should be marked or \$0 can be listed in the income box.
- Part 3:** Sign and date the form. The last four digits of a social security number **IS** necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

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

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

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check normal days the child is in care.

Part 1: Answer this question if you choose

Part 2: Follow these instructions to report total current household income.

- **Column A—Name:** List only the first and last names of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income:** For each household member receiving income, list each income received for the month.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
If any member of the household does not receive income, the zero income box should be marked or \$0 can be listed in the income box.

Part 3: Sign the form. The last four digits of a social security number *IS* necessary. or if the parent or guardian does not have a social security number, the box indicating this must be checked.

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

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 20XX-XX**

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3.

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
Phillips	Peter	9/4/YY	(B) AM (L) (PM) S LPM	7-5:30pm	<input type="checkbox"/>	A113116002
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

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

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

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian American Indian or Alaskan Native Black or African American White Native Hawaiian or Other Pacific Islander

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, or FDPIR #	Zero Income
1. Daddy Phillips	\$	\$	\$ 200 weekly	\$	<input type="checkbox"/>
2. Penelope Phillips	\$	\$	\$	\$	<input checked="" type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

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

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

X Penelope Phillips X 405-123-4567 X 10/4/YYYY
Signature of Adult Household Member Home/Cell Phone Number Date

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

FOR INSTITUTION USE ONLY: Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For:

Free SNAP/TANF/FDPIR Roger Smith 10/5/YYYY
 Reduced Foster Signature of Determining Official Date
 Not Eligible Income: Total Income : \$ _____

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

Household Size _____

7 CFR 226.15(e)(2)
 "The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant on both (FDPIR identifies) or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication (e.g., Braille, large print, audiotape, American Sign Language), or who need a reasonable accommodation to participate in this program should contact the institution that administers the program or USDA's TARGET Center (202) 690-2464 (voice and hearing) or contact USDA through the Federal Relay Service (800) 877-8339. To file a complaint regarding this program, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: <http://www.usda.gov/sites/default/files/documents/USDA-OASCR%201-Complaint-Form-0508-0602-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

**EXAMPLE ONLY
CORRECTLY APPROVED**

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 20XX-XX**

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3.

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
Olson	Mariah	5/26/YY	(B) AM (L) (PM) (S) LPM	6-6pm	<input type="checkbox"/>	555-66-7891
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

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

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

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian American Indian or Alaskan Native Black or African American White Native Hawaiian or Other Pacific Islander

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				Zero Income
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, or FDPIR #	
1. Owen Olson	\$	\$	\$	\$	<input checked="" type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

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

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

X Owen Olson X 918-123-4567 X 7/13/YYYY
Signature of Adult Household Member Home/Cell Phone Number Date

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

FOR INSTITUTION USE ONLY: Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For: Free SNAP/TANF/FDPIR Joe Johnson 7/16/YYYY
 Reduced Foster Signature of Determining Official Date
 Not Eligibles Income: Total Income : \$ _____
How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

7 CFR 226.15(e)(2)

EXAMPLE
FDPIR NUMBER
CORRECTLY APPROVED

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program. U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternate means of communication to obtain program information (e.g., large print, Braille, or sign language) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2797. Once each FY, contact USDA through the Federal Relay Service at (800) 877-8339. If you file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at <https://www.usda.gov/sites/default/files/document/USDA-CR-ASCR-20P-complaint-Form-2056-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to: USDA, The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 20XX-XX**

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3.

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
Scott	Frank	2/11/YY	(B) AM (L) (PM) S LPM	7-5pm	<input type="checkbox"/>	
Scott	Florence	5/5/YY	B AM L (PM) S LPM	3:30-5pm	<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

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

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

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian American Indian or Alaskan Native Black or African American White Native Hawaiian or Other Pacific Islander

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, or FDPIR #	Zero Income
1. Felecia Scott	\$ 3,200 monthly	\$ 500 monthly	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

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

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

Felecia Scott 580-123-4567 8/1/YYYY
Signature of Adult Household Member Home/Cell Phone Number Date

Last four digits of social security number: **** - ** - 1 1 1 1 I do not have a social security number

FOR INSTITUTION USE ONLY: Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For:

Free Reduced Not Eligible

SNAP/TANF/FDPIR Foster Income: Total Income : \$ 3,700

Signature of Determining Official: Barbara Brown Date: 8/1/YYYY

How often Paid? (circle one): Weekly Every 2 weeks Twice a month **(Monthly)** Annually

Household Size 3

7 CFR 226.15(e)(2)

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, national origin, sex (including gender identity and sex orientation), disability, age, or marital or registration status in any of its activities. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication (large print, braille, audio, etc.) should contact the responsible state, local, or tribal administrator of the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-6292, or by visiting www.usda.gov. The complaint must contain the complainant's name and address, the name of the institution where the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. For more information, call (800) 877-8339 or write to USDA by mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9000; or fax (301) 671-7422; email: program.intake@usda.gov. This institution is an equal opportunity provider.

**REDUCED-PRICE INCOME
CORRECTED AND APPROVED**

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 20XX-XX**

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3.

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
Simonsky	Barbara	5/13/YY	(B) AM (L) (PM) S LPM	7-5:30pm	<input checked="" type="checkbox"/>	
Childs	Brenda	7/27/YY	(B) AM (L) (PM) S LPM	7-5:30pm	<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

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

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

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian American Indian or Alaskan Native Black or African American White Native Hawaiian or Other Pacific Islander

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, or FDPIR #	Zero Income
1. Tiffany Childs	\$ 2,100 every 2 wks	\$	\$	\$	<input type="checkbox"/>
2. Tate Childs	\$	\$	\$	\$	<input checked="" type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

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

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

Tiffany Childs 539-123-4567 8/3/YYYY
Signature of Adult Household Member) Home/Cell Phone Number Date

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

FOR INSTITUTION USE ONLY: Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For:

Free SNAP/TANF/FDPIR Judy Jetson 8/5/YYYY
 Reduced Foster - Barbara Simonsk Signature of Determining Official Date
 Not Eligible Income: Total Income : \$ 2,100

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

Household Size 4

7 CFR 226.15(e)(2)
"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or a list of participants in the Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) or a participant in the Food Distribution Program (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 administrative purposes only."
In accordance with the Civil Rights Law of the U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution prohibits discrimination on the basis of race, color, sex (including gender identity and sexual orientation), disability, age, or national origin for its list of participants in the Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) or a participant in the Food Distribution Program (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 administrative purposes only. If you are a person with a disability who requires alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form (available at www.usda.gov/sites/default/files/documents/USDA-09-CFR-7E-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), from any USDA office, by calling (866) 632-9999, or by visiting our website at www.usda.gov. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

**EXAMPLE
FOSTER CHILD AND OTHER CHILDREN
(CORRECTLY APPROVED)**

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

CHILDREN'S INFORMATION							
1. Child's Name: Florence Scott				Date of Birth: 6/22/XXXX			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	7:30 a.m./p.m. to			6:00 a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input checked="" type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	P.M. Snack <input checked="" type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic			
1. Child's Name: Johnny Scott				Date of Birth: 5/5/XXXX			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday	<input checked="" type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	4:00 a.m./p.m. to			6:00 a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input checked="" type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input checked="" type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic			
1. Child's Name:				Date of Birth:			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	a.m./p.m. to			a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
PARENT'S INFORMATION							
Name of Parent/Guardian: Felecia Scott							
Address: 123 A Street				City: Tulsa		Zip: 71111	
Home Telephone Number: (918) 405-0000							
Signature: <i>Felecia Scott</i>				Date: 10/10/XXXX			

CACFP ENROLLMENT FORM

An enrollment form must be completed on every child enrolled and participating in the CACFP program at a Center or Head Start *ANNUALLY (every year)*.

CACFP Enrollment Information **MUST** include:

- Child name and birth date,
- The child's normal days and hours in attendance,
- The meals the child normally receives
- Ethic and racial information,
- The name of the parent/guardian, their address, and a telephone number, and
- The signature of the parent/guardian.

Enrollment Forms allowed to be used at a Center or Head Start:

- Enrollment information located at the top of the household application.
- CACFP Enrollment form found on **page 232** or located in the Resource Library
- **The CACFP Enrollment form will allow multiple children in the household and must be filled out annually.**
- An Enrollment form can be created by the Center or Head Start. It **MUST** have all the required information listed above **AND be approved by your Program Specialist.**

Institutions participating **ONLY** as an outside-school-hours care program or as emergency shelters are not required to complete enrollment forms.

ELIGIBILITY OF HEAD START CHILDREN

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

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

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

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

***All Head Start children MUST have a completed enrollment form. Head Start programs can use the CACFP Enrollment form or create your own and have it approved for use by your Program Specialist.**

HEAD START FEDERALLY FUNDED ENROLLMENT INFORMATION FORM INSTRUCTIONS

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

EXAMPLE

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

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

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

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

SALLIE IVANS 10/29/YYYY
Signature of Person Authorized to Provide Certification on Behalf of Head Start Date

CACFP ROSTER INSTRUCTIONS

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

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

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

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

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

EXAMPLE
FREE CACFP ROSTER

Center: Toys N Noise Fiscal Year: YYYY

Form completed by: Sam Gov

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

*EF = Enrollment Form obtained

EXAMPLE
REDUCED-PRICED CACFP ROSTER

Center: Toys N Noise Fiscal Year: YYYY

Form completed by: **Sam Gov**

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1. Jensen, Jodi	X	10/4/ YYYY	X												
2. Cashion, Amber	X	10/4/ YYYY	X												
3. Sanders, Sue	X	10/4/ YYYY	I	I	I	I									
4. Sanders, Todd	X	10/4/ YYYY	X												
5. Childs, Brenda	X	10/4/ YYYY	NP												
6. Scott, Florence	X	10/4/ YYYY	X												
7. Scott, Frank	X	10/4/ YYYY	X												
8.															
9.															
10.															
11.															
12.															
13.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															
21.															
22.															
23.															
24.															
25.															
26.															
27.															
28.															
29.															
30.															
TOTAL			5												

NOTE: SUE SANDERS IS IDENTIFIED AS AN INFANT WHO DOES NOT PARTICIPATE: SEE INFANT MEAL WAIVER FORM ON PAGE 259

*EF = Enrollment Form obtained

EXAMPLE
NOT ELIGIBLE CACFP ROSTER

Center: Toys N Noise Fiscal Year: YYYY

Form completed by: **Sam Gov**

NAME	EF*	DATE AP-PROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1. Butler, Addie	X	10/4/YYYY	X												
2. Butler, Thatcher	X	10/4/YYYY	X												
3. Butler, Harrison	X	10/4/YYYY	X												
4. Thomas, Cathy	X	10/4/YYYY	X												
5. Thomas, Gary	X	10/4/YYYY	X												
6. McClain, Johnny	X	10/4/YYYY	X												
7. McClain, Joanie	X	10/4/YYYY	X												
8. McClain, David	X	10/4/YYYY	X												
9. McClain, Chase	X	10/4/YYYY	X												
10.															
11.															
12.															
13.															
14.															
15.															
16.															
17.															
18.															
19.															
20.															
21.															
22.															
23.															
24.															
25.															
26.															
27.															
28.															
29.															
30.															
TOTAL			9												

*EF = Enrollment Form obtained

RECORD KEEPING

RECORD-KEEPING REQUIREMENTS

- All records must be maintained on a daily basis and *MAY NOT* leave the premises.
- Records must be produced within one-hour of the Program Specialist arrival or the center will be written up as having no records
- All participants in the Child and Adult Care Food Program (CACFP) must maintain adequate records to support the monthly claims for reimbursement. The State Department of Education (the *State agency*) has provided sample forms to assist the center in maintaining the required records.
- Refer to **pages 10-11** for a summary of basic responsibilities, which includes all record-keeping requirements.
- All required forms have a section *Form Completed By*. Each person that fills out a required form needs to print their name in this section. A signature is not required.
- All records are required to be maintained for three years after the year to which they pertain unless a review or audit is not resolved. In this case, records are required to be maintained until the review or audit is resolved.
- *Only current forms found in the Training Manual and Resource Library can be used for CACFP. However, some organizations have a record-keeping system that is equal to or better than what is provided by the State agency. These forms can be used ONLY if the institution receives approval from your Program Specialist PRIOR to use.*

DAILY ATTENDANCE RECORDS

INSTRUCTIONS

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

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

- Indicate the institution's name and the current month and year at the top of the page.
- List the full (first and last) name of each child.
- Daily, using the following key, check each child's status:
 - For a child not in attendance, use an *A* for ***absent***.
 - For a child in attendance, use an *X* or a check mark.
 - For a child who is no longer enrolled, use a *D* for ***dropped***.
- Identify children who are in attendance but do not receive reimbursable meals.
 - For a child who does not participate, a Child Meal Wavier form should be on file and use ***NP*** for ***does not participate***.
 - For an infant who does not participate, an Infant Meal Wavier form should be on file and use ***I*** for ***Infant***
- Indicate who completed this form.

EXAMPLE

DAILY ATTENDANCE RECORD

- Regular Meals
- At-Risk Meals

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

Form Completed By: Sam Gov

Name	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31
Douglas, Steffy	X	X	A	A	X	X	X	X	X	X	X	X	A	X	X	X	A	X	X	X	X
Douglas, Julie	X	X	A	A	X	X	X	X	X	X	X	X	X	X	A	A	A	X	X	X	X
Douglas, Debbie	X	X	A	A	X	X	X	X	X	X	X	X	X	X	A	A	A	X	X	X	X
Phillips, Peter	X	X	X	X	X	X	A	A	A	X	X	X	X	X	A	A	X	X	X	X	X
Simonsky, Barbara	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Olson, Mariah	X	X	A	X	X	X	X	X	X	X	X	X	X	A	A	X	X	X	X	X	X
McClain, Johnny	X	X	X	X	X	X	X	X	X	X	X	D	D	D	D	D	D	D	D	D	D
McClain, Joanie	X	X	X	X	X	X	X	X	X	X	X	X	D	D	D	D	D	D	D	D	D
McClain, David	X	X	X	X	X	X	X	X	X	X	X	X	D	D	D	D	D	D	D	D	D
McClain, Chase	X	X	X	X	X	X	X	X	X	X	X	D	D	D	D	D	D	D	D	D	D
Scott, Florence	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scott, Frank	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jensen, Jodi	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Cashion, Amber	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sanders, Sue—I	X	X	A	A	A	A	A	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sanders, Todd	X	X	A	A	A	A	A	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Butler, Addie	X	X	A	A	A	A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Butler, Thatcher	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Thomas, Cathy	X	X	X	X	X	X	X	X	X	X	X	A	A	A	A	X	X	X	X	X	X
Thomas, Gary	X	A	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES INSTRUCTIONS

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

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

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

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

- Regular Meals
- At-Risk Meals

EXAMPLE
DAILY ATTENDANCE RECORD
ARRIVAL AND DEPARTURE TIMES

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

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Douglas, Steffy	7:30		7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00			7:00	A	A	7:17	7:30			A	7:05	7:05	7:00	7:00			7:30
Douglas, Julie	5:00		5:00	5:30	A	A	5:20			5:25	5:10	5:10	5:10	5:00			5:25	A	A	10:05	5:30			A	5:00	5:15	5:15	5:15			5:00
Douglas, Debbie	7:30		7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00			7:00	7:00	7:30	A	A			A	7:05	7:05	7:00	7:00			7:30
Phillips, Peter	5:00		5:00	5:30	A	A	5:30			5:25	5:10	5:10	5:10	5:00			5:25	5:00	5:30	A	A			A	5:00	5:15	5:15	5:15			5:00
	7:30		7:30	7:10	A	A	7:00			7:00	7:09	7:00	7:05	7:00			7:00	7:00	7:30	A	A			7:00	7:05	7:05	7:00	7:00			7:30
	5:00		5:00	5:30	A	A	5:30			5:25	5:10	5:10	5:10	5:00			5:25	5:00	5:30	A	A			5:00	5:00	5:15	5:15	5:15			5:00
	7:30		7:30	7:10	7:16	7:40	7:45			A	A	A	7:20	7:10			7:11	7:25	A	A	7:20	7:20	7:10	7:10	7:20	7:30	7:20	7:30			7:30
	5:00		5:00	5:20	5:15	5:20	5:25			A	A	A	5:15	5:21			5:10	5:20	A	A	5:16	5:16	5:30	5:30	5:00	5:35	5:40			5:00	

Form completed by: **Sam Gov**

DAILY RECORD OF MEALS SERVED INSTRUCTIONS

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.
- Indicate who completed this form.

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

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

MEAL COUNT WORKSHEET INSTRUCTIONS

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.
- Indicate who completed this form.

Meals Served to Program Children are:

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

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

Nonclaimable Meals Served:

- Meals over license capacity
- Meals not meeting meal pattern requirements
- Nonprogram adult meals*
- Any meals over the three meals per child per day limit. *(A child can be claimed for two main meals and a snack or two snacks and a main meal)*

Note: Applicable if the institution is using this form and the DROMS form or using the daily attendance record, the daily arrival & departures form, and the meal count worksheet.

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

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

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

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

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

- Regular Meals
- At-Risk Meals

Agreement Number: DC- 55-000 Month: OCTOBER Year: YYYY

Form Completed By: Sam Gov

(To be maintained at institution with CACFP records.)

	MEALS SERVED TO PROGRAM CHILDREN Ages 1 Through 12 Years								NUMBER NONCLAIMABLE MEALS SERVED*				
				AM-1	AM-2	PM-1	PM-2	LT PM-1	LT PM-2				
DATE	Breakfast	Lunch	Supper	Snack						Breakfast	Lunch	Supper	Snack
1													
2													
3	19	16				18				3			
4	18	15				17				6			
5	12	10				12				2			
6	13	8				10				4			
7	17	13				15				2			
8													
9													
10	17	13				15				6			
11	18	12				14				3			
12	18	14				16				2			
13	18	18				16				2			
14	19	15				17				4			
15													
16													
17	19	14				16				4			
18	16	14				16				6			
19	13	10				12				2			
20	11	9				11				2			
21	11	8				8				3			
22													
23													
24	13	8				10				4			
25	13	7				9				3			
26	15	12				14				2			
27	17	13				15				2			
28	17	15				17				6			
29													
30													
31	17	11				15				4			
TOTAL	331	251				293				72			

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

INFANT MEAL COUNT WORKSHEET INSTRUCTIONS

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 who completed this form.

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.

Nonclaimable Meals Served:

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

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

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

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

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

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

Agreement Number: DC- 55-000 Month: OCTOBER Year: YYYY

Form Completed By: Sam Gov

(To be maintained at institution with CACFP records.)

DATE	MEALS SERVED TO PROGRAM INFANTS Ages 0 Through 11 Months								NUMBER NONCLAIMABLE MEALS SERVED*					
	Breakfast	Lunch	Supper	AM-1	AM-2	PM-1	PM-2	LT PM-1	LT PM-2	Snack	Breakfast	Lunch	Supper	Snack
1														
2														
3	1	1				1								
4	2	2				2								
5	3	3				3								
6	3	2				2								
7	1	2				2								
8														
9														
10	4	4				4								
11	3	3				3								
12	1	0				0								
13	2	0				0								
14	0	1				0								
15														
16														
17	3	3				3								
18	3	3				3								
19	1	1				1								
20	2	2				2								
21	1	1				0								
22														
23														
24	0	1				1								
25	5	4				4								
26	0	0				0								
27	4	4				4								
28	2	2				2								
29														
30														
31	1	1				1								
TOTAL	41	40				38								

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

To be maintained at institution with CACFP records

OTHER REQUIRED RECORDS

PARENTAL NOTIFICATION OF CACFP BENEFITS

Building for the Future

Public Law 106-224, the Agricultural Risk Protection Act of 2000, requires all sponsoring organizations (SOs) and day care centers to reproduce the *Building for the Future* fact sheet and distribute it annually to all parents of participating children in their facilities. As new children are enrolled in these facilities, they must be given a copy of the *Building for the Future* fact sheet. You will find a another copy of this form on **page 242**.

A Spanish version is available under the Resource Library on the online Application and Claiming system.

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 or Vegetable Grains or Breads	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
Toys N Noise 1234 NW Block Street Oklahoma City, OK 73124

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

This institution is an equal opportunity provider.

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM INFORMATION

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

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

For questions about applying for WIC, call:

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

WOMEN, INFANTS, AND CHILDREN (WIC) BROCHURE

EXAMPLE



Notes

END OF MONTH RECORD OF INVENTORY

It is **required** to have an end of the month record of inventory for all unopened items on **hand at the center**. An inventory system is a management tool used for an efficient food service operation. The inventory provides a systemic method for taking and maintaining a complete inventory record of purchased food and milk and food-related supplies.

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

Inventory records are used to:

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

INVENTORY INSTRUCTIONS

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

Center Name: Enter the Name of the Center

Inventory Month/Year: Enter the month and year

Date Conducted: Enter the date inventory was conducted

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

Component sections include meat/meat alternate, bread/grain, fruit, vegetable, milk/formula, and infant food, if applicable.

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

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

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

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

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

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

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

Center Name: ABC DaycareInventory Month/Year: October 20XXDate Conducted: 10/31/20XXForm Completed By: Sam Gov

Meat/Meat Alternate	Purchase Unit	# of Units	Grain/Bread	Purchase Unit	# of Units
80/20 ground beef	pound	10	Graham Crackers - Market Pantry	16 oz box	2
Cheddar Cheese, shredded - Good & Gather	pound	2	Whole Wheat bread - Wonder	1b loaf	2
Beef Hot Dogs - Bar S	16oz pkg	3	Saltine Crackers - Great Value	16oz box	1
Beef Bologna - Bar S	16 oz pkg	4	Cheerios	32 oz box	2
			Kix Berries	32 oz box	1
			Spaghetti Noodles - Good & Gather	16 oz	2
			Tortilla Chips - Great Value	2lb bag	1
			Hot Dog buns - Wonder	11b	4
			Bagels - Lenders	11b	2
Fruit	Purchase Unit	# of Units	Vegetable	Purchase Unit	# of Units
Peaches, diced - Dole	#10 can	2	French Style Green Beans - Libby's	15 oz can	5
Apples, Gala - fresh	5lb bag	1	Mixed Vegetables, frozen - Great Value Brand	3lb bag	2
Fruit Cocktail - Sysco	#10 can	4	Baby Carrots - fresh	5lb bag	1
Mandarin Oranges - Dole	5lb bag	2	Tator Tots, frozen - Ore Ida	10lb bag	2
Pineapple, tidbits - Sysco	#10 can	5	Instant Mashed Potatoes - Idaho Spuds	11b	5
Pineapple, chunks - Del Monte	15 oz can	3	Salsa - Member's Mark	#10 can	3
Apple Juice, 100% - Welch's	Gallon	5	Spaghetti sauce - Hunt's	16 oz jar	2

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

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

Milk/Formula	Purchase Unit	# of Units	Infant Food	Purchase Unit	# of Units
Whole Milk	gallon	2	Chicken & Noodles - Gerber	4 pack	1
1%	gallon	4	Sweet Potato - Beech-nut	4 oz	3
Fat Free, Chocolate	pints	25	Banana, Plum, Apples - Parent's Choice	4 oz	5
Lactose Free Milk, 1%	quart	2	Infant cereal, rice - Equate	16 oz box	3
Formula, Gerber Goodstart	16oz can	1	Infant cereal, oatmeal - Gerber	16 oz box	1
Condiments/Extra Items <i>(optional)</i>	Purchase Unit	# of Units	Food-Related Supplies <i>(optional)</i>	Purchase Unit	# of Units
Ketchup - Hunts	32 oz	1	Dish soap - Palmolive	32 oz	1
Ranch - Kraft	16oz	2	Paper Plates - Member's Mark	250 count	1
Cheese, singles - Kraft	16 oz	3	Trash Bags - Hefty	30 gallon	1
Cream Cheese - Great Value Brand	8 oz	3			
Meatballs - Good & Gather	2lb bag	1			
Chili, Wolf brand, canned	28oz	3			

CLAIM FOR REIMBURSEMENT INSTRUCTIONS

Claims are to be submitted by the tenth of the month following the month covered by the claim for reimbursement. Claims submitted after 60 days cannot be paid without submission of one-time exception documentation. A copy must be maintained on file for a minimum of three years.

1. GENERAL DATA

- a. Report number of days in operation for the month.
- b. Eligibility Data
 - (1) Report total enrollment. (Total enrollment may differ from CACFP participation if you have children enrolled who do not eat reimbursable meals.)

2. Participation Data:

- a. Title XX Data, if applicable.
 - (1) Number of Title XX (child care centers) or free and reduced-price participants.
- b. Participation Data: Report current number of enrollees participating (who ate at least one regular meal) for the claiming month by **free**, **reduced-price**, or **not eligible**. All participants not meeting family-size and income guidelines for free or reduced-price meals plus any participants not having a completed, approved Family-Size and Income Application (FSIA) on file must be reported in the **not eligible** category. These figures can be obtained from the monthly count of free, reduced-price, and not eligible participation/CACFP Rosters.
- c. **MEAL COUNTS CLAIMED FROM MEAL COUNT WORKSHEET:**
 - (1) Enter number of regular breakfasts served to participants.
 - (2) Enter number of regular lunches served to participants.
 - (3) Enter number of regular suppers served to participants.
 - (4) Enter number of regular snacks served to participants.

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

- a. **Enter Days of Operation and Enrollment:**
- b. **TOTAL AT-RISK MEALS CLAIMED from Meal Count Worksheet (CHILD CARE CENTERS):**
 - (1) Enter number of At-Risk breakfasts served to participants.
 - (2) Enter number of At-Risk lunches served to participants.
 - (3) Enter number of At-Risk suppers served to participants.
 - (4) Enter number of At-Risk snacks served to participants.
- c. **Average Daily Attendance automatically populates.**
- d. Cash-in-lieu will automatically populate.
(Cash-in-lieu is based on the number of lunch and suppers claimed)

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

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

CACFP Child/Adult Care Food Program—Claim Entry

DC-XX-XXX - Toys N Noise
 1234 NW Block St
 Oklahoma City, OK 73124
 TIN: 000000000

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

Claim Month

Claim Year

Claim Listing for Month/Year Requested						
Select	Adjust	Submit Date	Month	Claim Year	Status	Permit Expires
<input type="button" value="Select"/>	<input type="button" value="Adjust"/>		4	2024	Active	1/1/2099
1						

Individual CACFP Business—No Sites

Individual CACFP Business—No Sites

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

At-Risk Days	
At-Risk Enrollment	

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

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

PAYMENT NOTICE

The Office of State Treasurer and the Legislature established provisions to comply with the Cash Management Improvement Act (CMIA) Public Law 101-453—an electronic system for fund transfer of federal assistance program payments.

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

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

PAYMENT NOTICE

PAYMENT OF FEDERAL CHILD NUTRITION FUNDS

TO: Toys N Noise
Hilda Brand
1234 NW Block Street
Oklahoma City, OK 73124

**000 00 0000 Institution Name
(FEI Number)**

Agreement No.: DC-55-999

FROM: STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS

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

<i>WARRANT NO.</i>	<i>\$ AMOUNT</i>	<i>APPORTIONMENT OF TITLE</i>	<i>CFDA NO.</i>
0000000000	\$5,924.46	Child and Adult Care Food Program	10.5580000

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

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

TO REIMBURSE PROGRAM CODE 700/FY-XXXX

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

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

Very truly yours,

STATE SUPERINTENDENT
OF PUBLIC INSTRUCTION

If you have any questions concerning this payment, please contact Child Nutrition Programs at 405-521-3327.

EXAMPLE

MONTHLY RECORD-KEEPING CHECKLIST

Month: OCTOBER Year: YYYY

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

- (X) Meal Count Worksheet
- (X) Expenditure/Reimbursement Worksheet (Summary of All Allowable Operating and Administrative Costs)
- (X) Financial Documentation - Any bank and credit card statement(s) where CACFP funds were deposited, spent, or transferred to or from, Year to date report, Profit/Loss statement, canceled checks, etc.
- (X) Food-Purchasing Forms/Itemized Receipts
- (X) End of the Month Inventory for Food and Milk
- () Title XX Documentation
- () Canceled Checks (Documentation of CACFP Expenditures)
- () Daily Attendance Records
- () Daily Attendance Records—Arrival and Departure Times, if applicable
- (X) Daily Record of Meals Served, if applicable

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

- (X) 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.*
- (X) Menus as Served/Production Records 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.

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

ANNUAL REQUIRED DOCUMENTATION

- (X) Procurement Documentation
- (X) Training Records



CHILD AND ADULT CARE FOOD PROGRAM (CACFP) FY2024 NOTIFICATION OF ADMINISTRATIVE REVIEW

MEMO TO _____ AGREEMENT # _____ DATE _____

An Unannounced Administrative Review will be conducted at your institution between October 1, 2023, and September 30, 2024. Records are to be maintained on-site at all times for review purposes. If records are not immediately available, you will be given 1-hour to produce them. Per state auditor requirements, a copy of all documentation must be provided at the time of the review for the program specialist to retain and submit to the State agency. Records to be reviewed from October 1, 2023, to the last claim submitted include, but are not limited to:

1. Approved Family-Size and Income Applications (FSIAs) and/or Enrollment form for the current year
2. CACFP participation data, CACFP Roster, and Child Meal Waiver forms (*if applicable*)
3. Attendance records/arrival and departure times
4. Title XX Documentation (Title XX centers only/DHS Subsidy)
5. Meal count worksheet/ Daily Record of Meals Served (DROMS)
6. Itemized receipts/Food Purchasing Form
7. Documentation of total revenues/income received and total expenditures by the institution/center. This should include bank and/or credit card statements of accounts where CACFP funds are deposited or are transferred to
8. Documentation to verify that the institution is both financially viable and operating a nonprofit food program service such as Profit/Loss Statement, End of Year Report, Expenditure/Revenue report, etc.
9. Menus as Served or Contract Meal Services Delivery Receipt
10. Infant Meals as Served and Infant Meal Waiver forms, if applicable
11. Child Nutrition (CN) labels/Product Formulation Statements (when applicable)
12. Labels for cereal, yogurt, deli/lunch meat, and whole grain items served.
13. End of the month inventory for food and milk
14. Procurement Documentation including Procurement Plan and Chart of Procedures
15. Proof of CACFP record retention for three years
16. Documentation of CACFP key staff training
17. License or permit to operate a day care facility
18. Civil Rights Complaint-Filing form
19. And Justice for All poster displayed
20. Proof of Building for the Future fact sheet distribution to parents of enrolled children
21. Women, Infants & Children (WIC) outreach
22. Board Meeting minutes for nonprofit institutions
23. Organizational Chart for the Institution
24. If multisited (in addition to the above items):
 - a. Preapproval visits for new centers
 - b. On-site monitor reviews
 - c. Policy & procedures
 - d. Household contact documentation, if applicable
 - e. Proof of edit checks
25. Copy of the State agency-approved contract if institution is under contract with an outside source.
26. Payroll Documentation
27. Other _____

Child Nutrition Programs (CNP) Specialist

Program Specialist Telephone Number

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

CLAIM REVISION

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

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

The institution has **60 calendar days** following the last day of the claim month. This date may change depending on the number of days in February.

Below is the claim and the final date that it may be submitted.

Based on 28 Days in February		Based on 29 Days in February	
January Claim	April 1st	January Claim	March 31st
February Claim	April 29th	February Claim	April 29th
March Claim	May 30th	March Claim	May 30th
April Claim	June 29th	April Claim	June 29th
May Claim	July 30th	May Claim	July 30th
June Claim	August 29th	June Claim	August 29th
July Claim	September 29th	July Claim	September 20th
August Claim	October 30th	August Claim	October 30th
September Claim	November 29th	September Claim	November 29th
October Claim	December 30th	October Claim	December 30th
November Claim	January 29th	November Claim	January 29th
December Claim	March 1st	December Claim	February 29th

CACFP Claim Revision

Agreement #: DC-00-123

Institution/Site Name: Toys & Noise Day Care

Please provide the revised counts

Claim Month/Year: October 20XX

Number of days in operations: 19

Total enrollment: 43

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

At-Risk total enrollment, if applicable: 0

Participation Data:

Title XX/XIX, if applicable: 30

Number free eligible: 25

Number reduced eligible: 5

Number not eligible: 13

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

Reason for revision: The infant meals were accidentally left off of the claim. Those meals
have been added to this revision.

MEAL TIME CHANGE FORM INSTRUCTIONS

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

Agreement Number: Institutions agreement number

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

Top Section: The entire top section needs to be filled out with information currently in the system for the Center/Site.

Note: One form per site needing updates

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

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

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

Signature of Authorized Representative

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

CACFP Notification of Meal Service Change

Agreement Number: DC-00-123 Institution/Site Name: Toys & Noise Day Care/Toys Site

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
700	830			1130	1230	1400	1430				
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
						1600	1630				

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
50				50		20	30				

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	600	1800

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

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

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
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
				1100	1200	1400	1430				
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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If applicable, list your NEW hours of operation:

Open	Close

 No change to hours of operation

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

Authorized Representative Signature: _____ Date: _____

SDE Signature: _____ Date: _____

BUDGET REVISION JUSTIFICATION FORM INSTRUCTIONS

If an institution needs to make a revision to the institution's budget, this form will need to be completed with an explanation of what was revised and why.

Once this form has been completed, it can be faxed 405-521-2239 or emailed to Lesia.King@sde.ok.gov, Lori.Burroughs@sde.ok.gov, or Jennifer.Pryor@sde.ok.gov.

Instructions:

Enter Date

Enter Institution Name

Enter Institution Agreement Number

Enter the month and year the budget it to be amended.

Three budget revision justifications can be made on each form.

Instructions:

Enter the budget line-item number found in the online application and the type of expense being revised

Enter the current amount listed in the budget

Enter the new budget amount the institution

Give an explanation of why the center is revising the budget.

Budget Revision Justification Form

Date: April 10, XXXX

Institution Name: TOYS & NOISE DAY CARE

Agreement Number: DC-XX-1234

Budget Amendment Justification Month and Year: APRIL 20XX

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: #3: Food Service Salaries

Original projected amount: \$15,000

Adjusted projected amount: \$20,000

Justification Explanation:

The cook was given a raise.

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:

Notes

TRAINING

STATE AGENCY TRAININGS

State agency trainings regarding topics and efficacy are evaluated periodically through surveys and discussions with participants. Topics are evaluated based on areas of noncompliance observed during the Administrative Review throughout the fiscal year. These evaluations determine future training topics.

A. Required Training

1. When is Training Required?

a. New Institutions

New institutions must complete training before the online application can be completed. The training will consist of at least the topics required by USDA regulations. Additional training may be required depending on the type of institution that is applying to participate. (i.e., At-Risk, SO training, etc). Failure to comply may result in the denial of the application.

b. Institutions Renewing their Application & Agreement

Annual training is required for all renewing institutions. The training will consist of topics required by USDA regulations. Additional training may be required depending on the type of institution. (i.e., At-Risk, SO training, etc). Failure to comply may result in the denial of the renewal application.

c. Corrective Action from the Administrative Review

Institutions who have been declared SD must complete required training as a part of correction action plan. The training will consist of the topics required by USDA regulations. Additional training may be required, (i.e. At-Risk, SO training, Food Buying Guide, Infant Meals, etc.). **Training must be completed within 60 days of the exit conference.** Failure to comply may result in the denial of CAP.

2. Who is Required to take Training

The Responsible Primary Individual (RPI) must complete any required training. Examples of an RPI is the owner, executive director, superintendent, board president. Additional personnel who have CACFP responsibilities may also be required to complete training when necessary.

B. Training Calendar

If the organization would like an employee to have log in access for the Training Calendar **ONLY**, a Training Calendar access form is located in the Resource Library in the Training & Workshop section.

1. All Zoom and in-person trainings offered by the State agency can be found in the Training Calendar located in the CACFP Application & Claiming system.
<https://cnp.sde.ok.gov/CACFP/DCCWelcomeM.aspx>
2. To receive credit for ANY State agency training(s) attended whether in-person or zoom, every participant **MUST BE REGISTERED** in the Training Calendar even if everyone is

watching on one device.

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

3. Registration Instructions:

1. Go to the CACFP Online Application System: <https://cnp.sde.ok.gov/CACFP/SNP-WelcomeM.aspx>
2. Log into the system using your assigned username & log-in
3. Go to the mustard yellow column on the left-hand side
4. Click on Training Calendar
5. Look at all the Titles and Dates of the Trainings available
6. Select Details for the Training you would like to attend. Scroll to the bottom of the details section and fill out the information – Name, Title, and Institution you are affiliated.
NOTE: If it is a training on Zoom, the link will be located in the Details/Comments box of the training to be attended.

*Certificates are not sent or distributed after Zoom or in-person trainings. In order to receive credit, each participant **MUST** register in the Training Calendar. Training courses the participant registered for will show up at the bottom of the Business Maintenance page. **When the course is completed, a check mark will show in the Attendance box.**

B. OSDE Connect Trainings (Self-paced)

- To receive a certificate, the participant will have to complete the module and the quiz at the end of the course.
- **OSDE Connect courses are the ONLY trainings that will meet the required training for New or Seriously Deficient (SD) institutions.**
- Courses offered in OSDE Connect are located in the OSDE Connect catalog or in Resource Library under Training & Workshop section.
- These trainings can be used as a reference tool. The quiz does not have to be taken at the end if used only as a resource tool.

ADDITIONAL TRAININGS

A Institute of Child Nutrition (ICN)

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

<https://theicn.org/>

B. Cooking for Kids

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

<https://cookingforkids.ok.gov/>

C. Team Nutrition

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

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

IN-SERVICE/INSTITUTION TRAINING

All centers must designate a person as the Child and Adult Care Food Program (CACFP) trainer. The person designated by the institution as the program's trainer **MUST** conduct annual CACFP workshop training and maintain documentation of this training.

Training of all personnel involved with the CACFP, including all shifts and new personnel, is the institution's responsibility. Documentation of all personnel training must be maintained.

Training must be completed PRIOR to beginning program operations.

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

In-service training documents must include:

- Date
- Location
- Agenda (topics covered)
- Signatures of participants (personnel in attendance)

Required topics, at a minimum, include:

1. CACFP meal patterns
2. Reimbursement System
3. Accurate meal counts
4. Claims submission
5. Claim Review Procedures
6. Record keeping
7. Civil rights

Acceptable training methods include:

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

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

EXAMPLE

**CHILD AND ADULT CARE FOOD PROGRAM
IN-SERVICE TRAINING AGENDA**

Trainer—Jane Jones
October 4, YYYY

Toys N Noise
1234 NW Block Street
Oklahoma City, Oklahoma 73124

- Record-Keeping Requirements
 - I. Attendance
 - II. Meal Count Worksheet
 - III. Receipts/Expenses
- CACFP Meal Patterns
 - I. Child Care Meal Pattern—Breakfast, Lunch, and Snack Meal Components and Quantities for Teachers
 - II. Bread/Cereal Chart—Breakfast, Lunch, and Snack Items
- Menu as Served forms
 - I. Menu as Served Forms —Emphasis on the Importance of Proper Documentation
 - II. Menu as Served Form Documentation Examples
- Reimbursement System Process
- Accurate Meal Counts
- Claims Submission
- Claim Review Procedures
- Civil Rights Training

SIGN-IN/Name and Position

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

CIVIL RIGHTS

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

A. Public Information Responsibilities

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

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

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

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

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

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

email: program.intake@usda.gov

This institution is an equal opportunity provider.

If material is too small to permit the full statement, "***This institution is an equal opportunity provider***" must be at a minimum the same font or print size or larger as the rest of the text on the page.

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

2. Inform parents or guardians of children in sites participating in the CACFP, as well as local minority and grassroots organizations, of the availability of program benefits and services, the nondiscrimination policy, and all significant changes in existing requirements that pertain to program eligibility and benefits.
3. Display in a prominent place (where meals are served) the nondiscrimination (...*And Justice for All*) poster developed by USDA. The poster is required to measure 11 by 17 inches.
4. Make available to the public, and to participants and potential participants upon request, information about program requirements and the procedures for filing a complaint in English and/or in the appropriate translation to non-English-speaking persons.

B. Data Collection

1. Develop a method for collection of data. Methods include voluntary self-identification by an applicant on the Family-Size and Income Application (FSIA), the CACFP enrollment form, or some other way the family can self-identify.
2. Maintain information on file for three years.
3. Establish procedures to ensure that the information is made available only to authorized state and federal personnel during reviews or as part of federal- or state-approved surveys.

C. Civil Rights Complaints

1. All written or verbal complaints alleging discrimination on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, shall be processed within 90 days upon receipt in the manner prescribed by this instruction.
2. The Office of Minority Affairs (OMA) has been delegated the authority to determine the manner in which all civil rights complaints, investigations, preliminary inquiries, and compliance reviews are to be handled. Regardless of the administrative or operational level of the CACFP where a civil rights complaint is filed, it must be forwarded in accordance with Item D2 (on the next page) to the Director, Civil Rights (CR) Division, for submission to the OMA. The OMA will prepare and issue letters of acknowledgment to the complainant(s).
3. A preliminary inquiry or an investigation will be conducted on all valid complaints to substantiate or refute allegations.

D. Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint **within 180 days** of the alleged discriminatory action. Under special circumstances, this time limit may be extended by OMA. (Not all bases apply to all programs.)
2. **Acceptance:** All complaints must be in writing and signed by the complainant. All complaints shall be accepted by the CACFP institution, Oklahoma State Department of Education (the *State agency*), or Food and Nutrition Service Regional Office (FNSRO). The complaints will be forwarded to the CR Division. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed and to indicate the possibility of a violation. Please see a Civil Rights Complaint Form on **page 99**. The person who has allegedly been discriminated against must complete and sign the form.

U.S. Department of Agriculture USDA Program Discrimination Complaint Form

Complainant Information			
First name	Middle Initial	Last Name	
Mailing Address			
Primary Phone Number	Alternate Phone Number	Email	
Best way to reach you: Mail Phone Email Other			
Representative Information			
Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have written authorization from representative? If so, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No	
First name		Last Name	
Mailing address			
Phone	Email		
Complaint Information			
<i>(attach additional pages and supporting documentation as needed)</i>			
1. Provide the name of the program you applied for (if known/applicable).			
2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program. <input type="checkbox"/> FNS <input type="checkbox"/> FS <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Other _____ <input type="checkbox"/> Unknown			
3. Date of recent alleged discrimination (mm/dd/yyyy)	4. Location and/or address of the office where discrimination occurred		
5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known).			
6. What happened to you? (please include dates of each allegation)			
7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity. I believe I was discriminated against based on:			
Remedies			
8. How would you like to see this complaint resolved?			
9. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?			
10. If yes, with what agency or court did you file?			11. If yes, when did you file? (mm/dd/yyyy)

Complainant Signature

Date

Representative Signature

Date

INSTRUCTIONS

PURPOSE: This form may be used if you believe you have experienced discrimination in any USDA program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. If you need assistance filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative.

We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the process of your complaint

FILING DEADLINE: A program discrimination complaint must be filed within 180 days from the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

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

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

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

OFFICE LOCATION WHERE DISCRIMINATION OCCURED: List the location and/or address of the office where discrimination occurred. If not known, this part of the form can be left blank.

WHERE TO FILE YOUR COMPLAINT: You may submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence, Ave, SW, STOP 9410, Washington, DC 20250-9410;

Fax: 1 (833) 256-1665 or (202) 690-7442; or

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

You may also visit our [website](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

LEGAL INFORMATION

CONSENT: This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974 (5 U.S.C. §552a), and is used to solicit information for processing complaints of discrimination. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (OASCR) requests this information pursuant to 7 CFR Part 15.

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

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

PRIVACY ACT STATEMENT (5 U.S.C. § 552a)

AUTHORITIES: Collection of this information is authorized by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); and Sections 504 and 508 of the Rehabilitation Act of 1973 (29 U.S.C. §§ 790-790f) and any other anti-discrimination statutes, rules and regulations.

PURPOSE: The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice. Any information obtained from this form will be maintained in our system of record.

ROUTINE USES: To respond to requests from individuals and agencies outside the Department (*such as the White House, Congress, and the Equal Employment Opportunity Commission*) regarding the status of a complaint. More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by the OASCR.

DISCLOSURE: Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint or rejection of the complaint due to an inadequate information to continue processing.

PAPERWORK REDUCTION ACT STATEMENT

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

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, (5 U.S.C. § 552a(b)). The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, Mail Stop 9410, Washington, DC 20250. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**

PROCUREMENT

CACFP Allowable and UnAllowable Costs

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

This is not an all-inclusive list.

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

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

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

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

PROCUREMENT PROCEDURES AND PRACTICES

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

METHODS OF PROCUREMENT

Informal Methods:

- A. **Micropurchasing**—The purchase of products and services (similar or dissimilar purchased once as a single, collective unit) whose aggregate (total) costs do not exceed **\$10,000**.
1. Price comparisons are not required for micropurchases as long as the institution considers the price to be reasonable. Considers the price to be reasonable based on research, experience, purchase history or other information and documents it files accordingly (2 CFR 200.320a)(1)(ii)). Institutions must maintain documentation of the reason they chose a particular vendor.
 2. Institutions **cannot purchase from only one source, store, or vendor**. Purchases must regularly be distributed among multiple qualified suppliers.
 3. If the aggregate cost of these items (that is, the total bill) does not exceed the micropurchase threshold, this transaction qualifies as a micropurchase under 2 CFR Part 200.320(a).
- B. **Small Purchase Procedures**—Small purchase procedures are those relatively simple and informal procurement methods for securing services, supplies, goods, or equipment that do not cost more than the simplified acquisition threshold fixed at 41 U.S.C. 403(11), currently set at \$250,000. (2 CFR 200.320[b])
1. When small purchase procedures are used, the following stipulations and terms must be considered:
 - a. The Institution can set a lower threshold than \$250,000. **NOTE: If the Institution has a lower threshold, it must follow that lower amount.**
 - b. Price quotes shall be obtained from an adequate number of qualified sources. USDA defines an adequate number as two or more. **(Checking prices from at least 2 stores**

or vendors)

- c. The goods, equipment, or services to be purchased must be adequately and consistently described for each prospective supplier so that each one can provide price quotes on the same merchandise or service. These specifications must be either verbal or written. Both must be documented.
 - (1) Send specifications by fax, e-mail, telephone, or deliver in person to at least two vendors.
 - (2) Responses from vendors can be either in written or verbal form. Verbal quotes must be documented.
- d. Price quotation records must be retained three years plus the current year or until audit findings are resolved.
- e. May include fresh produce as long as the aggregate (total) amount is **\$250,000** or less.

2. Procurement Plan Prototype

For centers only using informal procedures (micropurchasing & small purchase), a small center procurement plan prototype can be adopted by the institution. The prototype can be found in the manual on **page 120** or in the Resource Library under the Procurement section.

C. **Formal Methods:**

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

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

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

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

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

- The contracts will be awarded to the responsible bidder/proposer whose bid or proposal is responsive to the invitation and is most advantageous to the Institution, price, and other

factors considered. Any and all bids or proposals may be rejected in accordance with law.

1. **Contract Cost and Price** (§200.323)—Applies to competitive, noncompetitive, and sealed bid.
2. The Institution must perform a *cost or price analysis in connection with every procurement action in excess of the Simplified Acquisition Threshold*, including contract modifications. The method and degree of analysis is dependent on the facts surrounding the particular procurement situation, but as a starting point, the Institution must make independent estimates before receiving bids or proposals.
3. Cost or prices based on estimated costs for contracts under the federal award are allowable only to the extent that costs incurred or cost estimates included in negotiated prices would be allowable for the Institution entity under Subpart E—Cost Principles of this part. The Institution may reference its own cost principles that comply with federal cost principles.
4. The *cost plus a percentage of cost and percentage of cost methods of contracting must not be used*.
5. The Institution may be required to submit proposed procurement to the Oklahoma State Department of Education (the *State agency*) for preaward review.

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

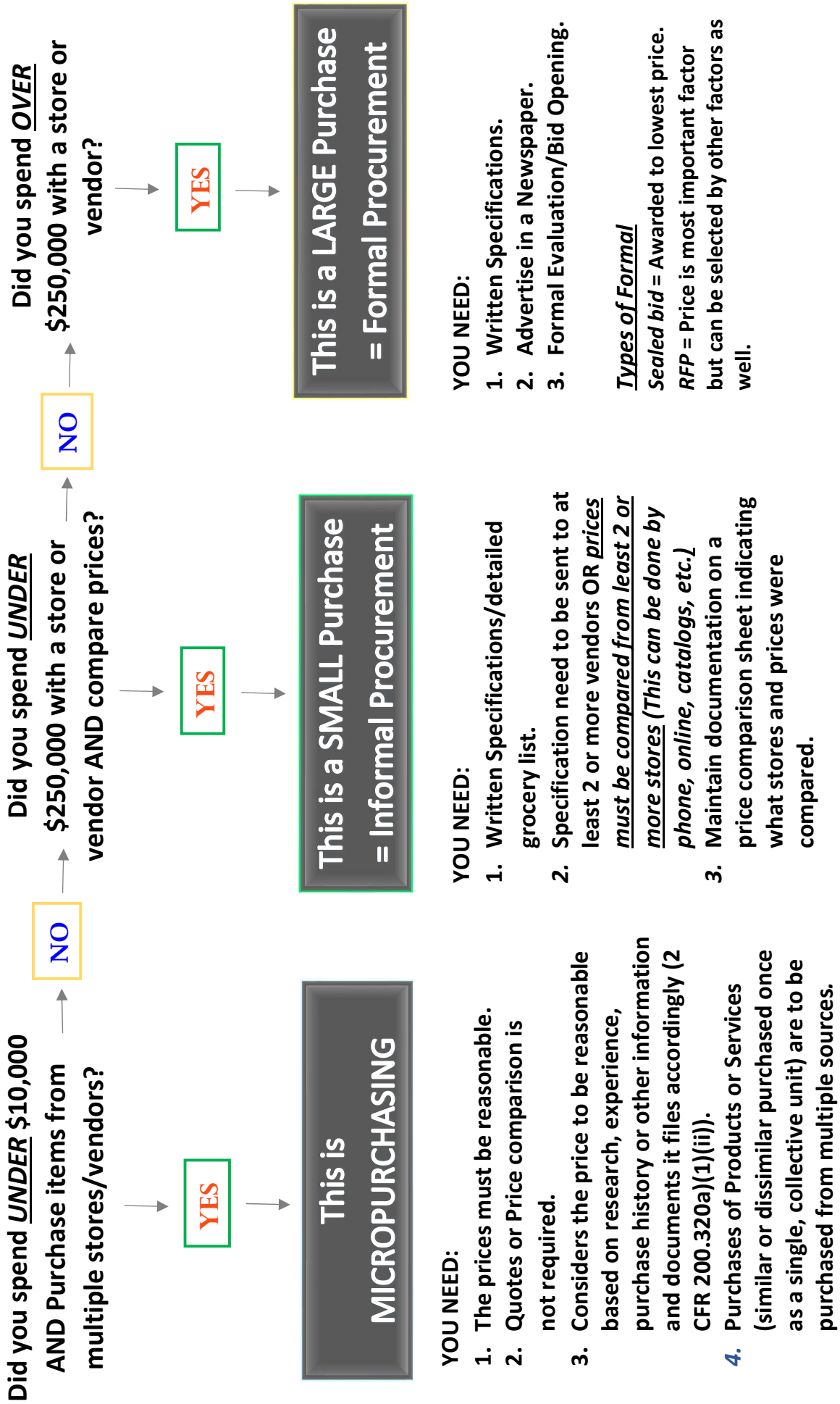
6. Procurement Plan Prototype for Institutions using Formal Procurement

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

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

TYPES OF PROCUREMENT

Procurement Thresholds depend upon the intuitions Procurement Plan



PROCUREMENT PLAN

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

PROCUREMENT PLAN GENERAL REQUIREMENTS

1. The procurement plan provides for free and open competition, transparency in transactions, comparability, and documentation of all procurement activities.
2. The following *Code of Conduct* will be expected of all persons who are engaged in the awarding and administration of contracts supported by CNP reimbursement funds. These written standards of conduct include:
 - a. No employee, officer, or agent shall purchase or establish a contract if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award:
 - (1) The employee, officer, or agent
 - (2) Any member of the immediate family
 - (3) His or her partner
 - (4) An organization that employs or is about to employ one of the above
 - b. Employees, officers, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to subagreements.
 - c. The purchase of any food or service from a contractor for individual use is prohibited.
 - d. No item, food, or beverage purchased with nonprofit food service funds will be removed from the premises by Institution personnel.
3. Regardless of procurement method, the following factors will be determined regarding the allowable costs:
 - a. Be necessary and reasonable for proper and efficient administration of the program(s)
 - b. Be allocable to federal awards applicable to the administration of the programs(s)
 - c. Be authorized and not prohibited under state and local laws
4. All purchasing records will be maintained no less than the current year plus 3 additional years.
5. The Center/Sponsor will maintain a *CHART OF PROCEDURES* indicating how all items are procured, and how often they are procured.

6. **Nonkickback Affidavit**
Please note that Oklahoma statute 62 O.S. §310.9 requires a signed and notarized non-kickback affidavit on every purchase order of \$25,000 or more. The affidavit is to be signed by the person or persons authorized to accept payment on behalf of the architect, contractor, engineer, or supplier.
7. **Lobbying Certification** (Reference 200.326[1])
 - a. Lobbying certification must be obtained for procurement contracts of more than \$100,000. Any vendor whose contract award is for more than \$150,000 must complete a Certification Regarding Lobbying form. The Institution must keep this signed certification statement on file with a copy of the vendor's contract.
 - b. Any Institution or its vendors who participate in lobbying activities must complete a Disclosure of Lobbying Activities form. Institutions must submit this completed form to the State agency. A vendor would submit its completed form to the Institution.
8. **Debarment or Suspension**
An Institution is prohibited from contracting with an individual or company that has been debarred or suspended in accordance with 2 CFR §180, as adopted and modified by USDA regulations at 2 CFR §417. This prohibition does not extend to contracts in existence at the time of the debarment or suspension or to most contracts under \$25,000. Rather, it applies to new contracts and extensions or renewals of existing contracts of \$25,000 or more and to contracts for audit services, regardless of amount.
9. Contracts in excess of \$150,000 shall contain provisions that require compliance with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857[h]), Section 508 of the **Clean Water Act** (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) Regulation (40 CFR §15) which prohibit the use of nonexempt federal contracts, grants, or loans of facilities included on the EPA list of violating facilities. The provision shall require reporting of violations to the granter agency and to the EPA Assistant Administrator for Enforcement (EN-329). The contract must recognize mandatory standards and policies relating to energy efficiency that are contained in the State agency conservation plan issued in compliance with the Energy Policy and Conservation Act (Public Law 94-163).
10. The Institution will take all necessary affirmative steps to assure that *minority firms*, *women's business enterprises*, and *labor surplus area firms* are used when possible. Affirmative steps shall include:
 - a. Placing qualified small and minority businesses and women's business enterprises on solicitation lists.
 - b. Assuring that small and minority businesses and women's business enterprises are solicited whenever they are potential sources.
 - c. Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses and women's business enterprises.
 - d. Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses and women's business enterprises.

- e. Using the services and assistance of the Small Business Administration (SBA) and the Minority Business Development Agency of the Department of Commerce.
- f. Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed above.

Unallowable Procurement Practices

1. For cost plus fee contracts to pay any amount above net allowable costs, computed by deducting certain rebates, discounts, and other credits.
2. Allowing a potential contractor to write the bid or proposal terms, product specifications, procurement procedures, or contract terms.
3. Placing unreasonable requirements on firms.
4. Allowing a potential contractor to evaluate bids or proposals submitted by competitors.
5. Delegating bid/proposal acceptance or recommendation for acceptance to a potential contractor competing on the procurement.
6. Allowing a potential contractor access to sealed bid information before the bids are publicly opened.
7. Disclosing the content of proposal offers submitted by others to a potential supplier prior to the supplier submitting an offer.
8. Negotiating under the formal advertising method (sealed bid) of procurement.
9. Accepting nonresponsive bids or offers.
10. Cost-plus-a-percentage-of-cost or *cost-plus-percentage-of-reimbursement* method of procurement is prohibited.

PROCUREMENT CHECKLIST

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

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

<p>Terms and Conditions continued</p>	<ul style="list-style-type: none"> _____ Method of shipment/delivery requirements _____ Method of payment invoices, statements, etc. _____ Purchase instrument to be used and how vendor will receive purchase orders _____ Bid certification form _____ Specifications that are sufficiently detailed to get what is needed but not so specific as to restrict competition _____ Product specifications (approved brand and/or equivalent) _____ Quantity _____ Quality _____ Packaging _____ Pricing (unit and extended) _____ Procedures for documenting/preapproving any substitutions and/or deviations _____ Other state/local requirements
<p>Documentation and Records</p>	<ul style="list-style-type: none"> _____ All IFBs/RFPs/RFQs with appropriate documentation and signatures of authorized purchasers maintained on the original solicitations _____ Comparison charts to document procurement decisions and contract awards _____ Record of public bid openings and/or proposal openings if proposals will be publicly opened _____ Copies of contract award/nonaward letters _____ Copies of advertisements for solicitation of goods/services _____ Determination/document action of correct procurement method used _____ Evaluation of escalation/de-escalation clause _____ Evaluation of contract extension/amendment (roll-over clause) _____ Evaluation/documentation of contract renegotiations/changes to original contract at the timelines and under the same conditions specified in the original solicitation document _____ Evaluation of return of discounts, credits, and rebates (as applicable), and detailed procedure indicating how/when the discounts, rebates, and credits would be assigned to the SFA by the contractor _____ Evaluation of whether procurement methods/activities are consistent with the SFA's approved written procurement plan where/how all documents pertaining to the solicitation and contract/contract amendments will be maintained _____ Noncompetitive purchases (sole source, emergency, etc.) are approximately documented and have received approval from state agency or governing board prior to award, including purchases through means of <i>piggybacking</i> onto another SFA's solicitation document _____ Invoices/payments for items purchased with school nutrition funds _____ Documentation of any contractor performance or breach of contract from vendors _____ Other state/local requirements

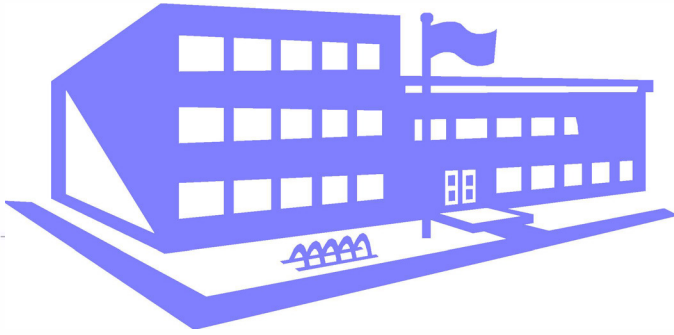
Product Specifications must be developed for both Small Purchase and Formal Procurement.

Specifications must:

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

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

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



**TOYS AND NOISE DAYCARE
1234 MODINE AVENUE
MODINE, OKLAHOMA 00000**

EXAMPLE OF A SOLICITATION ANNOUNCEMENT

June 26, 20__

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

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

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

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

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

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

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

SPECIFICATIONS Page 1 of 4

Item Description	Product Specification	Pack Size	Bid Unit	Est Quantity	Unit Price	Comments
Fruits/Vegetables Apples, canned	Manufacturer brand label, water-packed Private label, texture regular	6/10	Case			
Applesauce, canned	Private label, texture regular	6/10	Case			
Fruit for salads, canned	Private label, fruit juice medium	6/10	Case			
Fruit cocktail, canned	Private label, light syrup	6/10	Case			
Peaches, canned		6/10	Case			
Pears, canned	Private label, standard, Bartlett, halves, 50/60 count, light syrup	6/10	Case			
Pineapple, canned	Distributor's choice label, standard medium slices, light syrup	6/10	Case			
Pineapple, canned	Distributor's choice label, standard, crushed, solid pack in juice	6/10	Case			
Pumpkin, solid-pack	Manufacturer brand label, good flavor, aroma, color, and texture	6/10	Case			
Beans, green canned	Distributor's choice label, Blue Lake variety #3 or #4 size cut, low sodium	6/10	Case			
Peas, black-eyed, dry, canned	Cooked with seasoning, brand like Allen's, low sodium	6/10	Case			
Carrots, canned	Private label, standard, sliced, size less than 1 1/2 inch, low sodium	6/10	Case			
Corn, canned	Private label, standard, golden, low sodium	6/10	Case			

EXAMPLE ONLY

SPECIFICATIONS Page 2 of 4

Item Description	Product Specification	Pack Size	Bid Unit	Est Quantity	Unit Price	Comments
Fruits/Vegetables Peas and carrots, canned	Private label standard, carrots to be diced, packing medium to be low sodium	6/10	Case			
Potatoes, French-fried, frozen	Oven-ready, private label standard, crin- kle-cut, 1/2 x 1/2 inch, 30% to 34% solid, approved brands equiv- alent to: ABC Foods A-103, DEF Foods X502, Pots R29	6/10	Case			
Tomatoes, canned	Private label, peeled, diced, low sodium	6/10	Case			
Vegetables blends, frozen	Stew vegetables, mix- ture contains potatoes, carrots, celery, onion, predominance to be order listed, low sodium	12/2 lb	Case			
Grains Muffins, frozen	Whole grain-rich flour, fat per muffin not to exceed 5 g, round style, minimum 1 oz, maximum 2 oz, bulk pack only, produced by commercial bakery methods in commercial bakery	Individually wrapped	Case			
Pasta: spaghetti	Made from whole grain-rich semolina and durum wheat flour, 10 lb only	10-lb box	Pound			
Pasta: egg noodles	Whole grain-rich, flat ribbon shape, medium width, made from en- riched semolina durum flour	10-lb box	Pound			
Waffle, frozen	Waffle, frozen, regular, plain, round, whole grain-rich flour, 0.8 oz each, poly pouch packed	144 count	Case			

EXAMPLE ONLY

SPECIFICATIONS Page 3 of 4

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

EXAMPLE ONLY

SPECIFICATIONS

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

PURCHASING EQUIPMENT

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

1. Written specifications will be prepared and provided to vendors.
2. Each vendor will be contacted and given an opportunity to provide a price quote on the same specifications. A minimum of two vendors shall be contacted.
3. The price quotes will receive appropriate confidentiality before award.
4. If using USDA funding for the purchase, the Institution will seek prior approval from the State Agency.
5. Quotes will be awarded by _____. Quotes awarded will be to the lowest and best quote based upon quality, service availability, price, and/or _____.
6. The _____ will be responsible for documentation of records to show selection of vendor, reasons for selection, names of all vendors, price quotes, from each vendor, and *written specifications*.
7. The _____ will be responsible for documentation that the actual product specified is received.

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

EMERGENCY PURCHASING

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

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

INSTITUTION PROCUREMENT PLAN

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

1. The procurement plan provides for free and open competition, transparency in transactions, comparability, and documentation of all procurement activities.
2. The following ***Code of Conduct*** will be expected of all persons who are engaged in the awarding and administration of contracts supported by Child Nutrition reimbursement funds. These written standards of conduct include:
 - a. No employee, officer, or agent shall purchase or establish a contract if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award:
 1. The employee, officer, or agent;
 2. Any member of the immediate family;
 3. His or her partner;
 4. An organization which employs or is about to employ one of the above.
 - b. Employees, officers, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to sub-agreements.
 - c. The purchase during the school day of any food or service from a contractor for individual use is prohibited.
 - d. No item, food, or beverage purchased with CACFP funds will be removed from the center premises by center personnel.
 - e. Penalties for violation of the standards of code of conduct of the (Center). Child Nutrition Program (CNP) should be:
 1. Reprimand
 2. Dismissal
 3. Any legal action necessary
3. Regardless of procurement method, the following factors will be determined regarding the allowability of costs:
 - a. Be necessary and reasonable for proper and efficient administration of the program(s)
 - b. Be allocable to federal awards applicable to the administration of the programs(s)
 - c. Be authorized and not prohibited under state and local laws
4. All purchasing records will be maintained no less than the current year plus 3 additional years.
5. The center will take all necessary affirmative steps to assure that ***minority firms, women's business enterprises, and labor surplus area firms*** are used when possible. Affirmative steps shall include:
 - a. Placing qualified small and minority businesses and women's business enterprises on solicitation lists.
 - b. Assuring that small and minority businesses and women's business enterprises are solicited whenever they are potential sources.

- c. Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses and women's business enterprises.
- d. Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses and women's business enterprises.
- e. Using the services and assistance of the Small Business Administration (SBA) and the Minority Business Development Agency of the Department of Commerce.
- f. Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed above.

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

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

MICRO PURCHASING

If the amount of purchases for items is less than \$10,000 and less than the Centers' small purchase threshold, the following procedure will be used.

Select one:

- Purchases below \$10,000
- Purchases below \$ _____ (If Center/Sponsor threshold is below \$10,000, use most restrictive)
 1. Purchases will not be separated into 3 or more purchases to meet or be below the \$10,000 threshold.
 2. Checking prices is not be required. Competition is not required.
 - a. Considers the price to be reasonable based on research, experience, purchase history or other information and documents it files accordingly (2 CFR 200.320a)(1)(ii).
 3. Micro-purchases will be distributed equitably among multiple qualified suppliers.
 4. _____ will be responsible for documentation of purchase.

SMALL PROCUREMENT

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

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

Select one:

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

Quotes

1. Written specifications will be prepared and provided to the vendor.
2. Each vendor will be contacted and given an opportunity to provide a price quote on the same specifications sent to them.
3. A minimum of two vendors shall be contacted.
4. The person(s) listed above will be responsible for contacting potential vendors when price quotes are needed.
5. The price quotes will receive appropriate confidentiality before award.
6. Quotes will be awarded by the person(s) listed above. Quotes awarded will be to the best quote based upon quality, service, availability, and price.
7. The documentation of records is to show selection of vendor, reasons for selection, names of all vendors contacted, price quotes from each vendor, and written specifications.
8. The person(s) listed above will be responsible for documentation that the actual product specified is received.
9. Any time an item is not available, the center will select the acceptable alternate. Full documentation will be made available as to the selection of the acceptable item. Substituted items will not be made at the vendor's discretion.

CERTIFICATIONS

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

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

Example

CHART OF PROCEDURES

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

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

CHART OF PROCEDURES

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

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

INFORMAL PROCUREMENT LOG

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

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

Items to be purchased and specifications:

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

Date Completed: _____

Small Purchase/Informal Procurement Log

Item(s) to be purchased and specifications: _____

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

Item(s) to be purchased and specifications: _____

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

Item(s) to be purchased and specifications: _____

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

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

FORMAL PROCUREMENT REQUIREMENTS CHECKLIST

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

Checklist and Requirements

Newspaper Advertisement (all formal bids)

newspaper advertised: _____

Solicitation sent to a minimum of 2 vendors

Vendor 1: _____

Vendor 2: _____

Vendor 3: _____

Evaluation criteria for RFP.

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

Evaluation criteria for IFB/SEALED BIDS

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

FORMS & CLAUSES

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

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

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

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

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

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

Debarment & Suspension form (all contracts)

Formal Bid Procurement Log

Name of Institution _____

Agreement Number _____

Attach copies of:

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

How many bids were received? _____

Were any bids rejected? Yes No

If rejected, describe why:

Name of Bidder	Date of Bid	Specifics of Bid	Bid Price

Additional Comments:

Awarded Vendor: _____ Award Date: _____

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

Institution Signature: _____

Printed Name: _____ Title: _____

Institution _____

Year _____

VENDOR CONTACTS

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

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

INSTRUCTIONS FOR CERTIFICATION REGARDING DEBARMENT/ SUSPENSION

1. By signing and submitting this form, the prospective lower-tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower-tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower-tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower-tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower-tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower-tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which the transaction originated.
6. The prospective lower-tier participant further agrees by submitting this form that it will include this clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower-Tier Covered Transactions, without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith that certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower-tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT /SUSPENSION

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE.)

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

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

Institution Name

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

Name of Institution Official

Title of Official

Signature

Date

NONKICKBACK AFFIDAVIT FORM

STATE OF OKLAHOMA)
)
COUNTY OF) SS

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

(Contractor, Supplier, Engineer, or Architect)

Vendor/Company Name

Attested to before me this _____ day of _____

Notary Public (or Clerk or Judge)

My Commission Expires: _____

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

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

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee; e.g., the first subawardee of the prime is the first tier. Subawards include, but are not limited to, subcontracts, subgrants, and contract awards under grants.
5. If the organization filing the report in Item 4 checks *Subawardee*, then enter the full name, address, city, state, and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example: Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1; e.g., Request for Proposal (RFP) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency. Include prefixes; e.g., *RFP-DE-90-001*.
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or Item 5.

10.
 - a. Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.
 - b. Enter the full name of the individual performing services, and include full address if different from 10a. Enter last name, first name, and middle initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate item. Check all items that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box. Check all boxes that apply. If *Other*, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the dates of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal officials or employees contacted or the officers, employees, or Members of Congress that were contacted.
15. Check whether Continuation Sheets are attached.
16. The certifying official shall sign and date the form, print his or her name, title, and telephone number.

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

CERTIFICATION REGARDING LOBBYING

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

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

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

1. No federally appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, *Disclosure Form to Report Lobbying*, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Name/Address of Organization

Name/Title of Submitting Official

Signature

Date

**DISCLOSURE OF LOBBYING ACTIVITIES
APPROVED BY OMB**

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

1. Type of Federal Action: <input type="checkbox"/> a. Contract <input type="checkbox"/> b. Grant <input type="checkbox"/> c. Cooperative Agreement <input type="checkbox"/> d. Loan <input type="checkbox"/> e. Loan Guarantee <input type="checkbox"/> f. Loan Insurance	2. Status of Federal Action: <input type="checkbox"/> a. Bid/Offer/Application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Postaward	3. Report Type: <input type="checkbox"/> a. Initial Filing <input type="checkbox"/> b. Material Change For Material Change Only: Year _____ Quarter _____ Date of Last Report _____
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4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: _____	5. If Reporting Entity in No. 4 Is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____
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6. Federal Department/Agency:	7. Federal Program Name/Description: CFDA Number, if applicable: _____
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8. Federal Action Number: <i>(if known)</i>	9. Award Amount: <i>(if known)</i> \$ _____
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10. a. Name and Address of Lobbying Entity: <i>(if individual, last name, first name, MI)</i>	b. Individual Performing Services: <i>(including address if different from No. 10a) (last name, first name, MI)</i>
--	--

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

14. Brief Description of services performed or to be performed and date(s) of service, including officer(s), employee(s), or member(s), contracted for payment indicated in Item 11: <p align="center"><i>(Attach Confirmation Sheets if necessary)</i></p>

15. Continuation Sheets Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No

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

CONTRACTING FOR SERVICES

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

The United States Department of Agriculture (USDA) feels that such responsibility cannot be exercised effectively by institutions which contract out for critical aspects of program management. Institutions must have operational responsibilities and an ongoing role in program management if they are to retain firm control over their programs.

The regulation prohibits an institution from subcontracting out for critical management functions. Management functions, which institutions may not contract out under any circumstances, include monitoring, corrective action, and preparation of application materials. However, institutions may contract out for specific management tasks such as bookkeeping (but not claims submission), data processing, accounting services, security, records storage, equipment maintenance, the services of a nutritionist, etc. Such contracting is permissible whether the institution provides its own or contracts out for food service. The institution must confirm that invoices and/or contracts document the claimed amounts billed. (Reference FNS Instruction 792-2, Rev. 4 and USDA Monitoring for State Agencies Handbook page 33)

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

Cost per percentage of reimbursement is NOT ALLOWED

CONTRACTING FOR FOOD SERVICE

Child care institutions may contract with an outside entity to provide meals for their child care institutions. **Every year**, the CACFP institution and outside entity providing the meals must have a completed and approved *Agreement to Furnish Food Service* on file with the State agency. The procedure used by the CACFP institution to document meals delivered and the procedure used to claim meals for CACFP reimbursement will vary, depending on the type of outside entity providing the meals.

A. Meal Contracts under \$250,000

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

2. Meal Contracts over \$250,000 or if the Institution uses Formal Procurement Procedures to Procure and the Amount is lower than the Federal Threshold
 - a. All institutions are **required** to use the State agency prototype for any food contract or agreement.
 - b. **CACFP RFP (FSMC) is the required Request for Proposal (RFP) the institution must use for contracts over \$250,000**
 - The RFP prototype is located in the Resource Library under the Procurement section or contact the State agency to obtain a copy.
 - The State agency RFP has an option to have a one year contract with up to four renewals.
3. Any entity who has a contract over \$250,000 or uses formal procurement for a contract less than \$250,000 is **REQUIRED** to inform the State agency of the location, date, and time of the bid opening. ***This applies for both RFP and IFB contracts.***
 - ***OSDE is required to attend all IFB or sealed bid openings and it is at the discretion of the State agency to attend RFP bid openings.***

B. Contracting With a Public School

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

1. ***If contracting with a public school, the institution must be charged at the minimum for each meal service provided:***
 - ***Breakfast: Free reimbursement rate for breakfast***
 - ***Lunch: Free reimbursement rate for lunch plus the value of USDA Foods (formerly commodities) (unless the center gives the school the USDA Foods allocated to the center)***
 - ***Snack: Free reimbursement rate for snack***
2. **An agreement with a school district must be from July 1 - June 30th.** The institution will need to obtain a new agreement with the district every July, after the new rates come out each year. The new agreement must be submitted to the State agency ***AFTER*** it has been signed.

C. Contracting With Other Outside Food Service Entities

When a CACFP institution contracts with other types of outside entities (i.e., senior nutrition,

technology center, restaurants, universities), the outside entity/vendor must document the meals delivered to the CACFP institution using the *Contract Meal Delivery Receipt* or a form approved by the CACFP institution's program specialist. The outside entity/vendor must provide the CACFP institution with a copy of the *Contract Meal Delivery Receipt* for each meal to maintain on file as proof that the meals served to the CACFP participants met minimum meal pattern requirements. It is the responsibility of the CACFP institution to work with the outside entity to obtain documentation of the meals delivered. The CACFP institution must retain the documentation of meals delivered on file for review. The outside entity will bill the CACFP institution monthly for the cost of the meals. The CACFP institution is responsible for paying the outside entity for the cost of the meals. The CACFP institution will claim each meal served to a participant for CACFP reimbursement. Meals that were prepared, but not served, cannot be claimed for reimbursement. The monthly invoice amount will be documented in the Food and Milk Cost column of the Expenditure/Reimbursement Worksheet.

D. Head Start Agencies Contracting With CACFP Child Care Facilities

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

CONTRACT MEALS

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

- ▶ Decide what you expect from the entity providing meal services:
 - Establish specific requirements, and have them well-defined. The contractor should consider these factors when establishing a meal cost.
- ▶ Familiarize the entity with CACFP meal pattern requirements:
 - A standardized recipe can ensure adequate quantities, components, etc.
 - Consider the special needs of your children.
- ▶ Emphasize the CACFP requirements:
 - All meals must be served on time.
 - Daily delivery records must be available when contracting with entities other than schools or CACFP participants.

- Proper portion tools must be available when bulk delivery is used.
 - Crediting and portioning information must be communicated to the entity receiving the meals.
- ▶ List additional requirements the institution may have:
- Family-style meal service.
 - Menu item restrictions.
 - Second servings or extras.
- ▶ Inspect the food preparation and service areas for:
- Adequate staff training.
 - Proper sanitation practices.
 - Safe methods of keeping hot foods hot and cold foods cold at all times.
 - Acceptable meal service arrangements.
 - Adequate seating/eating arrangements.
 - Acceptable delivery conditions.
- ▶ Establish a good record-keeping system:
- The Daily Contract Meal Delivery Receipt requires the signatures of both the preparation kitchen and the person accepting delivery, verifying quantities of foods sent and received, and the crediting/portioning information for a reimbursable meal. (If the entity providing meals is a school or CACFP participant, this is not required.)
 - The entity providing the meals must keep records of all food delivered.
 - The institution **RECEIVING** contract meals should have monthly menus on file along with all other monthly CACFP records.
 - The institution is required to maintain a monthly invoice from the entity providing meals.
 - A copy of the agreement to provide food service must be maintained on file.
 - A copy of the agreement to furnish food service contract, which includes the CACFP minimum meal pattern requirements, must be submitted to the State Agency each year along with the annual CACFP application for participation.

EXAMPLE

CONTRACT MEAL SERVICE DELIVERY RECEIPT

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

DATE: 10/06/YYYY

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

SITE PREPARING MEAL: XYZ DAY CARE CENTER

SITE RECEIVING MEAL: TOYS N NOISE DAY CARE CENTER

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

FOOD ITEMS AND QUANTITIES DELIVERED

Table with 4 columns: MENU, Quantity Delivered, *Crediting/Portioning Information, and Temperature at Delivery. Rows include Milk, Vegetable/Juice, Fruit/Juice, Grains/Breads, Meat/Meat Alternate, and Extras.

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

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, Production Information Statements, and/or recipes are available for all combination food items or other applicable components.

Food Service Director Signature From Preparation Kitchen

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

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

Comments: Use portioning utensils provided

Director of Day Care Center Signature From Site Receiving Food

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

MEAL PATTERNS AND MENU AS SERVED

CHILD MEAL PATTERN

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

- ¹ Must serve all three components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- ² Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- ³ Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1%) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1%), unflavored fat-free (skim) milk, flavored lowfat (1%), or flavored fat-free (skim) milk for children aged six and older.
- ⁴ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- ⁵ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- ⁶ Meat and Meat Alternates may be used to meet the entire Grains requirement a maximum of three times a week. One ounce of Meat and Meat Alternates is equal to one ounce equivalent (oz eq) of Grains.
- ⁷ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

CHILD MEAL PATTERN

Lunch and Supper (Select all five components for a reimbursable meal)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (At-Risk After-School Programs and Emergency Shelters)
Fluid Milk³	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/Meat Alternates				
Lean meat, poultry, or fish	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Tofu, soy product, or alternate protein products ⁴	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Large egg	1/2	3/4	1	1
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup	1/2 cup
Peanut butter or soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp	4 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened ⁵	4 ounces or 1/2 cup	6 ounces or 3/4 cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50 percent of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in Program guidance, or an equivalent quantity of any combination of the above Meat/Meat Alternates (1 oz of nuts/seeds = 1 oz of cooked, lean meat, poultry, or fish)	1/2 ounce = 50%	3/4 ounce = 50%	1 ounce = 50%	1 ounce = 50%
Vegetables⁶	1/8 cup	1/4 cup	1/2 cup	1/2 cup
Fruits^{6, 7}	1/8 cup	1/4 cup	1/4 cup	1/4 cup
Grains (oz eq)⁸				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup

- ¹ Must serve all five components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- ² Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- ³ Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1%) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1%), unflavored fat-free (skim) milk, flavored lowfat (1%), or flavored fat-free (skim) milk for children aged six and older.
- ⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.
- ⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- ⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- ⁷ A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- ⁸ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- ⁹ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams r sugars per 100 grams of dry cereal).

CHILD MEAL PATTERN

Snack (Select two of the five components for a reimbursable snack)				
Food Components and Food Items ¹	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 ² (At-Risk After-School Programs and Emergency Shelters)
Fluid Milk³	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
Meat/Meat Alternates				
Lean meat, poultry, or fish	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products ⁴	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Cheese	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Large egg	1/2	1/2	1/2	1/2
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup	1/4 cup
Peanut butter or soy nut butter or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp	2 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened ⁵	2 ounces or 1/4 cup	2 ounces or 1/4 cup	4 ounces or 1/2 cup	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Vegetables⁶	1/2 cup	1/2 cup	3/4 cup	3/4 cup
Fruits⁶	1/2 cup	1/2 cup	3/4 cup	3/4 cup
Grains (oz eq)⁷				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) ⁸				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

- ¹ Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
- ² Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- ³ Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1%) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1%), unflavored fat-free (skim) milk, flavored lowfat (1%), or flavored fat-free (skim) milk for children aged six and older.
- ⁴ Alternate protein products must meet the requirements in Appendix A to Part 226.
- ⁵ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- ⁶ Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- ⁷ At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- ⁸ Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

MILK

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

Fluid Milk Basics

Ages and Milk Requirements

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

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

Nondairy Milk Substitute

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

Questions and Answers About Milk

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

Yes, you may be reimbursed if a child is unable to have milk for medical reasons or other special dietary needs when you obtain a written medical statement from a recognized medical authority or parent request stating that the participant should not be served milk. An appropriate substitution must be provided to the participant. Nondairy beverages offered as fluid milk substitutes must be nutritionally equivalent to milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B₁₂. See the Milk Substitution Request Form on [page 226](#).

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

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

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

3. Can the milk used in the preparation of products such as puddings, cream sauces, and ice cream count toward the milk requirement?

No. Milk must be served as a beverage and/or poured over cereal in order to be credited toward the milk requirement.

4. Can milk be purchased directly from a farm?

Yes, as long as it is pasteurized fluid milk that meets state and local health standards. Also, it must include vitamins A and D at levels consistent with state and local standards.

5. Can commercial milkshakes be served to meet the milk requirement?

FNS Instruction 783-7, Rev. 1 permits the use of commercial milkshake powders added to fluid milk by the program operator; however, only the volume of fluid milk served is creditable toward the milk requirement. Since milkshakes tend to be filling, be aware that preschool children and some adult participants may not be able to consume sufficient quantities of milkshakes or, alternately, may choose not to consume other portions of the meal. This nutritional consideration should be a factor in your decision to serve milkshakes and under which circumstances.

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

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

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

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

EXAMPLE
MILK SUBSTITUTION REQUEST

Child's Name: Jude Johnson	Age: 4
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My child cannot consume milk for the following reason(s):
Cultural

Signature of Parent/Guardian: Mrs. Johnson	Date: 10/3/YYYY
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INSTITUTION APPROVAL:	
Signature: Ima Fishul	Date: 10/5/YYYY

Nondairy Beverages

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

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

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request of the child's caretaker asking that a milk substitution be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. A copy of a request form is on **page 219**. ***Such substitutions are at the option and the expense of the facility.*** The requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a state-recognized medical authority remain unchanged.

MEAT/MEAT ALTERNATES

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

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

Meat/Meat Alternates Basics

Meat

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

Meat Alternates

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

Beans and Peas (Legumes)

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

Nuts, Seeds, and Nut Butters

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

Tofu and Soy Products

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

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

Yogurt

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

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

Serving Size* Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars Grams (g)
If the serving size is:		Sugars must not be more than:
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g
8 oz	227 g	31 g

4	In the table, look at the number to the right of the serving size amount under the <i>Sugars</i> column. <i>If your yogurt has that amount of sugar or less, the yogurt meets the sugar requirement.</i>
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Nutrition Facts	
Serving Size 8 oz (227 g)	
Servings about 4	
Amount Per Serving	
Calories 130	Calories from Fat 20
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 10mg	3%
Potassium 400mg	1%
Sodium 160mg	7%
Total Carbohydrate 21g	7%
Dietary Fiber 4g	17%
Sugars 9g	
Protein 10g	
Vitamin A 6%	Vitamin C 4%
Calcium 35%	Iron 0%
Vitamin D 6%	

TEST YOURSELF:

Does the yogurt above meet the sugar requirement?

Serving Size: 8

Sugars: 9

Yes No

SUGAR LIMITS IN YOGURT

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

Questions and Answers About Meat/Meat Alternates

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

Peanut butter has always been included as a meat alternate in the CNP because of its high protein content. Other nut and seed butters have become available and are also now creditable. Food consumption habits and preferences are influenced by many cultural, ethnic, economic, religious, and environmental factors. The use of these products as a meat alternate reflects current food consumption habits and nutrition information. ***Nuts are not recommended for children under aged three because choking may occur. Please also be aware that some individuals may have food intolerances or allergies to these foods.***

2. Are grated Romano and Parmesan cheeses creditable?

Yes; however, small amounts of these cheeses, when used as a garnish, a seasoning, or in a breading, should not be counted toward the meat/meat alternate requirement. For both Romano and Parmesan cheeses, 3/8 cup provides 1 ounce of meat alternate.

3. Can pizza be credited as a meat/meat alternate?

Yes. Meats, cheeses, or other meat alternates on a pizza are creditable toward the meat/meat alternate requirement. The weights of the sauce, vegetables, and crust may contribute toward the vegetable/fruit and grains/breads requirements. Pizza should be either homemade with a standardized recipe on file, CN-labeled, or have a Product Formulation Statement that is signed by an authorized company representative (not a sales person).

4. Can vegetarian meals be served in the CACFP?

Yes; however, these foods must meet meal pattern requirements. Examples of acceptable vegetarian meal alternates for the CACFP include natural and processed cheese, cheese foods, cheese spreads, cottage cheese, eggs, yogurt, cooked dry beans and peas, mustard seeds, nut and seed butters, or any combination of these. In planning for the use of products containing APPs, purchase CN-labeled products or contact your State agency for crediting information. Remember that some participants may have allergies to certain ingredients, so the identification of products containing APP is critical.

5. We have several participants who attend our center who cannot eat certain foods because of religious reasons. Can we claim these participants on the food program?

Yes. Substitutions may be made to accommodate religious dietary restrictions within existing meal pattern requirements. Please refer to FNS Instructions 783-13, Rev. 3, and 783-14, Rev. 1.

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

Although yogurt is credited at a ratio of 4 ounces of yogurt to 1 ounce of meat alternate, this does not mean that programs are limited to offering yogurt in 4-oz or 8-oz servings.

7. What is the smallest amount of yogurt that may be credited toward the meat/meat alternate requirement?

Meal planners may use their discretion to vary the portion sizes in the reimbursable meal in a range from 2 ounces (credited as 1/2 ounce of meat alternate) to 8 ounces (credited as 2 ounces meat alternate).

8. How are cups of commercially prepared yogurt containing fruit credited? Does the volume of fruit have to be subtracted from the total weight of the containers?

Commercially prepared fruit and nonfruited yogurt products receive full crediting toward the meat/meat alternate required based on the portion size by weight/volume in the carton (i.e., 4 ounces of fruit or nonfruited yogurt fulfill the equivalent of 1 ounce of meat/meat alternate). It should be noted that the fruit in yogurt may be credited only when the provider adds sufficient quantities of fresh, frozen, or canned fruit to commercial yogurt.

9. Chicken nuggets, hot dog nuggets, and fish sticks are very popular in our center. How many nuggets or sticks should we serve to meet requirements?

These products vary in size and in the amount of meat and breading or batter used. Some states or sponsors may require the use of CN-labeled products for these foods. Check with your State agency in this regard. If a CN label is not required, obtain a Product Formulation Statement to determine the number of pieces per serving and document that portions meet requirements. This formation should be maintained on file and is especially important when serving novelty-shaped products.

10. We would like to use items containing APP for our children who do not choose to eat meat. We want to use products that meet regulatory requirements and provide the documentation needed to support our production records. Do you have guidance in this area?

Many vegetarian products are CN-labeled and should be documented in the same way as any other CN-labeled product. If the product does not have a CN label, you will need to obtain a manufacturer's Product Formulation Statement.

VEGETABLES AND FRUITS

A reimbursable breakfast shall contain a serving of vegetable(s) or fruit(s), full-strength vegetable or fruit juice, or an equivalent quantity of any combination of these foods.

Two Vegetables at Lunch and Supper

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

Vegetable and Fruit Basics

Vegetables

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

Fruits

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

Vegetables and fruits are credited as served. A minimum of 1/8 cup vegetable/fruit per serving is required. Small amounts (less than 1/8 cup) of fruits and vegetables used for flavorings or optional ingredients, such as garnishes, may not be counted to meet the vegetable/fruit requirement. Condiments and seasonings are not creditable food items; they serve as extras to enhance the acceptability of the meal.

Vegetables or fruits served as a combination item (e.g., fruit cocktail, succotash, peas and carrots, mixed vegetables, and vegetables used in soups and stews) may be credited to meet only one of the two required items for lunch and supper.

No home-canned fruit or vegetable products are allowed for service in the CACFP because of health and safety reasons.

Snack chips such as banana, fruit, vegetable, and potato chips may not be credited as a fruit or vegetable. However, 100 percent dried fruits or vegetables are creditable based on the volume served. See the *Food-Buying Guide*. Please keep in mind that young children—especially aged 2 to 3 years—are at risk of choking on these foods. ***Always supervise participants during meals and snacks.***

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

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

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

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

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

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

No, two servings of broccoli to meet the vegetable component and fruit component would not be reimbursable under the updated lunch and supper child and adult meal patterns. While centers and day care homes may serve two servings of vegetables at lunch and supper, the two servings of vegetables must be different.

The two servings of vegetables do not need to be from different subgroups (e.g., dark green vegetables, red and orange vegetables, starchy vegetables, beans and peas [legumes], or other vegetables). For example, a lunch or dinner with a serving of carrots and a serving of red peppers (both red and orange vegetables) would be allowable. Although serving vegetables from different subgroups is not a requirement in CACFP, offering a variety of vegetables can help improve the overall nutritional quality of the meals served to participants.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

VEGETABLES AND FRUITS

Serving Size and Yield for Selected Fresh Vegetables and Fruits

Please note that the serving sizes and yields are approximate. This chart is intended as a reference only. These serving sizes are listed in the *Food-Buying Guide*. Double check to ensure that your portion sizes meet meal pattern requirements.

Vegetable	Serving Size and Yield
Carrot Sticks	1 stick is 4 inches long and 1/2 inch wide • 3 sticks = 1/4 cup
Cauliflower	1 medium head = about 6 cups florets • Serving = 1/4 cup cooked or raw florets
Celery Sticks	1 stick is 4 inches long and 3/4 inch wide • 3 sticks = 1/4 cup
Cucumber Sticks Pared or Unpared	1 stick = 3 inches long and 3/4 inch wide; 1 cucumber = 12 sticks • 3 sticks = 1/4 cup
Radishes	7 radishes (small) = 1/4 cup
Cherry Tomatoes	• 5 half cherry tomatoes = 1/4 cup • 3 whole cherry tomatoes = 1/4 cup

VEGETABLE SUBGROUPS

The following pages include examples of different foods that you may wish to incorporate into your menus. You should introduce new foods gradually. You may wish to begin with taste samples. As always, check your *Food-Buying Guide* to ensure that you are planning sufficient quantities to meet meal pattern requirements if you are including the new food as part of your reimbursable meal.

Commonly eaten vegetables in each subgroup:

Dark Green Vegetables

- bok choy
- broccoli
- collard greens
- dark green, leafy lettuce
- kale
- mesclun
- mustard greens
- romaine lettuce
- spinach
- turnip greens
- watercress

Starchy Vegetables

- cassava
- corn
- fresh cowpeas, field peas, or black-eyed peas (not dry)
- green bananas
- green peas
- green lima beans
- potatoes
- taro
- water chestnuts

Red and Orange Vegetables

- acorn squash
- butternut squash
- carrots
- hubbard squash
- pumpkin
- red peppers
- sweet potatoes
- tomatoes
- tomato juice

Beans and Peas

- black beans
- black-eyed peas (mature, dry)
- garbanzo beans (chickpeas)
- kidney beans
- lentils
- navy beans
- pinto beans
- soy beans
- split peas
- white beans

Other Vegetables

- artichokes
- asparagus
- avocado
- bean sprouts
- beets
- Brussels sprouts
- cabbage
- cauliflower
- celery
- cucumbers
- eggplant
- green beans
- green peppers
- iceberg (head) lettuce
- mushrooms
- okra
- onions
- turnips
- wax beans
- zucchini

GRAINS AND BREADS

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

Examples of grains and breads

- **Enriched breads, cereals, pasta**

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

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

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

Grain Basics

Whole Grain-Rich Items

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

Allowable Grain Items in CACFP

- Banana bread, zucchini bread, and other quick breads
- Cereals that meet the sugar limit and are whole grain-rich, enriched, and/or fortified
- Cornbread
- Crackers, all types
- French toast
- Muffins
- Pancakes
- Pie crust of savory pies, such as vegetable pot pie and quiche
- Plain croissants
- Plain or savory pita chips
- Quick Breads such as banana bread, zucchini bread, etc.
- Savory biscotti, such as those made with cheese, vegetables, herbs, etc.
- Savory bread pudding, such as those made with cheese, vegetables, herbs, etc.
- Savory rice pudding, such as those made with cheese, vegetables, herbs, etc.
- Savory scones, such as those made with cheese, vegetables, herbs, etc.
- Teething biscuits, crackers, and toast
- Waffles

Grain-Based Desserts

- Grain-based desserts do not count toward the grains requirement.
- Grain-based desserts are identified in Exhibit A in the memorandum CACFP-02-2017 *Grains Requirements in the Child and Adult Care Food Program; Questions and Answers*
- The following grain-based desserts are not allowed:
 - Brownies
 - Belvita Biscuits
 - Cakes, including coffee and cupcakes
 - Cereal bars, breakfast bars, muffin bars and granola bars
 - Cookies, including vanilla wafers
 - Doughnuts, any kind
 - Fig rolls/bars/cookies and other fruit-filled rolls/bars/cookies
 - Gingerbread
 - Sweet pie crusts of desserts pies, cobblers, and fruit turnover
 - Sweet bread puddings
 - Sweet biscotti, such as those made with fruits, icing, and chocolate
 - Sweet croissants, such as chocolate-filled
 - Sweet pita chips, such as cinnamon-sugar flavored
 - Sweet rice pudding
 - Sweet roll, including cinnamon rolls
 - Sweet scones, such as those made with fruits, icing, and chocolate
 - Toaster pastries, such as pop-tarts

Breakfast Cereals

- Breakfast cereals include ready-to-eat, instant, and regular hot cereals.
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).
- Centers and homes may use any WIC-approved breakfast cereals. See link below for approved WIC cereals.

— <https://www.ok.gov/health2/documents/2015%20Oklahoma%20Unified%20WIC%20Approved%20Food%20Card.pdf>

- You can also find cereals that meet the requirement using the Nutrition Facts label and by

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

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

4	In the table, look at the number to the right of the serving size amount under the <i>Sugars</i> column. <i>If your cereal has that amount of sugar, or less, your cereal meets the sugar requirement.</i>
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YUMMY BRAND CEREAL

Nutrition Facts		
Serving Size 3/4 cup (30g)		
Servings Per Container about 15		
Amount Per Serving	Cereal	With 1% cup skim milk
Calories 100	100	140
Calories from Fat	5	5
% Daily Value*		
Total Fat 0.5g	1%	1%
Saturated Fat 0g	0%	0%
Trans Fat 0g		
Polyunsaturated Fat 0g		
Monounsaturated Fat 0g		
Cholesterol 0mg	0%	1%
Potassium 90mg	3%	8%
Sodium 140mg	6%	9%
Total Carbohydrate 22g	7%	9%
Dietary Fiber 3g	11%	11%
Sugars 5g		
Other Carbohydrate 14g		
Protein 140mg		

TEST YOURSELF:

Does the cereal above meet the sugar requirement?

Serving Size: 30g

Sugars: 5 grams

Yes No

SUGAR LIMITS IN CEREAL

If the serving size is:	Sugars cannot be more than:
8-11 grams	0-2 grams
12-16 grams	0-3 grams
17-21 grams	0-4 grams
22-25 grams	0-5 grams
26-30 grams	0-6 grams
31-35 grams	0-7 grams
36-40 grams	0-8 grams
41-44 grams	0-9 grams
45-49 grams	0-10 grams
50-54 grams	0-11 grams
55-58 grams	0-12 grams
59-63 grams	0-13 grams
64-68 grams	0-14 grams
69-73 grams	0-15 grams
74-77 grams	0-16 grams
78-82 grams	0-17 grams
83-87 grams	0-18 grams
88-91 grams	0-19 grams
92-96 grams	0-20 grams
97-100 grams	0-21 grams

Identifying Whole Grains

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

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

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

Identifying Whole Grain-Rich Foods

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

1. Whole grains are the primary ingredient by weight.

Nonmixed Dishes

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

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

Multiple Ingredients Example

A bread may be made with three grain ingredients:

—Enriched wheat bread (40 percent of grain weight)

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

—Whole oats (30 percent of grain weight)

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

Mixed Dishes

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

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

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

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

OR

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

Identifying Whole Grains on Food Labels

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

Ideas for Adding Whole Grains to Menus in Child Nutrition Programs

- Whole-grain ready-to-eat cereals
- Whole-grain cooked breakfast cereals
- Granola made from whole grains
- Whole-grain cereal granola bars
- Whole-grain pancakes or waffles
- Whole-grain bagels or muffins
- Whole-wheat breads, rolls, or buns
- Other whole-grain breads, rolls, or buns
- Whole-grain tortillas, taco shells
- Whole-grain chips/pretzels
- Whole-grain pita pockets
- Whole-grain cornbread
- Whole-grain crackers
- Whole-grain side dishes; e.g., brown rice, wild rice, cracked wheat, whole-grain bulgur or barley, whole specialty grains
- Whole-wheat pasta such as macaroni, spaghetti, vermicelli, or whole-grain noodles
- Whole-grain salads (cracked wheat, whole-grain bulgur, whole specialty grains)
- Other uses of whole grains (soups, casseroles, combination dishes)
- Soba noodles (with whole buckwheat flour as primary ingredient)

LIST OF WHOLE GRAINS

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

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

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

WHEAT (WHITE)

- whole white flour
- whole white-wheat flour

OATS

- whole oats
- oat groats
- oatmeal or instant oatmeal
- rolled oats
- whole-oat flour
- steel cut oats
- quick cooking oats
- old-fashion oats

BARLEY

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

CORN

- whole corn
- whole-corn flour
- whole-grain corn flour
- whole-grain cornmeal or whole cornmeal
- whole-grain grits
- popcorn
- nixtamalized corn
- ground corn treated with Lime
- hominy or hominy groats
- corn masa
- masa harnia

BROWN RICE

- brown rice
- brown-rice flour

WILD RICE

- wild rice
- wild-rice flour

RYE

- whole rye
- rye berries
- whole-rye flour
- whole-rye flakes
- rye groats

LESS COMMON GRAINS:

- sprouted einkorn, whole grain einkorn flour or sprouted einkorn
- Kamut®
- emmer (farro)
- teff or teff flour
- triticale or triticale flour
- spelt berries or sprouted spelt
- buckwheat, sprouted buckwheat, buckwheat groats, or buckwheat flour
- amaranth or amarath flour
- sorghum (milo) or sorghum flour
- millet or millet flour
- quinoa
- graham flour

DETERMINING NUMBER OF SERVINGS AVAILABLE IN GRAINS/BREADS RECIPES

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

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

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

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

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

STEP 1:

$$\underline{\hspace{2cm}} \text{ Cup} \times \underline{\hspace{2cm}} \text{ grams/cup} = \underline{\hspace{2cm}}$$

Total grams

$$\underline{\hspace{2cm}} \text{ Cup} \times \underline{\hspace{2cm}} \text{ grams/cup} = \underline{\hspace{2cm}}$$

Total grams

$$\underline{\hspace{2cm}} \text{ Cup} \times \underline{\hspace{2cm}} \text{ grams/cup} = \underline{\hspace{2cm}}$$

Total grams

$$\text{ADD ALL TOTAL GRAMS} = \underline{\hspace{2cm}}$$

TOTAL GRAMS

STEP 2:

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

$$\underline{\hspace{2cm}} \text{ TOTAL GRAMS} \text{ Divide by } \mathbf{8} = \underline{\hspace{2cm}}$$

1/2 servings

OR

How many 1 grains servings does this recipe have?

$$\underline{\hspace{2cm}} \text{ TOTAL GRAMS} \text{ Divide by } \mathbf{16} = \underline{\hspace{2cm}}$$

1 servings

CACFP GRAINS CHART

Exhibit A—Grains for Child Nutrition Programs^{1,2}

GROUP A	MINIMUM SERVING SIZE FOR GROUP A
<ul style="list-style-type: none"> •Bread-type coating •Breadsticks (hard) •Chow mein noodles •Croutons •Pretzels (hard) •Savory crackers (saltines and snack crackers) •Stuffing (dry) <p>NOTE: Weights apply to bread in stuffing.</p>	<p>1 oz eq = 22 gm or 0.8 oz 3/4 oz eq = 17 gm or 0.6 oz 1/2 oz eq = 11 gm or 0.4 oz 1/4 oz eq = 6 gm or 0.2 oz</p>
GROUP B	MINIMUM SERVING SIZE FOR GROUP B
<ul style="list-style-type: none"> •Bagels •Batter-type coating •Biscuits •Breads (white, wheat, whole-wheat, French, Italian) •Buns (hamburger and hot dog) •Egg roll skins •English muffins •Pita bread (white, wheat, whole-wheat) •Pizza crust •Pretzels (soft) •Rolls (white, wheat, whole-wheat, potato) •Sweet crackers (graham crackers—all shapes, animal crackers) •Tortillas (wheat or corn) •Tortilla chips (wheat or corn) •Taco shells 	<p>1 oz eq = 28 gm or 1.0 oz 3/4 oz eq = 21 gm or 0.75 oz 1/2 oz eq = 14 gm or 0.5 oz 1/4 oz eq = 7 gm or 0.25 oz</p>
GROUP C	MINIMUM SERVING SIZE FOR GROUP C
<ul style="list-style-type: none"> •Cookies³ (plain, includes vanilla wafers) •Cornbread •Corn muffins •Croissants •Pancakes •Pie crust (dessert pies³, fruit turnovers³, cobbler³, and meat/meat alternate pies) •Waffles 	<p>1 oz eq = 34 gm or 1.2 oz 3/4 oz eq = 26 gm or 0.9 oz 1/2 oz eq = 17 gm or 0.6 oz 1/4 oz eq = 9 gm or 0.3 oz</p>

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

² Some of the following foods or their accompaniments may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.

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

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

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

CACFP GRAINS CHART

Exhibit A continued

GROUP D	MINIMUM SERVING SIZE FOR GROUP D
<ul style="list-style-type: none"> •Doughnuts³ (cake and yeast-raised, unfrosted) •Granola bars³ (plain, cereal bars, breakfast bars) •Muffins (all except corn) •Sweet roll³ (unfrosted) •Toaster pastry³ (unfrosted) 	1 oz eq = 55 gm or 2.0 oz 3/4 oz eq = 42 gm or 1.5 oz 1/2 oz eq = 28 gm or 1.0 oz 1/4 oz eq = 14 gm or 0.5 oz
GROUP E	MINIMUM SERVING SIZE FOR GROUP E
<ul style="list-style-type: none"> •Cookies³ (with nuts, raisins, chocolate pieces, fruit purees) •Doughnuts³ (cake and yeast-raised, frosted and glazed) •French toast •Granola bars³ (with nuts, chocolate pieces, or dried fruit) •Sweet rolls³ (frosted) •Toaster pastry³ (frosted) 	1 oz eq = 69 gm or 2.4 oz 3/4 oz eq = 52 gm or 1.8 oz 1/2 oz eq = 35 gm or 1.2 oz 1/4 oz eq = 18 gm or 0.6 oz
GROUP F	MINIMUM SERVING SIZE FOR GROUP F
<ul style="list-style-type: none"> •Cake³ (plain, unfrosted) •Coffee cake³ 	1 oz eq = 82 gm or 2.9 oz 3/4 oz eq = 62 gm or 2.2 oz 1/2 oz eq = 41 gm or 1.5 oz 1/4 oz eq = 21 gm or 0.7 oz
GROUP G	MINIMUM SERVING SIZE FOR GROUP G
<ul style="list-style-type: none"> •Brownies³ (plain) •Cake³ (all varieties, frosted) 	1 oz eq = 125 gm or 4.4 oz 3/4 oz eq = 94 gm or 3.3 oz 1/2 oz eq = 63 gm or 2.2 oz 1/4 oz eq = 32 gm or 1.1 oz
GROUP H	MINIMUM SERVING SIZE FOR GROUP H
<ul style="list-style-type: none"> •Cereal grains (barley, quinoa, etc.) •Breakfast cereals^{4,5} (cooked) •Bulgur or cracked wheat •Macaroni (all shapes) •Noodles (all varieties) •Pasta (all shapes) •Ravioli (noodle only) •Rice (enriched white or brown) 	1 oz eq = 1/2 cup cooked (or 28 gm dry)
GROUP I	MINIMUM SERVING SIZE FOR GROUP I
<ul style="list-style-type: none"> •Ready-to-eat breakfast cereal^{4,5} (cold, dry) 	1 oz eq = 1 cup or 1.0 oz for flakes or rounds 1 oz eq = 1.25 cup or 1.0 oz for puffed cereal 1 oz eq = 1/4 cup or 1.0 oz for granola

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

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

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

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

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

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

Whole Grain-Rich Foods and Disallowed Meals

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

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



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

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

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

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



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

Questions and Answers About Grains

I. WHOLE GRAIN-RICH

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

II. GRAIN-BASED DESSERTS AND BREAKFAST CEREALS

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

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

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

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

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

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

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

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

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

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

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

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

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

There are several ways a center or day care home can determine if a breakfast cereal is within the sugar limit. First, centers and day care homes can use any State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved breakfast cereal list. Some stores also have labels on the shelves indicating which breakfast cereals are WIC-approved. All WIC-approved breakfast cereals contain no more than 6 grams of sugar per dry ounce (21.2 grams of sugar per 100 grams).

Second, centers and day care homes may do some math to determine the sugar content of a breakfast cereal. Using the Nutrition Facts label, the center or day care home may divide the amount of sugar per serving (listed toward the middle) by the serving size in grams (listed at the top). If the amount of sugar per serving divided by the serving size in grams is 0.212 or less, then the cereal is within the sugar limit and may be creditable in CACFP. For example, Cereal A's Nutrition Facts label shows that the serving size is 55 grams and the amount of sugar per serving is 13 grams. Therefore, 13 grams (serving size) divided by 55 grams of sugar equals 0.236. Cereal A exceeds the sugar limit because 0.236 is greater than 0.212.

FNS is developing an easy-to-use chart to further help CACFP centers and day care homes

identify breakfast cereals within the sugar limit.

III. COMPLIANCE

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

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

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

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

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

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

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

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

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

No, the whole grain-rich requirement applies to the center or day care home, not to each child

or adult participant. If a center or day care home serves breakfast and lunch and two different groups of children or adults are at each meal, only one meal must contain a whole grain-rich food.

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

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

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

CREDITING COMBINATION FOODS

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

1. Meat/meat alternate
2. Grains
3. Vegetable/
4. Fruit

Combination items such as pizzas vary greatly as to how they may be credited. Crediting for pizza typically includes the crust, the cheese and/or meat, and vegetable/fruit. This crediting will vary by pizza. Use items that have a CN label, Product Formulation Statement, or a standardized recipe. Maintain a copy of the documentation on file for review. Examples for crediting other combination foods are listed below.

Example 1: Hamburger on a bun with lettuce and tomatoes.

Credit as:

Meat/meat alternate	Hamburger (at least 1/4 oz per serving)
Grains	Hamburger bun (at least 1/4 serving)
Vegetable/fruit	Lettuce and tomato (at least 1/8 cup per serving)

Example 2: Chef salad with hard-boiled egg, turkey, cheese, lettuce, tomato, celery, cucumber.

Credit as:

Meat/meat alternate	Egg, turkey, cheese (at least 1/4 oz per serving)
Vegetable/fruit	Lettuce, tomato, celery, cucumber (at least 1/8 cup total per serving)

Example 3: Fruit salad with cottage cheese, peaches, pineapple, pears, bananas, blueberries. In this case, the fruits are not mixed together and are separately identifiable. For example, peach or pear halves set on a platter with pineapple rings in comparison with bits of peaches, pears, and pineapple mixed in a fruit cocktail.

Credit as:

Meat/meat alternate	Cottage cheese (at least 1/4 oz per serving)
Vegetable/fruit	A combination of the separate pear or peach halves, pineapple rings/chunks, banana slices, or blueberries (at least 1/8 cup total)

Example 4: Banana/strawberry smoothie (with banana, strawberries, and milk).

Combination foods in beverage form made from milk and solid fruits (or juice concentrates) may be credited at all meals and snacks as meeting the following meal components. However, the amounts served must meet meal pattern requirements.

Credit as:

Milk	Milk (at least 1/2 cup per serving)
Vegetable/fruit (count as one component only)	Bananas and strawberries (at least 1/8 cup total per serving)

CHILD NUTRITION LABELS AND PRODUCT FORMULATION STATEMENTS

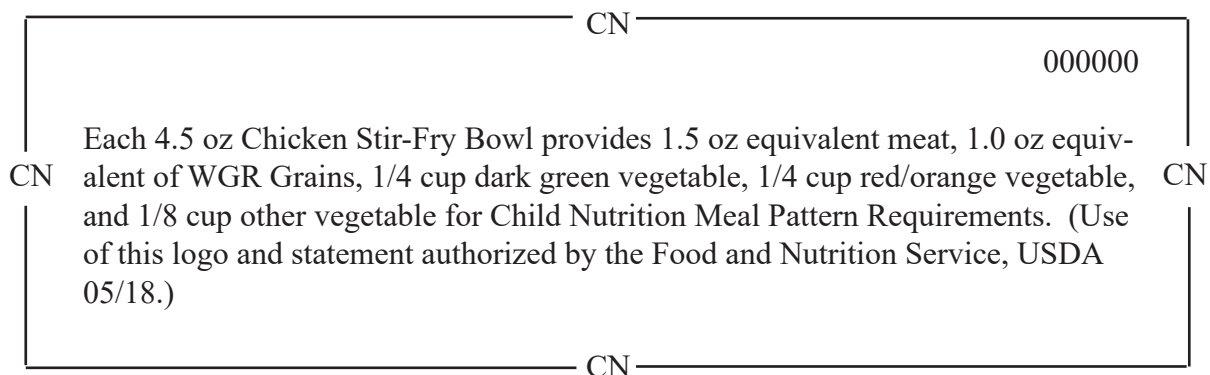
CN labels, fact sheets, and product labels provide a way for food manufacturers to communicate with operators about how their products may contribute to the meal pattern requirements for meals served under USDA's CNP. Below are tips for acceptable documentation:

CN-Labeled Products

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

Watermarked CN Labels

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



Product Formulation Statement (PFS)

A manufacturer's Product Formulation Statement (PFS) is a signed, certified document that provides a way for a manufacturer to demonstrate how a product may contribute to the meal pattern requirements of USDA's CNP. A PFS is typically provided for processed products that do not have a CN label. Program operators must request a signed manufacturer's PFS when purchasing a processed product without a CN label. Program operators are responsible for ensuring menu items meet meal pattern requirements; therefore, program operators should review and verify the crediting statement on a manufacturer's PFS before purchasing the product.

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

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

The only exceptions are:

- Tomato paste and tomato purée are credited based on their whole food equivalency using the percent natural tomato soluble solids in the paste or purée. See FBG for additional information on calculated volume.
- Dried fruits credit on the volume served (e.g., 1/4 cup raisins credit as 1/2 cup fruit).
- Raw leafy vegetables credit as half the volume served (e.g., 1 cup raw spinach credits as 1/2 cup vegetable). All other CN programs credit as volume served.
- A PFS may include crediting information for more than one meal component. For instance, a cheese pizza may credit toward the meat/meat alternate, grains, and the vegetable group. The crediting information for each meal component may be documented on the same PFS.

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

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

SOME FOODS MOST COMMONLY REQUIRING A CN LABEL OR PRODUCT FORMULATION STATEMENT

There are many other things that require CN labels—This list is not all-inclusive.

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

EXAMPLE MENU OF MEAL PATTERN REQUIREMENTS

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

HOW TO CALCULATE NUMBER OF SERVINGS

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

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

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

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

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

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

EXAMPLE
BREAKFAST
HOW TO CALCULATE NUMBER OF SERVINGS
NEEDED

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

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

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

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

GRAINS					
Aged 1 through 2	3	X	0.5 (1/2 oz eq)	=	1.5
Aged 3 through 5	5	X	0.5 (1/2 oz eq)	=	2.5
Aged 6 through 12	2	X	1 (1 oz eq)	=	2
Program Adults*	0	X	1 (1 oz eq)	=	0
					6 Total Oz Eq Needed

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

**EXAMPLE
LUNCH AND SUPPER**

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

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

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2	12	X	4 fluid oz (1/2 cup)	=	48
Aged 3 through 5	32	X	6 fluid oz (3/4 cup)	=	192
Aged 6 through 12	9	X	8 fluid oz (1 cup)	=	72
Program Adults*	0	X	8 fluid oz (1 cup)	=	0
					312 Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					

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

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

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

GRAINS					
Aged 1 through 2	12	X	0.5 (1/2 oz eq)	=	6
Aged 3 through 5	32	X	0.5 (1/2 oz eq)	=	16
Aged 6 through 12	9	X	1 (1 oz eq)	=	9
Program Adults*	0	X	1 (1 oz eq)	=	0
					31 Total Oz Eq Needed

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

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

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

Number of Children/Adults Served					
MILK (Only Approved Types Allowed)					
Aged 1 through 2	15	X	4 fluid oz (1/2 cup)	=	60
Aged 3 through 5	63	X	4 fluid oz (1/2 cup)	=	252
Aged 6 through 12	12	X	8 fluid oz (1 cup)	=	96
Program Adults*	0	X	8 fluid oz (1 cup)	=	0
					408 Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon.					

VEGETABLE					
Aged 1 through 2	15	X	2 (1/4 cup)	=	30
Aged 3 through 5	63	X	2 (1/4 cup)	=	126
Aged 6 through 12	12	X	3 (1/4 cup)	=	36
Program Adults*	0	X	3 (1/4 cup)	=	0
					192 Total Number of 1/4 Cups Needed

FRUIT					
Aged 1 through 2	15	X	2 (1/4 cup)	=	30
Aged 3 through 5	63	X	2 (1/4 cup)	=	126
Aged 6 through 12	12	X	3 (1/4 cup)	=	36
Program Adults*	0	X	3 (1/4 cup)	=	0
					192 Total Number of 1/4 Cups Needed

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

GRAINS					
Aged 1 through 2	12	X	0.5 (1/2 oz eq)	=	6
Aged 3 through 5	32	X	0.5 (1/2 oz eq)	=	16
Aged 6 through 12	9	X	1 (1 oz eq)	=	9
Program Adults*	0	X	1 (1 oz eq)	=	0
					31 Total Oz Eq Needed

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

MENUS AS SERVED

The menu as served record is to begin on October 1st of each fiscal year and end on September 30th.

Make copies of the *Menus as Served* original on **page 262-263**. for your records. A Menu as Served form is available for institutions who only serve three meals per day (breakfast, lunch, and PM snack) and one for those who serve other meals.

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

- 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
- Indicate who completed this form
- Meal counts of—
 - * Total children served
 - * Children served per age group
 - * Program adults served
- Food item(s) credited toward each required meal component (Be specific as to the form of food; i.e., fresh, frozen, cooked, deboned)
- Check the Whole Grain (WG) box that denotes which meal the WG product was served for that meal service
- Be specific in the variety of milk served
- Quantity of each food item served (Be specific as to can size, number of pounds or ounces, etc.)

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

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

As with all other record-keeping forms provided by the State agency, the 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 program specialist for review of the alternate form prior to using.

NOTE: A facility must provide all required food components under the minimum meal pattern requirements in order to claim the meal for reimbursement unless supported by a medical statement stating otherwise.

EXAMPLE MENUS AS SERVED

Regular Meals
 At-Risk Meals

Comments/Special Dietary Needs:

Date: 10/4/YYYY

Form completed by: Tammy Cook

MEAL TYPE	QTY SERVED: MEAT/MEAT AL- TERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total children served: <u>17</u> Number of children served: 1-2: _____ 3-5: <u>7</u> 6-12: <u>10</u> Program Adults: _____		WG <input checked="" type="checkbox"/> 1 (32-oz) box original cheerios		7# bananas, un- peeled	1 gallon lowfat white milk
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: <u>15</u> Number of children served: 1-2: _____ 3-5: <u>15</u> 6-12: _____ Program Adults: _____	2# 20% fat ground beef	WG <input type="checkbox"/> Spaghetti noodles 1#	Green beans 2/15-oz cans, cut, drained, heated Tomato sauce, 1/15-oz cans	Peaches, free- stone, sliced, 3/16-oz cans	3/4 gallon lowfat white milk
PM SNACK Total children served: <u>17</u> Number of children served: 1-2: _____ 3-5: <u>7</u> 6-12: <u>10</u> Program Adults: _____		WG <input checked="" type="checkbox"/> 1 lb goldfish crackers		1 gallon orange juice	
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"/>			

THE FOOD-BUYING GUIDE

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

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

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

The *Food-Buying Guide for Child Nutrition Programs* is designed to help you in two important ways:

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

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

Brief Explanation of the *Food-Buying Guide*

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

- Section 1: Meat and Meat Alternates
- Section 2: Vegetables and Fruits
- Section 3: Grains
- Section 4: Milk
- Section 5: Other Foods (the foods in this section do not meet any of the requirements for any components in the meal patterns)

The Food-Buying Guide is Available at

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

The *Food-Buying Guide* is divided into yield tables using a six-column format:

1	Food As Purchased, AP	2	Purchase Unit	3	Servings Per Purchase Unit, EP	4	Serving Size Per Meal Contribution	5	Purchase Units for 100 Servings	6	Additional Information
---	-----------------------	---	---------------	---	--------------------------------	---	------------------------------------	---	---------------------------------	---	------------------------

Column 1—Food As Purchased, AP: Tells you the name of the food item and the form(s) in which it is purchased. Individual foods are arranged in alphabetical order by type of food.

Column 2—Purchase Unit: Tells you the basic unit of purchase for the food. For most foods, the guide lists *Pound* as the purchase unit.

Column 3—Servings Per Purchase Unit, EP (Edible Portion): Shows the number of servings of a given size (found in Column 4) from each purchase unit (found in Column 2). It is based on average yields from good quality foods prepared in ways that result in a minimum of waste.

Column 4—Serving Size Per Meal Contribution: Describes a serving by weight, measure, or number of pieces or slices. Sometimes both measure and weight are given or the measure and number of pieces or slices.

For foods specified in the meal patterns, the serving size given in this column can be credited toward meeting the meal pattern requirements. For many fruits and vegetables, both pieces and 1/4-cup servings are included.

Column 5—Purchase Units for 100 Servings: Shows the number of purchase units you need for 100 servings. This number was calculated using the purchase unit listed in Column 2 and the serving size (by weight) listed in Column 4. Numbers in Column 5 have been rounded up to help ensure enough food is available for 100 servings.

Column 6—Additional Information: Provides other information to help you calculate the amount of food you need to purchase and/or prepare.

For many food items, this column shows the quantity of ready-to-cook or cooked food you will get from a pound of food as purchased.

The data in the yield tables can help you in a variety of ways as you plan menus, make purchasing decisions, and check to make sure meals will meet CNP requirements.

EXAMPLE 1

You are planning to serve 1/4 cup of raw, unpeeled fresh apples. You will be purchasing fresh, whole apples, case count 125-138. How many pounds of fresh, whole apples will you need to buy?

1. **Estimate the number of servings of the prepared food you will need.**

You estimate that you will need **50** 1/4-cup servings of fresh, unpeeled apple.

2. **Locate the food in the *Food-Buying Guide* in the form you intend to serve.**

1 Food As Purchased, AP	2 Purchase Unit	3 Servings Per Purchase Unit, EP	4 Serving Size Per Meal Contribution	5 Purchase Units for 100 Servings	6 Additional Information
APPLES					
Apples, fresh <i>125-138 count</i> <i>Whole</i>	Pound	14.8	1/4 cup raw, unpeeled fruit (about 1/4 apple)	6.8	1 lb AP = 0.91 lb (3 2/3 cups) ready-to-cook or -serve raw, cored, unpeeled apple

3. **Check the serving size listed in Column 4. Compare this to your planned serving size.**

Column 4 reads: 1/4 cup raw, unpeeled fruit (about 1/4 apple)

This is the same as your planned serving size to all students, so no conversion is needed.

4. **Refer to Column 2 to find the purchase unit. Refer to Column 3 for the number of servings you will get per purchase unit.**

Column 2 reads: Pound

Column 3 reads: 14.8

5. **Divide the number of servings needed by the number of servings you will get per purchase unit (Column 3).**

Number of servings needed = 50

Servings per purchase unit = 14.8

50 divided by 14.8 = 3.37

6. **Round up to 4 pounds to ensure enough food is available.**

ANSWER: You will need 4 pounds of fresh, unpeeled apples for 50 1/4-cup servings.

EXAMPLE 2

You are planning to serve ground beef tacos with no more than 20 percent fat to 200 children from all age groups. How many pounds of ground beef will you need?

1. **Estimate the number of servings and the serving size of the prepared food for each age/grade.**

You estimate that of the 200 planned servings, 50 will be served 1 ounce each, 100 will be served 1 1/2 ounces each, and 50 require 2-ounce servings of meat/meat alternate.

2. **Locate the food in the *Food-Buying Guide* in the form you intend to serve.**

Section 1—Meat/Meat Alternates

1 Food As Purchased, AP	2 Purchase Unit	3 Servings Per Purchase Unit, EP	4 Serving Size Per Meal Contribution	5 Purchase Units for 100 Servings	6 Additional Information
BEEF, GROUND					
Beef, Ground, fresh or frozen ^{7,8} <i>no more than 20% fat includes USDA commodity (Like IMPS #136)</i>	Pound	11.8	1 oz cooked lean meat	8.5	1 lb AP = 0.74 lb cooked, drained lean meat
	Pound	7.89	1 1/2 oz cooked lean meat	12.7	

3. **Check the serving size listed in Column 4. Compare this to your planned serving sizes.**

Column 4 reads: 1 ounce cooked lean meat *AND* 1 1/2 ounces cooked lean meat

Since there is no serving size for 2 ounces of cooked lean meat, *a conversion is needed.*

4. **Calculate the total ounces of cooked lean meat needed.**

50 servings X 1 ounce = 50 ounces

100 servings X 1.5 ounces = 150 ounces

50 servings X 2 ounces = 100 ounces

You need a total of 300 ounces of cooked lean meat. Since this total is in units of 1 ounce, you can now use the serving size of 1 ounce cooked lean meat as found in Column 4.

5. **Refer in Column 2 to find the purchase unit. Refer to Column 3 for the number of servings you will get per purchase unit.**

Column 2 reads: Pound

Column 3 reads: 11.8

6. **Divide the total number of ounces needed by the number of servings you will get per purchase unit (Column 3).**

Number of total ounces needed = 300

Servings per purchase unit = 11.8

300 divided by 11.8 = 25.42

7. **Round up to 26 pounds to ensure enough food is available.**

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

Working With the *Food-Buying Guide*

To calculate how much of any food to purchase, you should begin by asking yourself the following questions:

- How many servings will I need?
- Will different serving sizes be used for various age groupings?
- What is my planned serving size for this food?
- In what form will I purchase this food?
- What serving size is listed in Column 4?
- Is the listed serving size the same as my planned serving size?
- How many purchase units of the food will I need to buy?

AND REMEMBER . . .

Calculating how much food you need for a given number of servings:

- Always ***round up*** when calculating ***how much food to buy***.
- Always ***round down*** when calculating the ***creditable component*** toward meeting a meal pattern requirement.

WAYS TO ENCOURAGE CHILDREN TO HAVE POSITIVE ATTITUDES TOWARD FOOD

- Have a positive attitude toward foods and the mealtime experience. Remember, a negative attitude expressed by adults and other children may influence children not to try that food.
- When introducing a new food to children, serve a small amount of the new food along with more popular and familiar foods.
- Include children in food activities to encourage them to try new foods and also to gain self-confidence.
- Serve finger foods such as meat or cheese cubes, vegetable sticks, or fruit chunks. Foods that are cut into smaller pieces are easier for children to handle.
- Do not force a child to eat. It is normal for a child to ask for second helpings of food one day and yet eat very lightly the next day.
- Provide a comfortable atmosphere at mealtime. Mealtime is also a social activity, so allow children to talk with others.
- Encourage children to eat food or new foods in a low-key way. For instance, read a book about a new food that will be served that day and serve the new food at snacktime when children are hungrier.
- Expose children to new foods five or six times instead of only once or twice. The more exposure that children have to a food, the more familiar and comfortable it becomes, and the more likely it is that they will try the food.
- Offer the new food first to a child who eats most foods. Children will often follow other children and try the food.
- Have staff eat with the children. Have them eat the same foods that have been prepared for the children.
- Present food attractively. Remember that we all make decisions to try or not to try food depending upon how food looks and smells.
- Do not offer bribes or rewards for eating foods. This practice only reinforces the idea that certain foods are not desirable.

SAFETY AND SANITATION TIPS

The area of food terminology is expanding. New products require that providers continue to examine potential safety and sanitation concerns. This page stresses some safety and sanitation issues that have received recent media attention. For in-depth training regarding safety and sanitation concerns, contact your State agency or FNS-SWRO. A number of excellent training resources are available.

- Wash your hands before preparing food, and see that children wash their hands before eating. Never touch ready-to-eat foods with your bare hands. If using hands, wear disposable plastic gloves and do not touch anything unclean with the gloves. Throw the gloves away after using or touching anything other than food.
- Do not serve foods made with raw eggs or allow children to eat raw batters; such products are at risk for bacterial contamination.

Handling Produce

- Wash all produce thoroughly under running water prior to serving or cutting. Do not rewash packaged produce labeled *ready-to-eat*, *washed*, or *triple-washed*.
- Rinse fruits such as melons and oranges just before eating them. This prevents bacteria from spreading from the surface to the inside.
- Remove stems which collect dirt.
- Inspect produce for obvious signs of soil or damage prior to cutting, slicing, or dicing. When in doubt about damaged produce, either cut away the affected areas or do not use the item.
- Keep cut fruit refrigerated. Bacteria multiply rapidly at room temperature.

Avoiding Cross-Contamination

- Wash utensils and surfaces that have touched raw meat or poultry with soap and hot water to avoid contaminating other foods. Do not use the same platters, cutting boards, and/or utensils for uncooked and cooked meat or poultry dishes and ready-to-eat foods. You may want to use two sets of cutting boards: one for meats and poultry and one for vegetables and fruits. Buying plastic cutting boards in different colors will help to keep them straight.
- Prevent juices from raw meat, poultry, or seafood from dripping on ready-to-eat foods such as salad greens, either in the refrigerator or during preparation.
- Store raw foods that must be cooked prior to serving on the refrigerator's **BOTTOM** shelf to prevent their juices from coming in contact with other foods. Store ready-to-eat foods **ABOVE** raw, uncooked foods.
- Sanitize equipment and work surfaces between uses, following local or state health codes regarding sanitation solutions.

Proper Holding and Cooking Procedures

- Take care that foods do not remain unrefrigerated for extended periods of time. Bacteria can grow rapidly between 40°F and 140°F, which includes room temperature. This is known as the danger zone. If the serving of a hot food must be delayed, keep it in a holding temperature of 140°F or above. All foods left out in the kitchen, at a barbecue or picnic, or on a salad bar should be monitored. Do not hold a food in the temperature danger zone for longer than two hours. After two hours, the food should be discarded.
- Meats and poultry should be cooked completely. ***Follow local or state health codes regarding interior temperatures.*** Take appropriate safety and sanitation procedures with thermometers to avoid contamination of other foods.
- Do not use leftover marinades to baste meats. Prepare and reserve a separate batch to baste. Do not reuse marinades.
- Deep fat-fried foods (cooked by submerging in hot oil or other fat) that are prepared on-site cannot be part of a reimbursable meal.

EXCEPTIONS FOR SPECIAL DIETARY NEEDS

Documentation must be on file and available for individual participants who are unable, because of medical or other special dietary needs, to consume certain foods. Substitutions due to medical needs shall be supported by a statement from a recognized licensed physician, physician's assistant, or nurse practitioner and should include recommended alternate foods. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. (SP-30-3015, SFSP-15-2015, CACFP-13-2015, March 30, 2015) If a medical statement is not available, meals lacking the required components/quantities cannot be claimed for reimbursement.

The facility must provide all required food components for the meals served in order to claim reimbursement. This includes any substitutions made to a meal served to a child with special dietary needs unless supported by the medical statement.

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

MEDICAL STATEMENT

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

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

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

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

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: Jennifer King

Age: 10

Signature of Parent/Guardian: Don King

Date: 2/22/XXXX

One form per child

Instructions:

Enter child's name that is not participating

Enter the child's age when the form is filled out

Signature of parent or guardian

Enter the date the form is signed

INFANT MEALS

PLANNING MEALS FOR INFANTS

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

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

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

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

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

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

CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

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

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Yogurt must contain no more than 23 grams of total sugars per six ounces.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

⁵ Fruit and vegetable juices must not be served.

CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

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

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Yogurt must contain no more than 23 grams of total sugars per six ounces.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

⁵ Fruit and vegetable juices must not be served.

CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

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

¹ Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁴ Breakfast cereals must contain no more than six grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

⁵ A serving of this component is required when the infant is developmentally ready to accept it.

⁶ Fruit and vegetable juices must not be served

⁷ Only reimbursable at snack: bread, crackers, ready-to-eat cereal

SUMMARIES OF MEAL STANDARDS: INFANT

Encourage and Support Breast-feeding

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

Developmentally Appropriate Meals

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

DEVELOPMENTAL READINESS

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

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

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

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

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

INFANT MEAL WAIVER INSTRUCTIONS

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

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

EXAMPLE

INFANT MEAL WAIVER

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

Name of Infant: Sue Sanders

Date of Birth: 2/04/YYYY

Signature of Parent/Guardian: Edgar Sanders

Date: 10/4/YYYY

INFANT MEALS AS SERVED INSTRUCTIONS

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

1. Indicate who completed this form
2. Date of meal service
3. Names and ages of all infants served.
4. 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.
5. Individual quantity of the food item served for each infant recorded.
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 and must be kept on-site at all times. This record is the institution's documentation that meals claimed for reimbursement met minimum meal pattern requirements. The *Infant Meals as Served* form should be maintained with the Menus as Served Book.

EXAMPLE INFANT MEALS AS SERVED

FORM COMPLETED BY: **Tammy Cook**

DATE: **10/4/YYYY**

TOTAL INFANTS SERVED: 1

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

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

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

CREDITING FOODS FOR INFANT MEAL PATTERN

BREAST MILK AND FORMULA

- Meals containing breast milk or formula provided by the parent are reimbursable.
- Meals are reimbursable when a mother directly breast-feeds the child at the facility.
- All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.
- Milk may **NOT** be served to infants.

FRUITS AND VEGETABLES

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

FRUIT JUICE - MAY NOT be claimed at any meals served to infants.

MEAT AND MEAT ALTERNATES

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

can also cause allergic reactions in some infants.

- Cheese food and cheese spread are not creditable for infants.

BREADS, CRACKERS, AND INFANT CEREALS

- Only infant cereal and bread or cracker-type products made from whole-grain or enriched meal or flour that is suitable for an infant to use as a finger food may be credited at snack only. *The Infant Meal Pattern does not specify the broad category of bread alternate.*
- Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breast milk prior to consumption may be credited. *A serving of infant cereal must be fortified to a minimum level of 45 percent of the Daily Value for iron as listed on the product's Nutrition Facts label.*
- Breads made from whole-grain or enriched meal or flour that are creditable at snack for infants aged 6 to 11 months include:
 - Breads (white, wheat, whole-wheat, French, Italian, and similar breads—all without nuts, seeds, or hard pieces of whole-grain kernels)
 - Biscuits
 - Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels)
 - English muffins
 - Pita bread (white, wheat, whole-wheat)
 - Rolls (white, wheat, whole-wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels)
 - Soft tortillas (wheat or corn)
- Cracker-type products creditable at snack **ONLY** for infants aged 6 to 11 months include:
 - Crackers (saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers)
- All bread and cracker-type products, if they are served, must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking.
- Iron-fortified dry infant cereals containing fruit are **NOT** creditable.
- Commercial jarred baby food cereals (which are *wet*, not *dry*) are **NOT** creditable.
- Ready-to-eat breakfast cereals (cold, dry) containing less than 6 grams of sugar per dry ounce (1 ounce = 28 grams) are creditable when the infant is developmentally ready to accept it.

COMBINATION FOOD ITEMS (JARRED BABY FOOD)

- If there is at least one creditable component, the combination food may be offered
- If percentages listed, you may need to calculate the amount of each ingredient to determine the number of Tbsp or tsp, etc
-

Creditable Food Items

- See Appendix F: Infant Food List in the Feeding Infants in the CACFP Program

Non Creditable Food Items:

- Barley, Cooked grains, Dried or powdered cheese, Freeze-dried vegetables, Granola, Macaroni and other pastas, Millet, and Mixed Grains

QUESTIONS AND ANSWERS ON INFANT MEAL PATTERN

CACFP 11-2023)

I. GENERAL QUESTIONS

1. What does it mean to feed an infant in a way that is “consistent with the infant’s eating habits”?

CACFP centers and day care homes must offer all infants in their care meals that comply with the infant meal pattern requirements (7 CFR 226.20(b)). Infants do not typically eat on a strict schedule and do not necessarily eat at traditional breakfast, lunch, or supper times.

Rather, it is best to feed infants when they show signs of hunger. This helps ensure that the infant gets the right amount of food for growth. This “on demand” feeding is considered better for the infant and is supported by FNS. Additionally, the quantity of food an infant consumes changes from feeding to feeding or day to day. Because of an infant’s varied eating pattern, centers and day care homes should be mindful of what the infant eats over the course of the entire day versus each individual feeding. As long as all the required meal components (i.e., breastmilk and/or infant formula and the solid foods the infant is developmentally ready to accept) are offered over the course of the entire day, they may be counted towards reimbursable meals. Infant meals must not be disallowed due solely to the fact that foods are served outside of established meal time periods.

For example, if an infant was breastfed at home right before arriving at the center or day care home, the infant may not be hungry for the breakfast meal when they first arrive. The center or day care home may offer the meal to the infant later in the morning when the infant is hungry and still claim the breakfast meal. As another example, if an infant, who is developmentally ready to eat pureed vegetables, is not hungry for the pureed vegetables at lunch, the pureed vegetables may be offered at another time during the day and the lunch meal may still be claimed for reimbursement. As a reminder, Program participants, including infants, do not need to consume the entire meal offered in order for the meal to be reimbursed.

2. May a parent donate extra formula or food received through another FNS nutrition assistance program such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to their infant’s center or day care home?

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

3. Are parents or guardians allowed to provide meal components for infants in the infant meal pattern?

Parents or guardians may only supply one meal component of a reimbursable meal in the CACFP infant meal pattern, as long as this is in compliance with local health codes. A parent or guardian may choose to supply expressed breastmilk or a creditable infant formula, even when the infant is only consuming breastmilk or infant formula. A parent may also directly breastfeed their infant on-site and the meal will be reimbursable.

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

State agencies and sponsoring organizations must ensure that the parent or guardian is truly

choosing to provide the preferred component and that the center or day care home has not requested or required the parent or guardian to provide the component in order to complete the meal and reduce costs.

4. An infant is breastfeeding and the parent wants the infant to be fed organic vegetables, but the food the day care home serves is not organic. Therefore, the parent decides to provide all solid food for their infant while the infant is in care. Can the day care home claim those meals for reimbursement?

No. This is because the parent is providing more than one meal component: breastmilk and solid foods. Under the infant meal pattern requirements, parents and guardians may only provide one component of a reimbursable meal.

5. ***How should centers and day care homes document infant menus when the items each infant eats vary so much?

Centers and day care homes must keep records of menus and State agencies have the discretion to determine how best to document the varying meals infants are offered. As a reminder, centers and day care homes will need to vary the foods served to each infant based on the infant's developmental readiness. All infants must be served breastmilk or infant formula, but not all infants should be served solid foods unless they are developmentally ready, and the parents/guardians agree to starting solid foods in child care. Encourage parents and guardians to keep the child care site informed of any new foods they are offering their infant and any history of allergic reactions.

One option for demonstrating the various foods infants are served is to have a standard menu for all the infants in care and adapt the menu for each infant based on what each infant is offered. For example, a center could use a template that outlines the meal pattern requirements in one column and space in another column for the provider to fill-in what components are served to each infant. Minimum serving sizes are listed as ranges for infants because not all babies are ready to eat solid foods at the same time. An infant that has not yet started solid foods would receive a serving size of 0 tablespoons. An infant that has just started eating a certain vegetable may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In all of these instances, the meal would be reimbursable.

FNS encourages State agencies to avoid additional paperwork requirements to the extent practicable to demonstrate compliance with the infant meal pattern requirements. As part of this effort, CACFP State agencies may want to consider collaborating with their State child care licensing agency to develop a menu template that satisfies both the CACFP and child care licensing requirements. This will help reduce burden on centers and day care homes while maintaining the integrity of the CACFP. For example, some licensing agencies may require centers and day care homes to provide parents daily records of what their infant consumed during care. CACFP State agencies could work with their State child care licensing agency to explore ways to use the daily parent records to also meet the CACFP requirements.

II. BREASTMILK AND INFANT FORMULA

1. Do CACFP infant formulas have to be approved by the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)?

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

2. What is an "iron-fortified" infant formula?

The Food and Drug Administration considers an infant formula to be "iron-fortified" if it has 1 milligram of iron or more per 100 kilocalories. A "low-iron" infant formula has less than 1 milligram of iron per 100 kilocalories. The American Academy of Pediatrics recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

3. When an infant receives both breastmilk and formula, is the meal eligible for reimbursement?

Yes. Meals served to infants (birth through 11 months of age) may contain iron-fortified infant formula, breastmilk (including expressed breastmilk and a parent directly breastfeeding on-site), or a combination of both.

4. How should meals be documented when a parent directly breastfeeds their infant on-site?

There are various ways to document a meal when a parent directly breastfeeds their infant on-site. Centers and day care homes must document if the infant is served breastmilk or infant formula to demonstrate compliance with the meal pattern requirements. However, centers and day care homes do not need to document the delivery method of breastmilk (e.g., breastfed on-site or expressed breastmilk in a bottle). Therefore, a center or day care home may simply indicate that an infant was offered breastmilk. Another option for indicating an infant was breastfed on-site is to write “breastfed” or “mom” on the menu or meal count form. When an infant is breastfed on-site, the quantity of breastmilk the infant is served does not need to be documented. Ultimately, State agencies have the discretion to determine what is acceptable.

FNS strongly emphasizes that State agencies should not undertake any new paperwork requirements to ensure compliance with the infant meal pattern to avoid adding unnecessary administrative burdens to the CACFP operators. Additionally, CACFP State agencies may want to consider collaborating with their State child care licensing agency to develop a menu template that satisfies both the CACFP and child care licensing requirements. This will help reduce burden on centers and day care homes while maintaining the integrity of the CACFP.

5. If a center or day care home is unable to provide a private place for parents to breastfeed and a parent chooses to breastfeed in their car, is that meal still reimbursable?

Yes. Centers and day care homes are strongly encouraged, but not required, to offer a quiet, private area that is comfortable and sanitary for parents who come to the center or day care home to breastfeed. However, if a parent chooses to breastfeed their infant in their car, on the grounds of the center or home, the meal could still be claimed for reimbursement. If the parent chooses to leave the premises to breastfeed their infant, the meal would not be reimbursable.

6. Can a provider, or any other staff member of a child care center or day care home, breastfeed their own infant on-site and claim the meal for reimbursement? If yes, does the staff member have to be “on the clock”?

A center or day care home provider, or any other staff member of a child care center or day care home, may breastfeed their infant on-site and the center or day care home may claim the meal for reimbursement if the infant is enrolled at the center or day care home. The provider or other staff member can breastfeed their infant while they are working, during a break, or during off-work hours. Whether a provider or other staff member is “on the clock” when they breastfeed their infant is a business decision to be made by the center or day care home. As long as the provider or staff member breastfeeds their infant on-site and the infant is enrolled for care, the meal can be claimed for reimbursement, including when they are working, on a break, or during off-work hours.

7. ***If an infant does not finish the required minimum serving size of expressed breastmilk or formula offered to them, is the meal still reimbursable?

Yes. As long as the infant is offered the minimum required serving size of expressed breastmilk or iron-fortified infant formula the meal is reimbursable. Infants do not eat on a strict schedule and the quantity of food an infant consumes changes from feeding to feeding or day to day. Infants should not be force-fed. The AAP provides evidence that babies have an innate ability to self-regulate their food and responsive feeding helps foster self-regulation. Infants need to be fed during a span of time that is consistent with the infant’s eating habits. Therefore, there may be times when an infant does not consume the entire serving size that is offered. As a reminder, once you start feeding an infant, make sure the infant formula is consumed within 1 hour and that

expressed breastmilk is consumed within 2 hours. Throw away any leftover expressed breastmilk or formula that is in the bottle.

In particular, some infants who are regularly breastfed may consume less than the minimum serving size of breastmilk per feeding. In these situations, infants may be offered less than the minimum serving size of breastmilk and additional breastmilk must be offered at a later time if the infant shows signs of hunger (7 CFR 226.20(b)(2)(ii)). This flexibility encourages breastfeeding and helps prevent wasting expressed breastmilk.

8. ***If a physician or State recognized medical authority prescribes whole cow's milk or a fluid milk substitute as an alternative for breastmilk or infant formula for an infant (birth through 11 months of age), is the meal reimbursable?

For children younger than 12 months of age, cow's milk or a fluid milk substitute may be served as an alternative for breastmilk and/or infant formula, and be part of a reimbursable meal, only if the alternative is supported by a medical statement signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file in a secure location by the center or day care home. For more information on providing meal accommodations for participants with disabilities, please see CACFP 14-2017, SFSP 10-2017, Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program.

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

9. If a parent breastfeeds their 13 month old, or older, child at the center or day care home, is the meal reimbursable?

Yes. Breastmilk is an allowable substitute for fluid milk for children of any age. Therefore, if a parent chooses to breastfeed their infant past 1 year of age, the parent may breastfeed the child on-site or provide expressed breastmilk and the center or day care home may claim reimbursement for those meals.

10. Must a parent submit a written request to substitute breastmilk for fluid milk for children 1 year of age or older? Does it matter if the substituted breastmilk is expressed or breastfed?

No. If a parent wants their child (1 year old or older) to be served breastmilk in place of fluid milk, a written request is not required. This is true no matter the delivery method.

Therefore, a parent may provide expressed breastmilk for their child, or a parent may breastfeed their child on-site and the parent does not need to provide a note.

11. If a parent breastfeeds their 13 month old, or older, child at the center or day care home prior to or after a meal service, which meal is it counted towards?

When a parent breastfeeds their 13 month old, or older, child on-site, the center or day care home should count it toward the meal that was closest to when the parent breastfed the child.

12. ***If a 1 year old child is still being breastfed and the parent is only able to provide 2 fluid ounces of expressed breastmilk, can 2 fluid ounces of whole unflavored milk be served as a supplement to meet the minimum milk requirement?

Yes. If a parent chooses to breastfeed their 1 year old child, the required minimum fluid milk serving size still must be met. If a parent is unable to provide enough expressed breastmilk to

meet the fluid milk requirement, then whole unflavored milk must be served alongside the breast-milk to the child to make up the difference and meet the minimum milk requirement. FNS encourages centers and day care homes to talk to parents or guardians about supplementing breast-milk with whole milk prior to doing so. The two milks do not need to be mixed into the same cup. Please note, in this situation the center or day care home must provide all other required meal components in order for the meal to be reimbursable.

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

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

Meals containing creditable infant formula that are served to children 13 months old and older are reimbursable when it is supported by a medical statement signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be submitted and kept on file in a secure location by the center or day care home. For more information on providing meal accommodations for participants with disabilities, please see CACFP 14-2017, SFSP 10-2017 Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program.

14. If a parent supplies an infant formula that is not iron-fortified ("low-iron"), would serving this product require a medical statement to be creditable towards a reimbursable infant meal?

Yes. Infant formulas that are not iron-fortified are generally not creditable in the CACFP. However, infant formulas that are not iron-fortified may be creditable towards a reimbursable meal if the substitution is supported by a medical statement. The medical statement should include a description of the infant's physical or mental impairment and an explanation of how to modify the meal or meal service to accommodate the infant's disability. The statement must be signed by a licensed physician or a State recognized medical authority. A State recognized medical authority for this purpose is a State licensed health care professional who is authorized to write medical prescriptions under State law. The statement must be submitted and kept on file in a secure location by the center or day care home. For more information on providing meal accommodations for participants with disabilities, please see CACFP 14- 2017, SFSP 10-2017 Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program.

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

If a parent or guardian declines the iron-fortified infant formula that the center or day care home offers and chooses to provide their own infant formula, it is the responsibility of the center or day care home to inform the parent or guardian that they must provide formula that is creditable (i.e., it is iron-fortified and is regulated by FDA). As a best practice, a center or day care home may choose to have a form that indicates the parent or guardian declined the offered infant formula and that they will provide either breastmilk or an infant formula that is iron-fortified and is regulated by FDA. Or, a center or day care home may request the infant formula label to determine if it is iron-fortified. However, this documentation is not a Federal requirement. Child care providers may use the For Parents: Feeding Your Baby Infant Formula? Tell Us More! handout found in the Feeding Infants in the CACFP guide to assist with these types of conversations. As a reminder, these are sample communication tools, not required documentation.

16. Can iron-fortified infant formula and iron-fortified infant cereal credit toward a reimbursable meal when using iron-fortified infant formula and iron-fortified infant cereal for making pancakes,

muffins, or other grain foods, the iron-fortified infant cereal in these types of recipes can credit towards a reimbursable meal. However, the iron-fortified infant formula cannot credit toward a reimbursable meal when used in these types of recipes. Iron-fortified infant formula and breastmilk are only creditable when served as a beverage.

17. ***How can providers thaw frozen breastmilk at a child care site?

Providers may thaw the frozen container of breastmilk in the refrigerator, under warm running water, or in a container of warm water. Providers should write the date and time that the milk was thawed on the bottle or container. The oldest breastmilk should be thawed first, using a first-in-first-out approach. Thawed breastmilk should be refrigerated and used within 24 hours. Once the thawed breastmilk is at room temperature, it should be used within 2 hours. Leftover breastmilk should be discarded after 2 hours.

Breastmilk should never be thawed at room temperature, or thawed by mixing with warm breastmilk. Breastmilk should also never be heated in boiling water or in a microwave.

18. ***If frozen breastmilk is thawed in the refrigerator and it must be used within 24 hours, when do you start counting the 24 hours?

According to the Centers for Disease Control (CDC), the 24-hour clock begins when the breastmilk is completely thawed, not from the time it was removed from the freezer. Providers should make note of the date and time that the breastmilk was thawed on the bottle or container. Breastmilk should never be refrozen after it has thawed.

III. SOLID FOODS (COMPLEMENTARY FOODS)

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

It depends. Solid foods are introduced gradually, which means that it may be appropriate to serve the solid food only once per day and then gradually increase the number of feedings per day. The infant does not need to be offered a solid meal component that is part of every meal pattern, such as vegetables and fruit, until the infant has established a tolerance for that solid meal component at multiple feedings per day. It is important to remember that the quantity of food an infant consumes changes from feeding to feeding or day to day. Infants may want to eat less food when teething or not feeling well and more food on days when they have a very good appetite.

2. If an infant rejects food they once ate, does the center or day care home need to offer something else in order to claim the meal for reimbursement?

It depends on the infant's current eating pattern. Solid foods are introduced to infants gradually. New foods may be introduced one at a time over the course of a few days and an infant's eating pattern may change. For example, an infant may eat mashed banana one week and not the next week. Centers and day care homes must follow the eating pattern of individual infants. Meals should not be disallowed simply because one food was offered one day and not the next if it is consistent with the infant's eating pattern. However, in this example, if an infant no longer eats mashed banana, but is eating another fruit or vegetable, the center or day care home must offer the other fruit or vegetable to the infant at meals when vegetables and/or fruit are required.

It is important to remember that it is normal for infants to refuse new foods. Child care providers are encouraged to continue providing opportunities for infants to try new foods and get used to different flavors and textures. The American Academy of Pediatrics states that it can take over ten tastes of a food before the child might accept it. If the infant refuses the food, that is okay. The meal is still reimbursable. Offering infants a variety of food over the course of the week helps them get the nutrition they need. It can take time for infants to be introduced to and accept a variety of foods.

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

Yes. Meals containing solid foods are reimbursable when the infant is developmentally ready to

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

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

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

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

Centers and day care homes must keep records of menus and indicate on the menu what solid foods are served to infants that are developmentally ready for solid foods. Please see Question 6 under "I. GENERAL QUESTIONS" for more guidance on infant menus.

Otherwise, there are no additional Federal documentation requirements for serving solid foods prior to 6 months of age. As a best practice, FNS encourages centers and day care homes to work closely with each infant's parents and guardians and to obtain a written note from the parents or guardians indicating that solid foods should be served to the infant while in care. In addition, it is good practice for center and day care home providers to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how and what solid foods are introduced while the infant is in care. Child care providers may use the For Parents: What Is Your Baby Eating? Let Us know! handout found in the Feeding Infants in the CACFP guide to assist with these types of conversations. As a reminder, these are sample communication tools, not required documentation.

6. ***At what age should those monitoring compliance with the infant meal pattern requirements (monitors) expect to see infants being served all the solid meal components for each meal and snack?

The American Academy of Pediatrics (AAP) recommends introducing solid foods to infants around six months of age, when the infant is developmentally ready. In addition, the AAP recommends that by 7 or 8 months of age, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy). However, it is important to keep in mind that infants develop at different rates. Not all infants will be eating solid foods at 6 months of age, nor will all infants be eating solid foods from each food group by 7 or 8 months of age. Minimum serving sizes are listed as ranges for infants because not all babies are ready to eat solid foods at the same time. An infant that has not yet started solid foods would receive a serving size of 0 tablespoons. An infant that has just started eating a certain vegetable may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In all of these instances, the meal would be reimbursable. Monitors should engage in a conversation with the center or day care home provider to learn more about the infants' eating habits and ensure that the meal being served is appropriate for that infant's developmental readiness.

7. What should a monitor do when conducting an on-site review and find an eight (8) month old infant is not being served solid foods?

The monitor should speak with the center or day care home provider to understand why the infant is not being served solid foods. Infants are typically developmentally ready to consume solid foods by 8 months of age; however, each infant develops at their own rate. If an 8 month old infant is not developmentally ready for solid foods and the center or day care home is serving the

required minimum serving size for expressed breastmilk or infant formula for the 6 through 11 month old age group, the meal is reimbursable. Monitors can remind center and day care home providers to work with each infant's parents or guardians to determine when and what solid foods should be served to the infant while in care.

8. ***What should a center or day care home do if they feel an infant is developmentally ready to start eating solid foods but the infant's parents or guardians do not want the infant to be introduced to solid foods?

If a center or day care home believes that an infant is developmentally ready to start eating solid foods, they should engage in a conversation with the infant's parents or guardians.

The provider can tell the parents or guardians about the signs they have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the infant is in care. Child care providers should be in constant communication with the infant's parents or guardians about the infant's eating habits as well as when and what solid foods should be served while the infant is in their care. Consider using the Communication Tools for Parents and Child Care Providers found in the Feeding Infants in the CACFP guide to assist with these conversations.

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

9. ***Are foods that are considered to be a major food allergen or foods that contain these major food allergens allowed for infant meals?

Foods that contain one or more of the nine major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, soybeans and sesame), and are appropriate for infants, are allowed and can be part of a reimbursable meal. The American Academy of Pediatrics recently concluded that there is no current convincing evidence that delaying the introduction of foods that are considered to be major food allergens has a significant positive effect on the development of food allergies.

For example, to align with scientific recommendations, FNS allows whole eggs to credit towards the meat alternate component of the infant meal pattern whereas previously only egg yolks were creditable due to concerns with developing food allergies in infants. Under the infant meal pattern requirements, the whole egg (yolk and white) must be served to the infant to credit towards the meat alternate component of the infant meal pattern.

Even though food allergies may only cause relatively minor symptoms, some food allergies can cause severe reactions that are possibly life-threatening. It is strongly recommended to consult with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how solid foods are introduced. Caregivers should know how to recognize and respond to severe allergic reactions in infants, especially as new foods are introduced.

10. Are tofu and soy yogurt allowed in the infant meal pattern?

No. Tofu and soy yogurt are only allowed as a meat alternate in the child and adult meal pattern. Allowable meat and meat alternates in the infant meal pattern are meat, poultry, fish, dry beans and peas, whole eggs, cheese, cottage cheese, and yogurt. This is consistent with the National Academy of Medicine's (formerly Institute of Medicine) report, CACFP: Aligning Dietary Guidance for All, which only recommended tofu as a meat alternate for children and adult participants.

11. ***Is yogurt creditable in the infant meal pattern?

Yes. Yogurt is an allowable meat alternate for infants consuming solid foods. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. FNS' training worksheet "Choose Yogurts That Are Lower in Added Sugar" is a

resource for identifying yogurts within the sugar limit. The worksheet includes a chart with common yogurt serving sizes and the maximum amount of sugar the yogurt may contain per serving. Yogurt is a good source of protein, and the American Academy of Pediatrics recommends infants consume foods from all food groups to meet infants' nutritional needs. Please note, though, that soy yogurt is not allowed in the infant meal pattern; see Question 10 above.

12. ***Are chicken nuggets creditable in the infant meal pattern?

Processed meats and poultry such as chicken nuggets, hot dogs (frankfurters), infant meat and poultry sticks (not dried or semi-dried, not jerky), fish sticks, and sausage may be part of a reimbursable meal. However, they are not recommended. The American Academy of Pediatrics recommends limiting these foods because they are higher in sodium than other meat products. A Child Nutrition (CN) label or a Product Formulation Statement (PFS) from the manufacturer is required to determine how these foods credit towards the meal pattern requirements.

If served, these foods can, and must, be prepared in a way to reduce the risk of choking. These foods are best cut lengthwise and cut to no more than ½ inch in size to reduce the risk of choking. All foods served to infants must be prepared in the appropriate texture and consistency for the age and development of the infant being fed. Allowing these foods to credit towards a reimbursable infant meal offers greater flexibility to the menu planner. Consistent with the child and adult meal pattern, hot dogs, infant meat and poultry sticks, and sausage must be free of byproducts, cereals, and extenders in order to be creditable in the infant meal pattern. Additionally, only the chicken and fish portion, not the breaded portion, of chicken nuggets and fish sticks are creditable as a meat.

Program operators can learn more about Reducing the Risk of Choking in Young Children at Mealtimes by viewing the CACFP Meal Pattern Training Worksheet on the subject.

13. ***Are cooked grains, such as rice, quinoa, and pasta, creditable grains in the infant meal pattern?

While these grains are options for older children, cooked grains are not creditable towards the infant meal pattern. However, an infant may be served some mixed dishes that contain foods that do not credit towards the infant meal pattern, such as rice, quinoa, or pasta. The American Academy of Pediatrics recommends introducing single-ingredient foods to babies first before giving a mix of foods, or combination foods.

14. Can reimbursable infant meals and snacks contain foods that are deep-fat fried on-site?

Under the CACFP meal pattern for all age groups, including infants, foods that are deep-fat fried on-site cannot contribute towards a reimbursable meal (7 CFR 226.20(d)). Centers and day care homes may still purchase foods pre-fried, flash-fried, or par-fried by the manufacturer, such as fish sticks. But those foods must be reheated using a method other than deep-fat frying.

FNS strongly discourages centers and day care homes from serving any type of deep-fat fried foods to infants. Once developmentally ready, infants benefit from being introduced to a variety of food textures, aromas, and flavors. However, along with considering the infant's developmental readiness, centers and day care homes should take into consideration the overall nutritional value of a food and how it contributes to the development of healthy eating habits prior to serving the food. Deep-fat fried foods are often high in calories and solid fats.

15. Is there a whole grain-rich requirement for infants?

No. The requirement to serve at least one whole-grain rich food per day is only required under the CACFP children and adult meal pattern. However, centers and day care homes are encouraged to serve whole grain-rich foods to infants when possible to promote acceptance of those

foods later in life.

16. What are “ready-to-eat” cereals?

Ready-to-eat cereals, or boxed cereals, are a type of breakfast cereal that can be eaten as sold and is typically fortified with vitamins and minerals. Some examples of ready-to-eat cereals are puffed rice cereals and whole grain O-shaped cereal. Oatmeal, steel cut oats, grits (enriched), and instant cereals are not ready-to-eat cereals. Only ready-to-eat cereals, as developmentally appropriate, are allowed at snack under the infant meal pattern.

17. Is there a sugar limit for ready-to-eat and infant cereals served to infants?

Yes. All cereals, including infant and ready-to-eat cereals, served in the CACFP must contain no more than 6 grams of sugar per dry ounce (21 grams of sugar per 100 grams of dry cereal). Training worksheets are available from Team Nutrition to assist operators in choosing cereals lower in sugar that meet the sugar limit.

18. What is the minimum amount of iron an infant cereal must contain in order to be considered “iron-fortified”?

Infant cereal must contain some iron in order to be creditable in the CACFP. However, there is no minimum standard. Centers and day care homes should look at an infant cereal’s ingredient list to see if it contains iron. As long as one of the ingredients listed is “iron,” “ferric fumarate,” “electrolytic iron,” or “iron (electrolytic),” then the cereal is iron-fortified. As an additional guide, centers and day care homes may refer to any State agency’s WIC approved infant cereal list to find a dry infant cereal that contains iron. Please note, WIC approved infant cereals are not an exhaustive list of infant cereals that contain iron.

19. Can infant cereal be served in a bottle to infants?

No. Serving infant cereal in a bottle to infants is not allowed. Neither the infant cereal nor the infant breastmilk or formula in the bottle may be claimed for reimbursement when they are served in the same bottle, unless it is supported by a medical statement. Please see CACFP 14-2017, SFSP 10-2017 Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program for more information about providing meal accommodations for participants with disabilities.

20. Are cereals with honey creditable in the infant meal pattern?

No. Honey and foods that contain honey, should never be fed to infants less than 1 year of age. Honey may contain substances that can cause “infant botulism,” a serious type of food-related illness that can make an infant very sick. Honey should not be added to food, water, or formula that is fed to babies, or used as an ingredient in cooking or baking (e.g., yogurt with honey, peanut butter with honey, baked goods that contain honey). This also applies to commercially prepared foods such as cereals sweetened with honey or honey graham crackers.

21. ***Are store-bought mixed or combination infant foods reimbursable in the infant meal pattern?

Combination baby foods are foods that include a mixture of two or more foods, such as meat and vegetables. Under certain circumstances, these foods may be counted towards a reimbursable infant meal or snack.

The American Academy of Pediatrics recommends introducing one “single ingredient” new food at a time, from any food group. Do not introduce other new foods for several days to observe for possible allergic reactions or intolerance. Combination baby foods should be offered only after

the infant has been introduced to the individual ingredients in the combination food. For example, before an infant is given a chicken and vegetable combination baby food, the infant should have already been introduced to both chicken and the vegetable individually as single component foods.

Once developmentally ready, infants benefit from being introduced to a variety of food textures, aromas, and flavors, including mixed dishes. When considering food combinations, be sure that the infant has been introduced to all ingredients, that the food is the appropriate texture to reduce the risk of choking, and that the food is not high in added sugars, fats, or sodium. Be aware that some mixed dishes may contain foods that do not credit towards the infant meal pattern, such as rice or pasta.

With that in mind, FNS encourages centers and day care homes to only serve foods with more than one meal component to older infants with well-established solid food eating habits. In the CACFP infant meal pattern, amounts of food served at meals and snacks are shown as ranges, such as 0 to 2 tablespoons. This range allows for new foods to be introduced slowly when the infant is developmentally ready. An infant that has not yet started a specific solid food would receive a serving size of 0 tablespoons. An infant that has just started eating a certain food may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In these examples, the meal would be reimbursable.

Since infants eating combination baby foods have already shown that they are developmentally ready and accepting of each food in the combination baby food, the combination baby food must contain the full required amount of the meal component or other foods must be offered to meet the full required amount of the meal component. While the full amount must be offered to the infant, the infant does not have to eat all of it. For more information, see Team Nutrition's CACFP Meal Pattern Training Worksheet, "Crediting Store-Bought Combination Baby Foods in the CACFP."

22. ***Are baby pouch food products allowed in CACFP?

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

The American Academy of Pediatric Dentistry warns that sucking on baby food pouches may cause tooth decay and an increased risk for dental cavities, which can lead to early tooth loss the same as the practice of prolonged sucking of juice from bottles or sippy cups. Therefore, consider squeezing the food from the pouch onto a spoon or the infant's tray/plate instead of allowing them to suck the food from the pouch.

23. ***The Crediting Handbook for the Child and Adult Care Food Program, the Food Buying Guide for Child Nutrition Programs, and other Team Nutrition Resources provide minimum serving sizes for different meal components to count towards the meal pattern requirements. For example, to credit towards the vegetable component, a minimum serving size of an 1/8 cup of vegetable is required. Do these minimum serving sizes apply to the infant meal pattern?

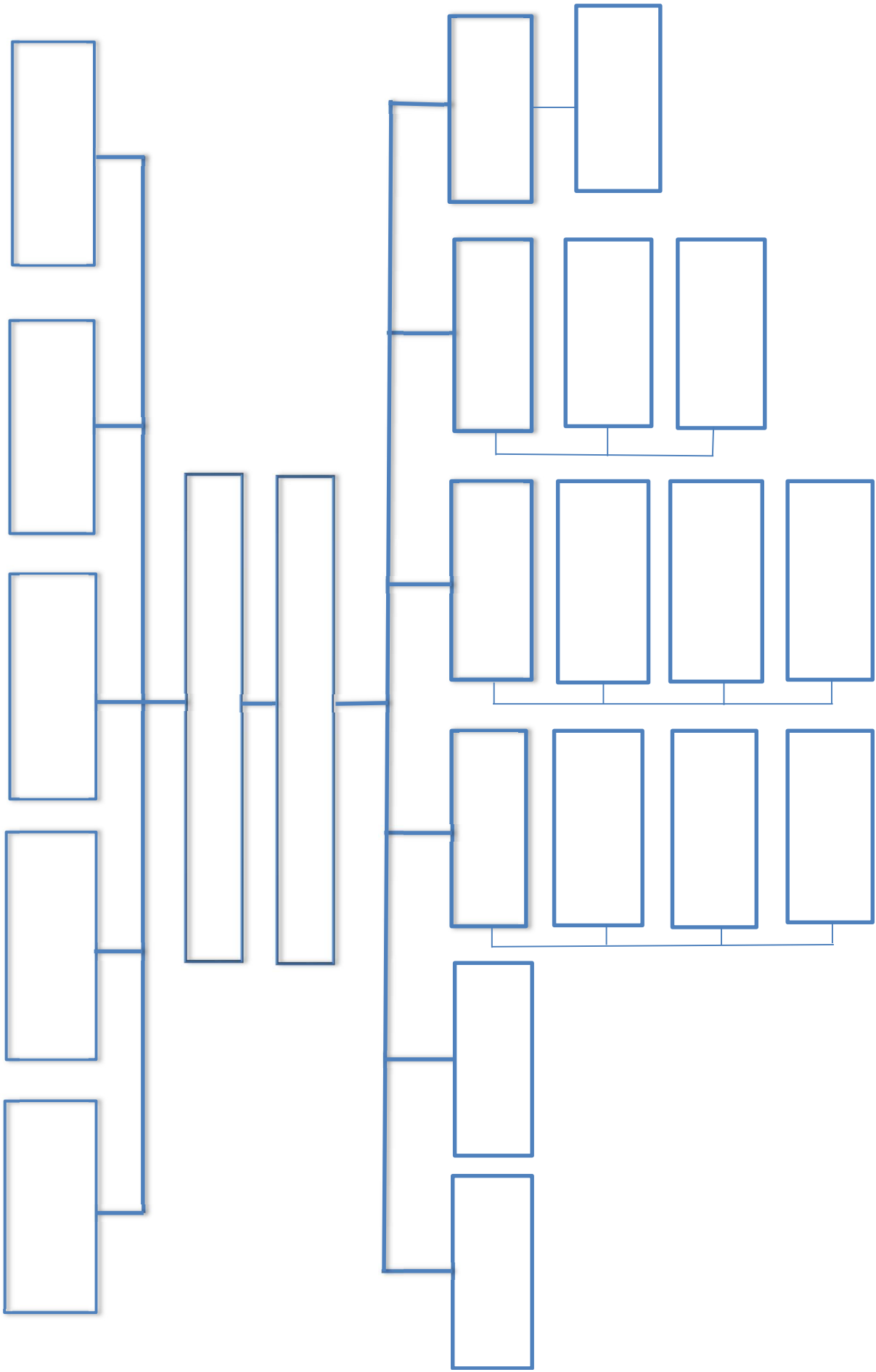
No. Minimum creditable amounts do not apply to the infant meal pattern. Minimum serving sizes are listed as ranges for infants because not all babies are ready to eat solid foods at the same time. An infant that has not yet started solid foods would receive a serving size of 0 tablespoons. An infant that has just started eating a certain vegetable may receive 1 tablespoon. Once an infant has been regularly eating a specific solid food, they would receive 2 tablespoons. In each of these examples, the meal would be reimbursable.

Notes

CENTER ORIGINALS

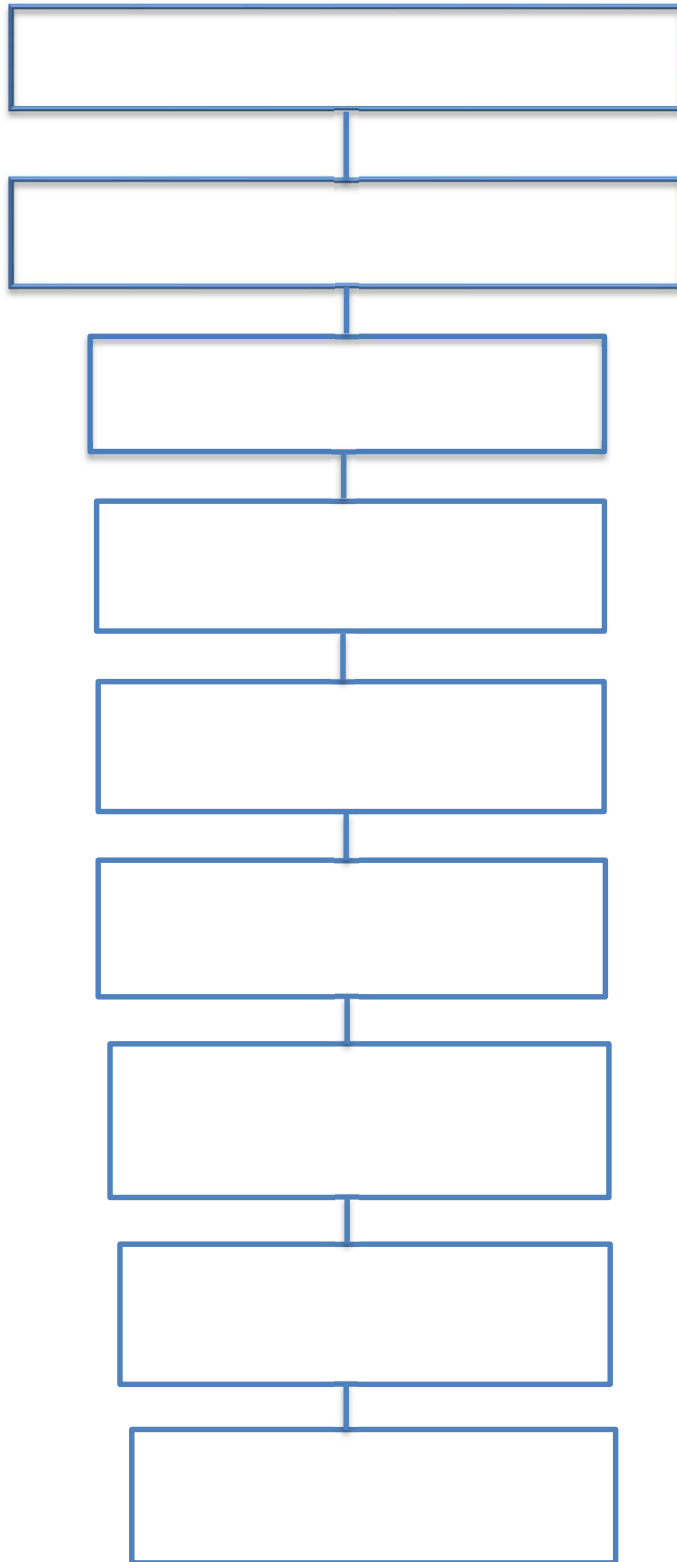
Organizational Chart

Name of Institution



Organizational Chart

Name of Institution



FOOD-PURCHASING FORM

(To Be Completed for Each Purchase)

Store Name/Vendor*: _____ Center: _____ Date: _____

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

Check #: _____

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

* If you purchase from a food vendor or other delivery service, you may be provided with an itemized receipt and usage of this form may not be necessary. Check with your specialist.

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

Form completed by: _____

EXPENDITURE/REIMBURSEMENT WORKSHEET

INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Month: _____ Year: _____

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

(14) Net Costs (Total of Columns 4 through 11 Minus Column 12) \$ _____
 (15) Reimbursement Received plus total of Column 12 \$ _____
 (16) Operating Balance (Item 14 Minus Item 15—See Instructions) \$ _____
 NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

Form completed by: _____

END OF YEAR REPORT

Institution Name: _____ Year: _____ Fiscal Months: _____

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

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

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

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

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

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

MILK SUBSTITUTION REQUEST

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

Signature of Parent/Guardian:	Date:
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INSTITUTION APPROVAL:	
Signature:	Date:

Nondairy Beverages

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

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

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

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

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

This institution is an equal opportunity provider.

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

Sincerely,

(Signature) _____

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

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

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

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

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the State)
Check normal days the child is in care
- Part 1:** Answer this question if you choose.
- Part 2:** Skip this part.
- Part 3:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- **If any child in the household is a foster child, mark the foster box in the top section for each foster child in the household.**

IF YOU ARE APPLYING BASED ON INCOME, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the state)
Check normal days the child is in care.
- Part 1:** Answer this question if you choose
- Part 2:** Follow these instructions to report total CURRENT household income .
- **Column A—Name:** List only the first and last names of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income:** For each household member receiving income, list each income received and the interval the household member is paid.
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.
 - If any member of the household does not receive income, the zero income box should be marked as no reportable income or \$0 can be listed in the income box.
- Part 3:** Sign and date the form. The last four digits of a social security number **IS** necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

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

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

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check normal days the child is in care.

Part 1: Answer this question if you choose

Part 2: Follow these instructions to report total current household income.

- **Column A—Name:** List only the first and last names of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income:** For each household member receiving income, list each income received for the month.

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

If any member of the household does not receive income, the zero income box should be marked or \$0 can be listed in the income box.

Part 3: Sign and date the form. The last four digits of a social security number *IS* necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

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

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2023-24**

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3

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

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

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

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

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				Zero Income
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

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

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

Signature of Adult Household Member _____

Home/Cell Phone Number _____

Date _____

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

FOR INSTITUTION USE ONLY:

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

Application Approved For:

- Free
- Reduced
- Not Eligible

- SNAP/TANF/FDPIR
- Foster
- Income: Total Income : \$ _____

Signature of Determining Official _____

Date _____

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

Household Size _____

7 CFR 226.15(e)(2)

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider

INCOME-ELIGIBILITY GUIDELINES FOR YEAR 2023-2024 FOR *FREE* AND *REDUCED-PRICE* MEALS

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

(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	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add:	6,682	557	279	257	129

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS					
185 Percent of Poverty Level					
Household Size	Income				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add:	9,509	793	397	366	183

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

CHILDREN'S INFORMATION							
1. Child's Name:				Date of Birth:			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	a.m./p.m. to			a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
1. Child's Name:				Date of Birth:			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	a.m./p.m. to			a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
1. Child's Name:				Date of Birth:			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	a.m./p.m. to			a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
PARENT'S INFORMATION							
Name of Parent/Guardian:							
Address:				City:			Zip:
Home Telephone Number:							
Signature:				Date:			

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

Name of Institution: _____ Facility: _____

NAME OF CHILD (List each child in the facility enrolled in Head Start)	AGE	ENTRY DATE	DROP DATE	EARLY HEAD START	HEAD START

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

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

Date

FREE CACFP ROSTER

Center: _____ Fiscal Year: _____

Form completed by: _____

NAME	EF*	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1.															
2.															
3.															
4.															
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33.															
34.															
35.															
TOTAL															

*EF = Enrollment Form obtained

REDUCED-PRICE CACFP ROSTER

Center: _____ Fiscal Year: _____

Form completed by: _____

NAME	EF*	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1.															
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27.															
28.															
29.															
30.															
31.															
32.															
33.															
34.															
35.															
TOTAL															

*EF = Enrollment Form obtained

NOT ELIGIBLE CACFP ROSTER

Center: _____ Fiscal Year: _____

Form completed by: _____

NAME	EF*	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1.															
2.															
3.															
4.															
5.															
6.															
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32.															
33.															
34.															
35.															
TOTAL															

*EF = Enrollment Form obtained

DAILY ATTENDANCE RECORD

- Regular Meals
- At-Risk Meals

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

Form Completed By: _____

Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES

- Regular Meals
- At-Risk Meals

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

Form Completed By: _____

NAME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

DAILY RECORD OF MEALS SERVED

Month and Year:

Regular Meals At-Risk Meals

Total Reimbursable Meals

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

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

Totals
Grand Totals From All Pages

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

- Regular Meals
- At-Risk Meals

Agreement Number: DC- _____ Month: _____ Year: _____

Form completed by: _____

	MEALS SERVED TO PROGRAM CHILDREN Ages 1 Through 12 Years								NUMBER NONCLAIMABLE MEALS SERVED*				
				AM-1	AM-2	PM-1	PM-2	LT PM-1	LT PM-2				
DATE	Breakfast	Lunch	Supper	Snack						Breakfast	Lunch	Supper	Snack
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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27													
28													
29													
30													
31													
TOTAL													

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

To be maintained at institution with CACFP records

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

Agreement Number: DC- _____ Month: _____ Year: _____

Form completed by: _____

	MEALS SERVED TO PROGRAM INFANTS AgeS 0 Through 12 Months								NUMBER NONCLAIMABLE MEALS SERVED*				
				AM-1	AM-2	PM-1	PM-2	LT PM-1	LT PM-2				
DATE	Breakfast	Lunch	Supper	Snack						Breakfast	Lunch	Supper	Snack
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
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30													
31													
TOTAL													

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

To be maintained at institution with CACFP records

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: _____

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:

MONTHLY RECORD-KEEPING CHECKLIST

Month: _____ Year: _____

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

- Meal Count Worksheet
- Expenditure/Reimbursement Worksheet (Summary of All Allowable Operating and Administrative Costs)
- Financial Documentation - Any bank and credit card statement(s) where CACFP funds were deposited, spent, or transferred to or from, Year to date report, Profit/Loss statement, canceled checks, etc.
- Food-Purchasing Forms/Itemized Receipts
- End of the Month Inventory for Food and Milk
- Title 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

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*.
- Menus as Served forms 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.

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

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

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

Center Name: _____

Inventory Month/Year: _____

Date Conducted: _____

Form Completed by: _____

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

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 12)

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

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

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

GRAINS					
Aged 1 through 2		X	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.

LUNCH AND SUPPER

HOW TO CALCULATE NUMBER OF SERVINGS NEEDED

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

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

MEAT/MEAT ALTERNATE					
Aged 1 through 2		X	1.0 oz	=	
Aged 3 through 5		X	1.5 oz	=	
Aged 6 through 12		X	2.0 oz	=	
Program Adults*		X	2.0 oz	=	
					Total Ounces Needed

VEGETABLE					
Aged 1 through 2		X	.5 (1/4 cup)	=	
Aged 3 through 5		X	1 (1/4 cup)	=	
Aged 6 through 12		X	2 (1/4 cup)	=	
Program Adults*		X	2 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed

FRUIT					
Aged 1 through 2		X	.5 (1/4 cup)	=	
Aged 3 through 5		X	1 (1/4 cup)	=	
Aged 6 through 12		X	1 (1/4 cup)	=	
Program Adults*		X	1 (1/4 cup)	=	
					Total Number of 1/4 Cups Needed

GRAINS					
Aged 1 through 2		X	0.5 (1/2 oz eq)	=	
Aged 3 through 5		X	0.5 (1/2 oz eq)	=	
Aged 6 through 12		X	1 (1/2 oz eq)	=	
Program Adults*		X	1 (1/2 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 - 2) _____ (Aged 3 - 5) _____ (Aged 6 - 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 16 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 *N* is checked for any question below, contact the manufacturer to request the information)

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

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

The only exceptions are:

- Tomato paste and tomato puree are credited based on their whole food equivalency using the percent natural tomato soluble solids in the paste or puree. See FBG for additional information on calculated volume.
- Dried fruits credit as double the volume served in school meals only (e.g., 1/4 cup raisins credit as 1/2 cup fruit). All other CN programs credit dried fruit on the volume served.
- Raw leafy vegetables credit as half the volume served in school meals only (e.g., 1 cup raw spinach credits as 1/2 cup dark-green vegetable). All other CN programs credit as volume served.
- A PFS may include crediting information for more than one meal component. For instance, a cheese pizza may credit toward the meat/meat alternate, grains, and the red/orange vegetable subgroup. The crediting information for each meal component may be documented on the same PFS.
- PFS templates for each meal component are available on the CN labeling Web site at <http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry>. Manufacturers may use PFS templates as a guide to help develop a PFS; however, they are not required to use the same format as the USDA's template, but they must present the same information on their company letterhead.

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

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

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

SITE PREPARING MEAL: _____
 SITE RECEIVING MEAL: _____
 DELIVERY TIME: _____ NUMBER OF MEALS ORDERED/DELIVERED: _____

FOOD ITEMS AND QUANTITIES DELIVERED

Menu	Quantity Delivered: Number of 1-2 _____ Number of 3-5 _____ Number of 6-12 _____ Bulk Delivery: _____ Preportioned: _____	*Crediting/Portioning Information	Temperature at Delivery
Milk	Milk provided by: SITE VENDOR (Circle One) Record Quantity: _____		
Vegetable/Juice			
Fruit/Juice			
Grains/Breads			
Meat/Meat Alternate			
Extras			

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

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, Production Information Statements, and/or recipes are available for all combination food items or other applicable components.

 Signature From Preparation Kitchen

I acknowledge that the above items and quantities were delivered to this contract site.
 INSPECTION DELIVERY: Was the food delivered in a safe/sanitary method? Yes or No
 Were food temperatures proper? Yes or No

Comments: _____

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

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: _____

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: _____

INFANT MEALS AS SERVED

TOTAL INFANTS SERVED: _____ **FORM COMPLETED BY:** _____ **DATE:** _____

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

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

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

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

(This form can be used for entities who only serve these 3 meals per day)

Regular Meals

At-Risk Meals

Comments/Special Dietary Needs:

Form completed by: _____

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

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