CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

FY2027 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
AR	Administrative Review
CACFP	Child and Adult Care Food Program
CAP	Corrective Action Plan
CFDA	Catalog of Federal Domestic Assistance
CMDR	Contract Meal Delivery Receipt
CN	Child Nutrition
CNA	Child Nutrition Act
CNP	Child Nutrition Programs
CR	Civil Rights
DGA	Dietary Guidelines for Americans
DHS	Department of Human Services
DOB	Date of Birth
DROMS	Daily Record of Meals form
EC	Early Childhood
EQ	Equivalent
EPA	Environmental Protection Agency
FBG	Food-Buying Guide
FDA	Food and Drug Administration
FDCH	Family Day Care Home
FDPIR	Food Distribution Program on Indian Reservations
FNA	Food and Nutrition Administration (USDA)
FSIA	Family-Size and Income Application
FSIS	Food Safety and Inspection Service (USDA)
FY	Fiscal Year
HACCP	Hazard Analysis of Critical Control Points (USDA)
ICN	Institute of Child Nutrition
IEG	Income-Eligibility Guidelines
IFB	Invitation for Bid
NDL	National Disqualification List
OMB	Office of Management and Budget
OSDE	Oklahoma State Department of Education (also known as the *State Agency*)
OvS	Offer vs Serve
OZ	Ounce
P&L`	Profit and Loss
PFS	Product Formulation Statement
RDA	Recommended Dietary Allowance
RFP	Request for Proposal
SA	State Agency (also known as the State Department of Education)
SD	Seriously Deficient
SO	Sponsoring Organization
SNAP	Supplemental Nutrition Assistance Program (formerly Food Stamp)
SOP	Standard Operating Procedures
SWRO	Southwest Regional Office
TANF	Temporary Assistance to Needy Families
USDA	United States Department of Agriculture
VCA	(Financial) Viability, Capability, and Accountability
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children
WG	Whole Grain
WGR	Whole Grain Rich

INTERACTIVE FORMS ARE LOCATED IN *THE RESOURCE LIBRARY.* MOST OF THESE FORMS ARE LOCATED IN THE INTERACTIVE FORM SECTION.
https://cnp.sde.ok.gov/CACFP/PrintDocuments.aspx

CHILD NUTRITION CACFP CONTACT INFORMATION

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

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VACANT *Previously Jeri Buchanan*	Beckham—05 Comanche (½)—16 Cotton—17 Greer—28 Harmon—29 Jackson—33 Kiowa—38 Roger Mills—65 Tillman—71 Washita—75
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USDA MEMOS AND RESOURCES

Fruit and Vegetable Q&A	CACFP-11-2023
Infant Meals Q&A	CACFP-09-2017

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 2027 fiscal year ONLY (October 1, 2026, through September 30, 2027).

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. **FINANCIAL MANAGEMENT**

   a. Financial viability and financial management, Administrative capability, Program accountability (VCA) is required. Refer to **pages 16-17** for more information regarding VCA.

   To determine if institutions are viable, capable, and accountable (VCA), with emphasis on viability as per 7 CFR 226.6(f)(1)(iv), institutions must submit an administrative budget with sufficiently detailed information concerning projected CACFP administrative earning and expenses as well as other nonprogram funds to be used in program administration, for the State agency to determine the allowability, necessity, and reasonableness of all proposed expenditures and to assess the sponsoring organization's capability to manage program funds . This means that the State agency must ensure that its application forms capture the kind of information needed to document compliance with financial management requirements. In some cases, the budgets and management plans need to elicit detailed information which documents that the institution has the resources available, whether from program reimbursements or other sources, to operate the CACFP it is proposing in its application.

   b. Institutions may need to supplement their food service budget with other funding sources when the CACFP reimbursement is not enough. Other income sources may come in the form of:

   - Grants and loans.
   - Private donations.
   - In-kind support.
   - Facility funds.
   - Fundraising

This assessment will assist the State agency in determining an institution's ability to adjust to changing financial conditions as well as by its financial position. This means that, from year to year, the institution must demonstrate that it can adapt and manage a changing financial environment and keep its expenses and revenues in balance. It is essential that the State agency look at all resources available including bank and credit card statements to an institution that will be used for the administration of the CACFP when assessing an institution for approval to operate the CACFP.

3. **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.

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 fiscal year FSIA.
- Parents or guardians are ***NOT*** required to list income 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.
- An 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 participant enrolled, the Head Start facility may complete the ***Head Start Federally Funded Enrollment Information*** form for the institution to use in lieu of FSIAs.

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 FSIAs.
- At-Risk are not included in Free, Reduced-priced, or Not Eligibles.

4. **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.
- 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 unless the child can stay in childcare past the age of 12 due to a disability.
- 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 budget 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/or 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 (OSDE) 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.***

5. **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.

6. **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.

7. **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.

8. **TRAINING**

a Annual Training is required for the renewal 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.

9. **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 FNA Instruction 113-1, Section IX, B, 4.)

c. Civil rights complaint-filing procedure on file.

10. **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 $1,000,000 or more in total federal funds in the prior fiscal year are required to submit an organization-wide audit annually. These audits are due nine months after the end of the institution's fiscal year.

11. **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.

12. **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.

13. **CONTRACTING WITH OUTSIDE VENDOR FOR OTHER SERVICES**

    State agency approval required prior to executing the contract

14. **Water**: Centers are required to offer water to children throughout the day. USDA's Food and Nutrition Administration (FNA) added the 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.

15. A parent/guardian can supply one creditable component for each meal and the meal can still be claimed. The facility must provide all the other components to the child in order for it to be a reimbursable meal. This applies to all children at the facility.

    Example: The parent supplies the baby formula and the center supplies all the other items the infant is eating,

Notes

PROGRAM INTEGRITY AND FINANCIAL MANAGEMENT

PROGRAM INTEGRITY

It is critically important for USDA to serve American taxpayers as efficiently as possible. In the Child and Adult Care Food Program (CACFP), program integrity efforts ensure resources are invested wisely to maximize the benefit for eligible children and adults who receive care at participating child care centers, day care homes, and adult day care centers. Recent high-profile fraud cases have demonstrated the urgent need for stronger safeguards to restore and maintain public confidence in these programs. Although most program operators seek to comply with program rules in good faith, fraud—even when infrequent —undermines public confidence in government programs and jeopardizes their ability to serve the individuals who are in greatest need of assistance. Accordingly, FNA is committed to supporting the State agencies in efforts to combat fraud, waste, and abuse.

A. The State agency is to make every effort to increase oversight of the CACFP through the strategies outlined below. *(Reference Promoting Stronger Program Integrity and Oversight in the Child and Adult Care Food Program (CACFP) from February 11, 2026)*

1. OSDE must regularly reassess and re-validate an institution's information included on the application using the most up-to-date approval criteria. Terminate agreements that fail to meet the criteria.

2. OSDE is to ensure institutions understand Program requirements and potential consequences of noncompliance. State agencies should prioritize training. FNA is committed to issuing a series of webinars and tip sheets containing resources to aid State agencies in identifying and handling serious deficiencies

3. OSDE is to routinely monitor institutions to identify the types and levels of abuse and errors across institutions and quickly respond by taking corrective actions, as appropriate. State agencies are required to monitor CACFP institutions at least once every two years and more frequently for high-risk institutions *(See item D. Claim Validation in this section)*. OSDE must ensure that high-risk entities are prioritized for reviews. The State agency is to:

   - Reassess methods for monitoring and investigations, including high-risk indicators, with a goal of surpassing the minimum.
   - Ensure that written monitoring policies are up to date. This includes reviewing the criteria for monitoring institutions for compliance, the criteria for determining which sponsoring organizations and independent centers will receive routine monitoring, and the procedures for routine monitoring visits.

4. The State agency must declare an institution seriously deficient if they finds serious Program violations or issues of noncompliance at any time during the institution's participation in CACFP . ***The Serious Deficiency process is not optional***.

   - If the serious deficiencies involve the submission of a false or fraudulent claim for reimbursement, the State agency must use the steps outlined in regulations to swiftly remove fraudulent institutions from the Program.

5. It is required that the State agency review reimbursement claims for signs of program abuse, and must subject all reimbursement claims to a minimum set of edit checks to guard against fraud. These include basic checks to ensure institutions only claim reimbursement for approved meal types, and that meal claims do not exceed a maximum based on enrollment and operating days. OSDE is to monitor claims for other early warning signs indicating mismanagement or possible abuse. This includes:

   - Monitoring growth over time. The State agency should be sensitive to any sudden increase in meal claims, or sustained growth over a longer period, that is inconsistent with growth observed in other institution's claims.

   - Comparing meal claims to other data for plausibility. State agencies should flag for follow-up review any claims that appear disproportionate to known sources of demand for child care services. This may include nearby school enrollment data or historic meal claims for the local area in question.

B. 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.

C. All Administrative Reviews (ARs) conducted are ***Unannounced every two years***.

   1. Records are to be produced within one-hour of when the Regional Specialist arrival 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.

D. Claim Validations

   1. Claim data is analyzed three times per year to determine high risk institutions. Entities that 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

E. 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

F. Proof of Ownership

1. Proof of ownership must be updated with OSDE if the organization changes the Employer Identification Number (EIN) or Taxpayer Identification Number (TIN). **If there is a change in ownership, institutions must reapply for CACFP.**

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

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

2. Documentation required to be submitted to the State agency *(see the following chart)*

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: • Military-base commander or designee. • School-superintendent, president, principal, dean of college, or division that administers the program. • Tribal-chief, governor, assistant chief, business manager, or tribal council member. • Church-pastor, business manager, or member of the governing board.

FINANCIAL MANAGEMENT

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

A. Financial Viability, Administratively Capable, and Program Accountability (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 that is reasonable, necessary, and allowable.
   - Adequate resources to pay debts when fiscal action has 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 action has been assessed, if applicable.
   - 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 institution's staff. An example is located for ***nonprofit*** organizations on **page 35** and ***for profit*** organizations is on **page 34**. A blank form is located in Original Documents section and in the Resource Library.
   - Written policies and procedures that 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. Organization is Financially Viable or in a For Profit Status as an Organization

   During the administrative review, it is required the institution shows the State agency they is viable as an organization or in for profit status. This shows the organization is a business not in the red. The institution indicates it 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.

   a. Financial documents needed during the review to determine if the institution is viable:

      - Bank statements used for CACFP funds;
      - School OCAS Report: Revenue and Expenditures for Program Code 700;
      - 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.

2. Nonprofit Food Service Account For CACFP funds

   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.

   a. Financial documents needed during the review to determine if in a nonprofit status

      - The End of the Year Report on **page 30** or the Sponsor End of the Year Report found in the Sponsor Section;
      - ***School OCAS Report***: Revenue & Expenditure report for code 700, if a district;
      - Expenditure and Revenue Report or Profit and Loss Statement;
      - Food Purchasing forms;
      - Receipts of allowed CACFP items and goods;
      - Canceled checks for labor *(cash apps or cash payments not allowed for labor);* and
      - Items charged off to the CACFP program that are approved in online application budget

3. Audits

All institutions expending ***$1,000,000 or more in federal funds*** in the prior fiscal year, must have an outside audit performed ***annually***.

a. ***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.

b. ***For Profit institutions*** are required to have a program specific audit every year that the institution expends $1,000,000 or more. This program specific audit will occur in years the organization is not receiving a CACFP Administrative Review. This audit will be performed by a contracted company paid for by OSDE.

4. 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.

5. End of the Year Report

a. 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.

b. 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 documents. The institution's fiscal year information is indicated in the online application and agreement.

c. Examples of acceptable End of the Year Report:

- End of the Year Report form on **page 30-32** or from KidKare;
- ***School OCAS Report***: Expenditure and Revenue for Project code 769 from July 1st to June 30th;
- 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; or
- Any documentation used at the end of the fiscal year to close out your books

d. The End of the Year report is used to reconcile your prior fiscal year administrative cost and to determine if your institution will have a carryover.

- Bank statements are required to substantiate the End of the Year Report.

C. Receipt/Invoices 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. An 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 26** 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. Child Nutrition Funds

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

- National School Lunch Program/School Breakfast Program (NSLP/SBP)
- Seamless Summer Option (SSO)
- Summer Food Service Program (SFSP)

E. Bank Activity Review

This review requires the State agency to obtain and review all banking activity associated with the institution's CACFP program(s). The bank activity review is conducted annually and was established to maintain program integrity. (7 CFR 226.7(b)(1)(i))

1. Institutions eligible to receive a bank activity review are:

   - All new applicants
   - All existing sponsoring organizations scheduled for an administrative review during the current fiscal year
   - All institutions scheduled for an administrative review during the current fiscal year
   - Additional independent institutions who have been identified as high-risk based on the following characteristics of a high-risk:

     a. History of noncompliance
     b. Financial irregularities
     c. Previous fraudulent behavior
     d. Unresolved audit finding
     e. Inadequate internal control
     f. Noncompliance with training and record-keeping requirements
     g. Frequent changes in staff or leadership
     h. Lack of program experience
     i. Being in a for-profit status
     j. Depositing program funds into a co-mingled account

2. The bank activity review will compare CACFP program funds to meal counts, looking at documentation from the last month claimed by the institution. This is to ensure meal counts were properly documented, verified, and tracked. Any financial discrepancies found during the bank activity review will require corrective action. If serious deficiencies are identified (e.g., recurrent discrepancies, fraudulent activity), the institution will be required to have a separate account for program funds. This will ensure transparency and accountability moving forward.

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. Last 4 of Card # or 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. Include the job title of the employee that is listed in the budget.

3. In Column 3: Record the last four digits of the credit/debit card used or the number of the check issued. ***(NOTE: Cash payments for labor are not acceptable. Employees must be issued a W-2 and not a 1099)***

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*** nonreimbursable items ***recorded on the Food-Purchasing Form.***

12. Income—Report any income for the month other than CACFP reimbursement. Income to the CACFP must be received for any nonclaimable meals 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. Total CACFP Expenditure : Calculate total expenditures by totaling Columns 4 through 11.

15. Reimbursement: Record amount of reimbursement received for the month minus cash-in-lieu from the Payment Notice once it is received. Include any additional income received to CACFP

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.

    On the VIEW CLAIM SUMMARY page***: The Grand Totals on the Expenditure worksheet are required to be entered on the claim each month.***

EXAMPLE

EXPENDITURE/REIMBURSEMENT WORKSHEET

INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

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

DATE (1)	ITEM/ENTRY (Vendor or Personnel, Etc.) (2)	LAST 4 OF CARD NO. OR CHECK NO. (3)	OPERATING AND ADMINISTRATIVE COSTS ($)																	
			CACFP Admin. Labor (4) $		CACFP Admin. Expenses (5) $		Food Service Salaries/ Benefits (6) $		Food Service Rent/ Utilities/ Janitorial (7) $		Food Service Equipment (8) $		Food Purchases (Food and Milk) (9) $		Nonfood Purchases (Food-Related Supplies) (10) $		Misc. Expenses (11) $		Income (Other than CACFP Reimb) (12) $	
10/5	Discount Grocery	0001											348	12	19	40				
10/6	Herman's Foods	0001											498	76	220	17				
10/7	Star Grocery	CASH											509	09	112	09				
10/13	Dairy Mart	0001											612	96						
10/14	Food Way	1116											502	16						
10/10	Cook—Freda Fryer	2097					735	00		(7 hours x $15 x 7 days)										
10/10	Teacher—L Simon	2098					140	00		(2 hours x $10 x 7 days)										
10/10	Teacher—C Smith	2099					168	00		(2 hours x $12 x 7 days)										
10/28	Cook—Freda Fryer	2151					1,470	00		(7 hours x $15 x 14 days)										
10/28	Teacher—L Simon	2152					280	00		(2 hours x $10 x 14 days										
10/28	Teacher—C Smith	2153					312	00		(2 hours x $12 x 13 days)										
10/28	Director—H Brand	1154	396	00	(1 hour x $18 x 22 days)															
10/31	Interest accrued on CACFP funds in Bank 1 account																		6	26
10/31	Nonprogram Meals						$4.76 (free rate) + $.3200 (commodities rate) = $								5.08 x 15 (adults)				76	20
(13)	Grand Totals		396	00			3,105	00					2,471	09	351	66			82	46

(14) Total CACFP Expenditures (Total of Columns 4 through 11) $ 6,323.75

(15) Reimbursement minus Cash-in-Lieu plus Income Received (Total of Column 12) $ 5,924.46

(16) Operating Balance (Item 14 Minus Item 15—See Instructions) $ 399.29

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

(17) Form completed by: Sam Gov

THE END OF THE YEAR REPORT INSTRUCTIONS

All institutions must send the State agency an annual financial report. The End of the Year report will meet this requirement.

Note: If there are any questions or discrepancies on this report, 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. The State agency must have twelve full months of expenditures and reimbursements.

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

In Columns 2 through 10: List each month's total from the institution's monthly Expenditure and Reimbursement Worksheet. It is REQUIRED the institution use twelve recent, consecutive months of Expenditure/Reimbursement Worksheets 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 as 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 receipts 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 of Column 10 which is the reimbursement received minus Cash-in-Lieu plus any income received to CACFP.

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

Column 14: Three Month Operating Balance: Take the yearly expenditures in column 11. Divide it by 12 and multiply it by 3 to determine what the three-month operating balance is.

If column 13 is greater than column 14, the institution went over the three month operating balance. ***Mark the YES box. The institution will inform OSDE on how it will spend the excess funds.***

If column 13 is less than column 14, the institution did not go over their three month operating balance. C***heck mark the NO box , and the institution is compliance***.

Indicate who completed this form plus contact information.

EXAMPLE

END OF THE YEAR REPORT

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

Expenditure for EACH Month (starting with first month of the fiscal year) (1)	OPERATING AND ADMINISTRATIVE COSTS ($)								
	CACFP Admin. Labor (2)	CACFP Admin. Expenses (3)	Food Service Salaries/ Benefits (4)	Food Service Rent/Utilities/ Janitorial (5)	Food Service Equipment (6)	Food Purchases (Food & Milk) (7)	Nonfood Purchases (Food-Related Supplies) (8)	Misc. Expenses (9)	CACFP Reimbursement & Income 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) Reimbursement & Income Received (Total of Column 10) minus Cash-in-Lieu $ $ 58,873.31

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

(14) Three-month operating (See Instructions) $ 16,772.83

Form completed by: Sam Gov

Contact Info: Sam.Gov@email.com

Over the 3-month operating balance? ☐ Yes ☑ No

(If 13 is higher than 12, mark NO)

ORGANIZATION CHART INSTRUCTIONS

An organizational chart is required at the time of the initial application. It shows the internal structure of an organization. The title of the positions are represented in each of the boxes to show the chain of command.

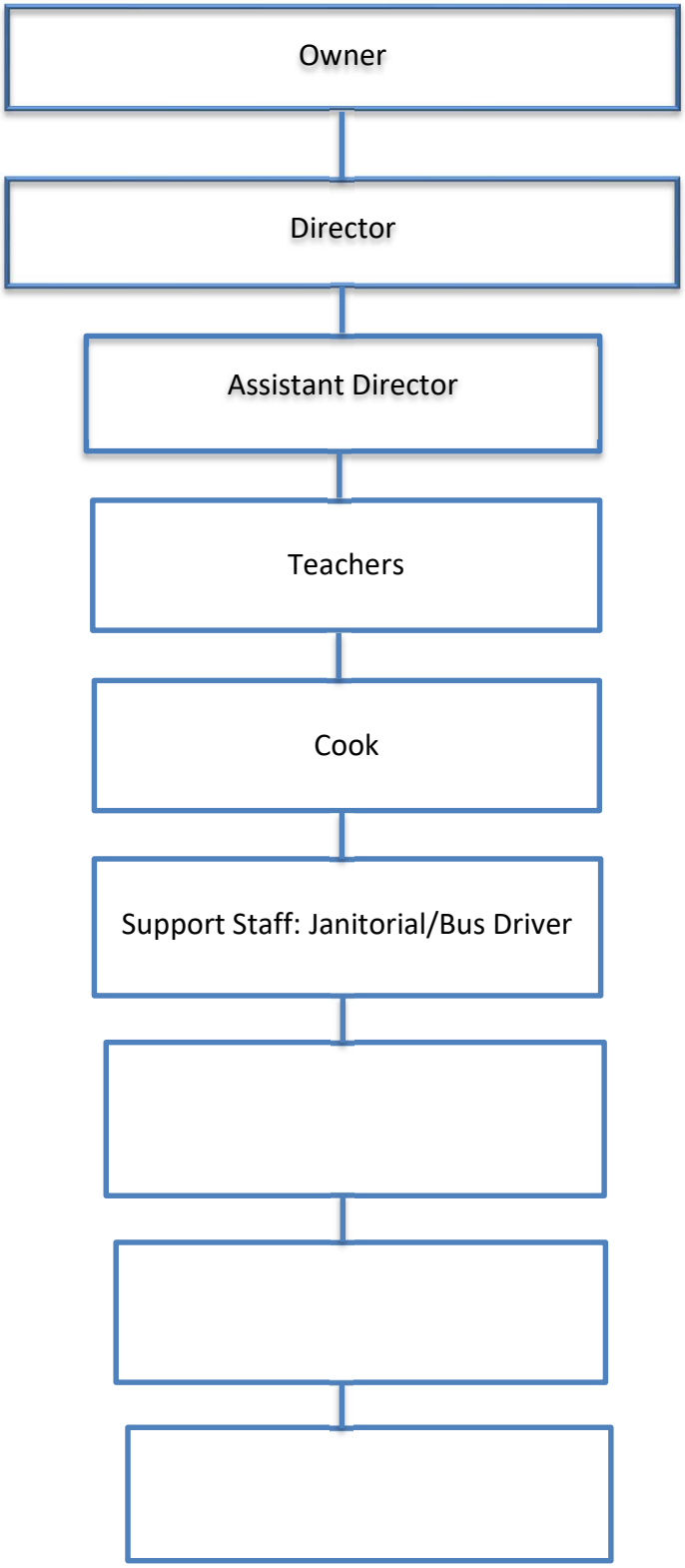
Examples of organizational charts are listed on **pages 34-35** The examples given are for a for profit institution and a nonprofit institution. The institution can use the blank forms located in the originals sections or create their own.

Note: A nonprofit institution should always include board members.

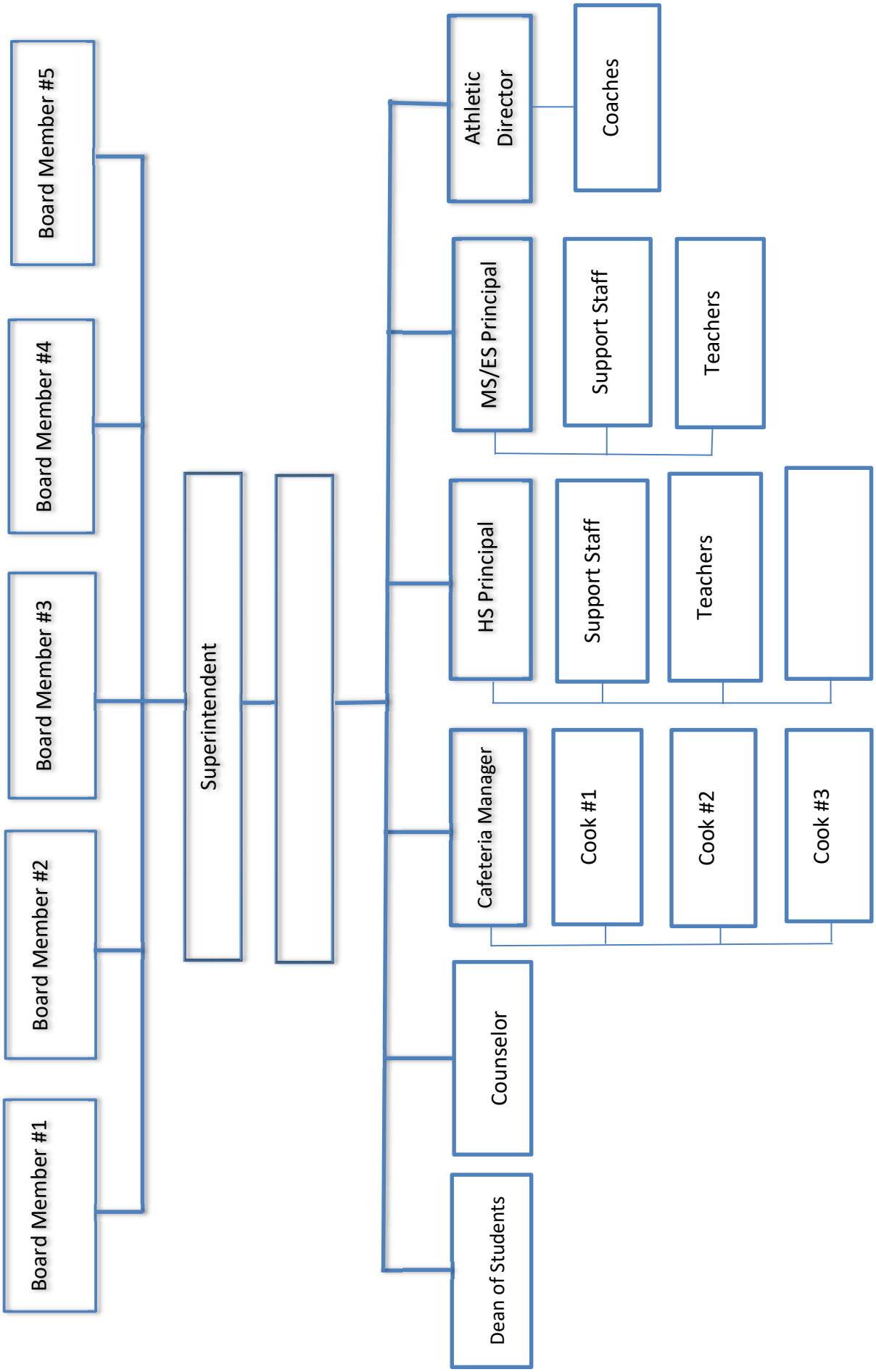
- ***It is not required to list names. Titles are the only items needed.***
- ***This is not required to be submitted to the State agency every year.***
- ***It is only required to be sent in if the organization structure has changed***

Review the organizational chart for changes in the uploaded documents section of the online application section before submitting the annual renewal application.

For Profit Organizational Chart Example



Nonprofit Organizational Chart Example



Notes

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 or 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- or 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 categorically eligible, and the required information for foster children are:***

   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 signature of an adult household member.

   d. 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.

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 228**).

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.)

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 application for a household.

2. To get the required information, the institution representative may return the application to the household or contact the household either in person, by phone, or in writing. The institution representative must document the details of the contact and date and initial the entry. Applications missing the signature of an adult household member ***MUST*** be returned for signature.

3. Every reasonable effort should be made to obtain the missing information prior to determining the application is not eligible.

4. If there are any inconsistencies or questions concerning the required eligibility information provided, the household's application ***MUST*** be determined as not eligible unless the inconsistencies or questions are resolved. For instance, if it is unclear whether the household provided weekly or monthly income, this issue ***MUST*** be resolved before an eligibility determination can be made. The 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. (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. ***For applications in a different language, contact the State agency.***.

ELIGIBILITY DEFINITIONS

Updated 2026

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

Reportable 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.

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 to 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 (before taxes) on a free and reduced-price meal application.

Current income is income received by the household. For the purposes of certification of eligibility for free or reduced-price meals or free milk, the household must provide its current income which is based on the most recent information available. This may be for the current month, the amount projected for the first month the application is made for, or for the month prior to application. If the household's current income is not a reflection of income that will be available over the school year, the household should contact the SFA for assistance. The SFA would determine the amount and frequency of income available during the school year for households.

Earnings From Work—Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and workers' 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: If a foster 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.***

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.

1. Gross receipts include the total income from goods sold or services rendered by the business.
2. 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).
3. Nondeductible business expenses include the value of salable merchandise used by the proprietors of retail businesses.
4. 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 directly 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:

1. ***U.S. Armed Forces Family Subsistence Supplemental Allowance (FSSA).*** (Reference USDA Policy Memo 2006-CN-10)
2. ***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.
3. ***Military Combat Pay*** exclusion is authorized by the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 2010 (P.L. 111-80, October 21, 2009).

   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.
   - 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 Earning 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)
4. ***Deployment Extension Incentive Pay (DEIP)*** 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)
5. ***The Earned Income Tax Credit (EITC)***. (Reference USDA Policy Memo 2003-CN-13)
6. Any payments made under the ***Agent Orange Compensation Exclusion Act***.
7. Any payments made or any mandatory salary reduction related to the ***Veteran's Educational Assistance Act of 1964 (GI Bill).***

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; 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. They usually earn more money in some months than in other months. In these situations, the household may project its annual rate of income and report this 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:

1. Any ***cash income*** or value of benefits excluded by statute, such as the value of benefits under SNAP or FDPIR and some Federal educational benefits;
2. P***ayments received from a foster care*** agency or court for the care of foster children;
3. ***Student financial assistanc***e 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;
4. ***Loans***, such as bank loans, since these funds are only temporarily available and must be repaid; and
5. ***Infrequent earnings*** received on an irregular basis, such as payment for occasional baby-sitting or yard work.

Examples of income exclusions are on pages 31-34 in the USDA Eligibility Manual for School Meals (v. 2017). For the full list of income sources excluded by other Federal laws, see: Appendix to Subpart K of Part 416—List of Types of Income Excluded under the SSI Program as Provided by Federal Laws Other Than the Social Security Act *(http://www.socialsecurity.gov/OP_Home/cfr20/416/416-app-k.htm)***.**

TOYS N NOISE
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) **Toys N Noise** 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)*** **Toys N Noise**, ***(Address)*** **1234 Block 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 unless a household member listed has ***SNAP, TANF,*** or ***FDPIR*** benefits. List the household member and add the case number to the last column.

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 house hold, 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-XXXX

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**	☐	**A113116002**
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	

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

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

Mark one ethnic identity:	*Mark one or more racial identities:*		
☐ Hispanic or Latino	☒ Asian	☐ American Indian or Alaskan Native	☐ Black or African American
☒ Not Hispanic or Latino	☐ White	☐ Native Hawaiian or 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**	$	☐
2. **Penelope Phillips**	$	$	$	$	☒
3.	$	$	$	$	☐
4.	$	$	$	$	☐

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.

Penelope Phillips — Signature of Adult Household Member)

405-123-4567 — Home/Cell Phone Number

10/4/YYYY — 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

☐ Reduced ☐ Foster

☐ Not Eligible ☐ Income: Total Income : $_____

Roger Smith — Signature of Determining Official

10/5/YYYY — 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. We will use 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.

EXAMPLE VALID SNAP (CORRECTLY APPROVED)

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%20-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

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

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**	☐	**555-66-7891**
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	

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

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

Mark one ethnic identity:	*Mark one or more racial identities:*		
☐ Hispanic or Latino	☐ Asian	☒ American Indian or Alaskan Native	☐ Black or African American
☒ Not Hispanic or Latino	☒ 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. **Owen Olson**	$	$	$	$	☒
2.	$	$	$	$	☐
3.	$	$	$	$	☐
4.	$	$	$	$	☐

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.

Owen Olson — Signature of Adult Household Member)

918-123-4567 — Home/Cell Phone Number

7/13/YYYY — 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

☐ Reduced ☐ Foster

☐ Not Eligibles ☐ Income: Total Income : $_____

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

Household Size ____

Joe Johnson — Signature of Determining Official

7/16/YYYY — Date

EXAMPLE

FDPIR NUMBER

(CORRECTLY APPROVED)

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 participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language) should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR-P-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

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

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**	☐	
Scott	**Florence**	**5/5/YY**	B AM L (PM) S LPM	**3:30-5pm**	☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	

Normal Days In Care: Monday [X] Tuesday [X] Wednesday [X] Thursday [X] Friday [X] Saturday ☐ Sunday ☐

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

Mark one ethnic identity:	*Mark one or more racial identities:*		
☒ Hispanic or Latino	☐ Asian	☐ American Indian or Alaskan Native	☐ Black or African American
☐ Not Hispanic or Latino	☒ 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**	$	$	☐
2.	$	$	$	$	☐
3.	$	$	$	$	☐
4.	$	$	$	$	☐

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 — Signature of Adult Household Member) | **580-123-4567** — Home/Cell Phone Number | **8/1/YYYY** — 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 : $ **4,000**

Barbara Brown — Signature of Determining Official | **8/1/YYYY** — Date

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 SNAP, TANF or Food Distribution Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

In accordance with federal civil rights law and 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 in any program or activity conducted or funded by USDA. 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

EXAMPLE REDUCED-PRICE INCOME (CORRECTLY APPROVED)

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

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**	☒	
Childs	**Brenda**	**7/27/YY**	(B) AM (L) (PM) S LPM	**7-5:30pm**	☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	

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

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

Mark one ethnic identity:	*Mark one or more racial identities:*		
☐ Hispanic or Latino	☐ Asian	☒ American Indian or Alaskan Native	☒ Black or African American
☒ Not Hispanic or Latino	☐ 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**	$ **3,300 every 2 wks**	$	$	$	☐
2. **Tate Childs**	$	$	$	$	☒
3.	$	$	$	$	☐
4.	$	$	$	$	☐

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 — Signature of Adult Household Member)

539-123-4567 — Home/Cell Phone Number

8/3/YYYY — 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 - *Barbara Simonsky*
☐ Income: Total Income : $ **3,300**

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

Household Size **4**

Judy Jetson — Signature of Determining Official

8/5/YYYY — Date

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's 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."

EXAMPLE: FOSTER CHILD AND OTHER CHILDREN (CORRECTLY APPROVED)

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 found online at https://www.usda.gov/sites/default/files/documents/USDA-OCR-P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or write 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) ENROLLMENT FORM

CHILDREN'S INFORMATION

1. Child's Name: Florence Scott — Date of Birth: 5/5/XXXX

2. Normal Days in Attendance:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	☐	X	X	X	X	☐	☐

3. Normal Hours of Attendance: 7:30 (a.m./p.m.) **to** 6:00 (a.m./p.m.)

4. Normal Meals Eaten:	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
	X	☐	X	X	☐	☐

5. Race (Optional):
- ☐ American Indian/Alaskan Native
- ☐ Black or African
- ☐ Hawaiian or Pacific Islander
- X Asian
- X White

6. Ethnicity (Optional):
- ☐ Hispanic
- X Not Hispanic

1. Child's Name: Frank Scott — Date of Birth: 2/11/XXXX

2. Normal Days in Attendance:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	☐	X	X	X	X	☐	☐

3. Normal Hours of Attendance: 4:00 (a.m./p.m.) **to** 6:00 (a.m./p.m.)

4. Normal Meals Eaten:	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
	☐	☐	☐	X	☐	☐

5. Race (Optional):
- ☐ American Indian/Alaskan Native
- ☐ Black or African
- X Hawaiian or Pacific Islander
- ☐ Asian
- X White

6. Ethnicity (Optional):
- ☐ Hispanic
- X Not Hispanic

1. Child's Name: — Date of Birth:

2. Normal Days in Attendance:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	☐	☐	☐	☐	☐	☐	☐

3. Normal Hours of Attendance: a.m./p.m. **to** a.m./p.m.

4. Normal Meals Eaten:	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	Late P.M. Snack
	☐	☐	☐	☐	☐	☐

5. Race (Optional):
- ☐ American Indian/Alaskan Native
- ☐ Black or African
- ☐ Hawaiian or Pacific Islander
- ☐ Asian
- ☐ White

6. Ethnicity (Optional):
- ☐ Hispanic
- ☐ 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: *Felecia Scott* — **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 241** or located in the Resource Library
- The CACFP Enrollment form allows for 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 Regional 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 Regional 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 re-enrolled 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 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 APPROVED	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 APPROVED	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.															
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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 206

*EF = Enrollment Form obtained

EXAMPLE

NOT ELIGIBLE CACFP ROSTER

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

Form completed by: **Sam Gov**

NAME	EF*	DATE APPROVED	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.															
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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 Regional Program Specialist arrival for the administrative review, or the institution 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 8-12** 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 Regional 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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Douglas, Steffy			X	X	A	A	X			X	X	X	X	X			X	X	A	X	X			X	A	X	X	X			X
Douglas, Julie			X	X	A	A	X			X	X	X	X	X			X	X	X	X	A			A	A	X	X	X			X
Douglas, Debbie			X	X	A	A	X			X	X	X	X	X			X	X	X	X	A			A	X	X	X	X			X
Phillips, Peter			X	X	X	X	X			X	A	A	A	X			X	X	X	A	A			X	X	X	X	X			X
Simonsky, Barbara			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Olson, Mariah			X	X	A	X	X			X	X	X	X	X			X	X	X	A	A			X	X	X	X	X			X
McClain, Johnny			X	X	X	X	X			X	X	X	X	X			X	D	D	D	D			D	D	D	D	D			D
McClain, Joanie			X	X	X	X	X			X	X	X	X	X			X	X	D	D	D			D	D	D	D	D			D
McClain, David			X	X	X	X	X			X	X	X	X	X			X	X	D	D	D			D	D	D	D	D			D
McClain, Chase			X	X	X	X	X			X	X	X	X	X			X	D	D	D	D			D	D	D	D	D			D
Scott, Florence			—	—	—	—	—			—	—	—	—	—			—	—	—	—	—			—	—	—	X	X			X
Scott, Frank			—	—	—	—	—			—	—	—	—	—			—	—	—	—	—			—	—	—	X	X			X
Jensen, Jodi			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Cashion, Amber			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Sanders, Sue—I			X	X	A	A	A			A	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Sanders, Todd			X	X	A	A	A			A	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Butler, Addie			X	X	A	A	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Butler, Thatcher			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X
Thomas, Cathy			X	X	X	X	X			X	X	X	X	X			X	A	A	A	X			X	X	X	X	X			X
Thomas, Gary			X	A	X	X	X			X	X	X	X	X			X	X	X	X	X			X	X	X	X	X			X

DAILY ATTENDANCE RECORD ARRIVAL AND DEPARTURE TIMES 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.

EXAMPLE

DAILY ATTENDANCE RECORD
ARRIVAL AND DEPARTURE TIMES

☒ Regular Meals
☐ At-Risk Meals

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

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

Form completed by: **Sam Gov**

DAILY RECORD OF MEALS SERVED (DROMS) 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 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.

DAILY RECORD OF MEALS SERVED

Center/Sponsor Name: Toys N Noise Center/SponsorAgreement: DC-00-001 Month and Year: October XXXX

Children	Meal	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total Reimbursable Meals B	AM	L	PM	S	L PM
1. Douglas, Steffy	B*			X	X			X			X	X	X	X	X			X	X			X			X		X	X	X			X	9					
	AM*																																	NA				
	L*			X	X			X			X	X	X	X	X			X				X			X		X	X	X			X			14			
	PM*			X	X			X			X		X		X			X	X			X			X		X	X	X			X				7		
	S*			X				X			X		X		X			X				X															7	
Age: 6	LPM*																																					NA
2. Douglas, Julie	B			X	X			X			X	X	X	X	X			X	X	X						X	X	X	X			X	15					
	AM																																	NA				
	L			X	X			X			X	X	X	X	X			X	X	X						X	X	X	X			X			15			
	PM			X	X			X			X	X	X	X	X			X	X	X						X	X	X	X			X				15		
	S																																				NA	
Age: 4	LPM																																					NA
3. Douglas, Debbie	B			X			X	X			X	X	X	X	X			X	X	X					X	X	X	X	X			X	15					
	AM																																	NA				
	L			X			X	X			X	X	X	X	X			X	X	X					X	X	X	X	X			X			16			
	PM			X			X	X			X	X	X	X	X			X	X	X					X	X	X	X	X			X				16		
	S																																				NA	
Age: 2	LPM																																					NA
4. Phillips, Peter	B			X	X	X	X	X						X	X			X	X			X			X	X	X	X	X			X	15					
	AM																																	NA				
	L			X	X	X	X	X						X	X			X	X			X			X	X	X	X	X			X			15			
	PM			X	X	X	X	X						X	X			X	X			X			X	X	X	X	X			X				15		
	S																																				NA	
Age: 2	LPM																																					NA
5.	B																																					
	AM																																					
	L																																					
	PM																																					
	S																																					
	LPM																																					
																																	Totals	54	NA	60	53	7	NA
																																	Grand Totals From All Pages	54	NA	60	53	7	NA

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

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

Form completed by: **Sam Gov**

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 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 ONLY be claimed for two main meals and a snack or two snacks and a main meal per day)

  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 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
- Any meals over the three meals per child per day limit

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.)

	MEALS SERVED TO PROGRAM INFANTS Ages 0 Through 11 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	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. A blank copy of this form is on **page 239****.**

The institution or sponsoring organization must enter their contact information in the box at the bottom on the flyer.

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

Good Nutrition today means a stronger tomorrow

Building for the Future With CACFP

What is CACFP?

- CACFP is a Child and Adult Care Food Program. It is a federal program that pays for healthy meals and snacks for child and adults in day care.
- CACFP improves the quality of day care. It helps lower the cost of day care to families
- Besides providing meals in day care, CACFP makes afterschool programs to at-risk children and youth. Serving after-school meals and snacks attracts students to learning activities that are safe and fun.
- Children and youth that are homeless can also receive meals at shelters that participate in CACFP.

Who is eligible for CACFP Meals?

- Children under age 13 and Migrant children under age 16
- Children and youth under age 19 in afterschool programs in low-income areas or live in homeless shelters
- Adults who are impaired or over age 60 and enrolled in an adult day care

What kinds of meals are served? CACFP Meals follow USDA nutrition standards. Breakfast consist of milk, fruits, or vegetables, and grains. Lunch and Supper require milk, grains, meat or other proteins, fruits and vegetables. Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served? Many types of facilities participate in CACFP:

Child Care Centers**:** Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers: Licensed centers offer before or afterschool care with meals and snacks for a large number of school-aged children.

Family Day Care Homes: Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

"At-Risk" Afterschool Care Programs: Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters: Homeless, Domestic violence, and runaway youth shelters provide places to live with free meals for children and youth

Adult Day Centers: Licensed centers provide day care with meals and snacks to enrolled adults.

Contact Information: If you have any questions about CACFP, contact one of the following

Institution/Sponsor Contact Information:

Toys N Noices
1234 NW Block Street
Oklahoma City, OK 73134

State Department of Education
Child Nutrition Programs
2500 North Lincoln Blvd. OKC, OK 73105
405-521-3327

USDA 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

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,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.

Food/Milk/Extra Items:

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.

Purchase Unit: 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.

Number of Units: 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: Toys N Noise

Inventory Month/Year: October 20XX

Date Conducted: 10/31/20XX

Form Completed By: Sam Gov

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

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

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

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

Milk/Formula	Purchase Unit	# of Units	Infant Food	Purchase Unit	# of Units
Whole milk, Hiland	gallon	6	Chicken & Noodles - Gerber	4 pack	1
Formula, Gerber Goodstart	16oz can	1	Sweet Potato - Beech-nut	4 oz	3
Lactose Free milk, 2% - Great Value	gallon	2	Banana, Plum, Apples - Parent's Choice	4 oz	5
			Infant cereal, rice - Equate	16 oz box	3
			Infant cereal, oatmeal - Gerber	16 oz box	1

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

         (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***.

On the VIEW CLAIM SUMMARY page***: The Grand Totals on the Expenditure worksheet are required to be entered on the claim each month.***

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

EXAMPLE

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

CACFP Child/Adult Care Food Program—Claim Entry

DC-55-0000 - *Toys N Noise*
1234 NW Block St
Oklahoma City, OK 73124
TIN: 000000000

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

Claim Month October ∨

Claim Year YYYY Search

Verify Eligibility

Claim Listing for Month/Year Requested						
Select	Adjust	Submit Date	Month	Claim Year	Status	Permit Expires
Select	Adjust		10	20XX	Active	1/1/2099
1						

View Claim Summary

Individual CACFP Business—No Sites

Individual CACFP Business—No Sites

Number of Days in Operation	20
Total Enrollment	91
Participation Data	
Title XX/XIX (if applicable)	73
Number Free Eligible	60
Number Reduced-Price Eligible	13
Number Not Eligible	18

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	$352.72					
Total of Meals Claimed	$5,771.74					
Subtotal	$6,124.46					

On the View Claim Summary: Enter the Grand Total Expenditures from the Expenditure/Reimbursement

Total Monthly CACFP Expenditure	$6,323.75

PAYMENT NOTICE

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

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

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

PAYMENT NOTICE

PAYMENT OF FEDERAL CHILD NUTRITION FUNDS

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

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

FROM: STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS

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

WARRANT NO.	***$ AMOUNT***	***APPORTIONMENT OF TITLE***	***CFDA NO.***
0000000000	$6,124.46	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 each month to ensure the facility has the correct documentation in the monthly CACFP 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 FSIAs on new participants and maintain with all other FSIAs/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)
FY2027 NOTIFICATION OF ADMINISTRATIVE REVIEW

MEMO TO_____ AGREEMENT #_____ DATE_____

An Unannounced Administrative Review will be conducted at your institution between October 1, 2026, and September 30, 2027. 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 Regional Specialist to retain and submit to the State agency. Records to be reviewed from October 1, 2026, 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 multi-sited (in addition to the above items):
    a. Pre-approval visits for new centers
    b. On-site monitor reviews
    c. Policy & procedures
    d. Household contact documentation, if applicable
25. Proof of edit checks
26. Copy of the State agency-approved contract if institution is under contract with an outside source.
27. Payroll Documentation
28. Other: _____

_____ _____

Child Nutrition Programs (CNP) Regional Specialist Regional Specialist Telephone Number

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

CLAIM REVISION INSTRUCTIONS

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.

CACFP Claim Revision

Agreement #: DC-55-000

Institution/Site Name: Toys N Noise

Please provide the revised counts

Claim Month/Year: October 20XX

Number of days in operations: 20

Total enrollment: 91

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

At-Risk total enrollment, if applicable: 0

Participation Data:

Title XX/XIX, if applicable: 73

Number free eligible: 60

Number reduced eligible: 13

Number not eligible: 18

	Child Care	At-Risk	Adult Care
Number of Breakfasts	1448		
Number of Lunches	688		
Numbers of Suppers	1498		
Number of Snacks			

Reason for revision: Infant meals were left off of the claim.

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 must 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
- The updated 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, Shannon.Nakvinda@sde.ok.gov, or Lori.Burroughs@sde.ok.gov or it can be faxed to 405-521-2239.

CACFP Meal Service/Hours of Operation Change Form

Agreement Number: DC-55-000 Institution Name: TOYS & NOISE/TOYS SITE

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

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

List the currently approved mealtimes:

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

List the currently approved maximum number of meals:

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

Check the box for each day the currently approved to serve meals and hours of operation:

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

Open	Close
600	1800

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

List the NEW mealtimes, if applicable: ☐ No change to mealtimes

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1st shift		1st shift		1st shift		1st shift		1st shift		1st shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
800	900			1130	1230	1400	1430				
2nd shift		2nd shift		2nd shift		2nd shift		2nd shift		2nd shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

List the NEW maximum number of meals, if applicable: ☑ No change to max number

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

If serving shift or weekend meals, provide justification:

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

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

List the NEW hours of operation, if applicable:

Open	Close

☑ No change to hours of operation

I further certify that all of the above 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: Patty Perfect Date: 5/20/20XX

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 as to what was revised and why.

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

Instructions:

- Enter Date
- Enter Institution Name
- Enter Institution Agreement Number
- Enter the month and year the budget is 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.
- 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-55-000

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 noncompliannces 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 the corrective 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 the Corrective Action Plan.

2. Who is Required to take Training

a. 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. If the RPI would like an individual to attend training on their behalf, the Responsible Primary Individual form will need to be completed and sent to the State agency. The form is located in the Resource Library and in the manual on **page 216**.

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 on the CACFP website.

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:

   - Go to the CACFP Online Application System: ***https://cnp.sde.ok.gov/CACFP/SNPWelcomeM.aspx***
   - Log into the system using your assigned username & log-in.
   - Go to the mustard yellow column on the left-hand side.
   - Click on Training Calendar.
   - Look at all the Titles and Dates of the Trainings available.
   - 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 with.

     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 for 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 the Resource Library under the 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.

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 throughout out the year.

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.fna.usda.gov/tn/team-nutrition

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 such as sign-in sheets, the agenda, and possibly training materials..

Training of all personnel involved with the CACFP, including all shifts and new personnel, is the institution's responsibility.

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
  1. Attendance
  2. Meal Count Worksheet
  3. Receipts/Expenses
- CACFP Meal Patterns
  1. Child Care Meal Pattern—Breakfast, Lunch, and Snack Meal Components and Quantities for Teachers
  2. Bread/Cereal Chart—Breakfast, Lunch, and Snack Items
- Menu as Served forms
  1. Menu as Served Forms —Emphasis on the Importance of Proper Documentation
  2. 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 Administration (FNA) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in the Child and Adult Care Food Program (CACFP).

A. Public Information Responsibilities

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

> In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
>
> Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.
>
> To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:
>
> 1. mail: U.S. Department of Agriculture
> Office of the Assistant Secretary for Civil Rights
> 1400 Independence Avenue, SW
> Washington, D.C. 20250-9410; or
>
> 2. fax: (833) 256-1665 or (202) 690-7442; or
>
> 3. email: program.intake@usda.gov
>
> This institution is an equal opportunity provider.

2. 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 Complaint

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.

4.. Procedure for Filing Complaints of Discrimination

a. ***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.)

b. ***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 Administration Regional Office (FNARO). 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 the following page. The person who has allegedly been discriminated against must complete and sign the form.

AD-3027

OMB Control No: 0508-0002
Expiration Date: 09/30/2027

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

Complainant Information		
First name	Middle Initial	Last Name
Mailing Address (Include Full City, State and Zip Code)		
Primary Phone Number	Alternate Phone Number	Email
Best way to reach you: ☐ Mail ☐ Phone ☐ Email ☐ Other		
If you have difficulty understanding the English language, you may request language assistance services by calling 866-632-9992. Assistance will be available for individuals who are not proficient in English. Persons with disabilities who require alternative means of communication (e.g., braille, large print, American Sign Language) should contact the responsible State or local Agency that administers the program or contact the United States Department of Agriculture (USDA) through the Federal Telecommunications Relay Service at 711 (voice TTY).		

Representative Information	
Do you have a representative? ☐ Yes ☐ No	Do you have written authorization from representative? If so, please attach. ☐ Yes ☐ No
First name	Last Name
Mailing address (Include Full City, State and Zip Code)	
Phone	Email

Complaint Information *(attach additional pages and supporting documentation as needed)*	
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. ☐ Agricultural Marketing Service, AMS ☐ Foreign Agricultural Service, FAS/Trade and Foreign Agricultural Affairs, TFAA ☐ Food and Nutrition Service, FNS ☐ Forest Service, FS ☐ Farm Service Agency, FSA ☐ National Institute of Food and Agriculture, NIFA ☐ Natural Resources Conservation Service, NRCS ☐ Rural Development, RD ☐ Other ☐ 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).	

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

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, 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:

☐ Race	☐ Sex	☐ Marital Status
☐ Color	☐ Disability	☐ Family/Parental Status
☐ National Origin	☐ Age	☐ Income from Public Assistance
☐ Political Beliefs	☐ Religion	☐ Retaliation (prior civil rights activity)

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 _____

OMB Control No: 0508-0002
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INSTRUCTIONS
PURPOSE: The Agriculture Department 3027(AD 3027) Program Discrimination Complaint Form may be used to file a complaint 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 (including limited English proficiency), religion, sex, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. You may also use this form to file a program complaint alleging an adverse environmental impact to your health or the environment of a protected group caused by the program or activities of USDA, its Mission Areas or agencies. You are not required to use this form to file a discrimination complaint, you may send a letter or email instead of this form. The letter or email must include the information requested in items 1-11 on this form. If you decide to use this form, please type or print all information in items 1-11 of this form and use additional pages if more space is needed. If you need assistance completing this form, call 866-632-9992. Pursuant to 7 CFR 16.4(d), beneficiaries and prospective beneficiaries in programs supported by indirect financial assistance from USDA may file written complaints with USDA alleging violations of the rule's religious freedom protections by contacting or filing a written complaint with USDA's Office of the Assistant Secretary for Civil Rights (OASCR). If you need assistance filling out this form (including translation services), you may call (866) 632-9992; assistance will be available in English and for individuals who are not proficient in English or in other languages. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, and American Sign Language) should contact the responsible State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY) **We must have a signed copy of your complaint. An incomplete or unsigned form or letter will delay processing 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 is received by USDA. Complaint documentation or Complaint Forms sent by email will be considered filed on the date the complaint is received. 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 prohibit discrimination against you based on race, color, and national origin includes discrimination based on shared ancestry or ethnic characteristics or based on citizenship in a country with a dominant religion. Discrimination based on race, color, and national origin also includes discrimination, including harassment, because you and/or another individual are, for example, Jewish, Muslim, Arab, Hindu, or Sikh; or based on other ethnic and religious characteristics. For example, individuals who have been subjected to ethnic slurs (such as antisemitic or anti-Muslim harassment); harassed for how they look, dress, or speak in ways related to their ethnic background (such as skin color, religious attire, or language spoken); or stereotyped based on their perceived ethnic characteristics. USDA will determine if it has jurisdiction under the law to process the complaint on the basis identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

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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, Mail Stop 9410, Washington, DC 20250-9410.

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

For more information visit: 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. USDA 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.

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. §§ 794; 794d) 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: More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by OASCR can be seen via the internet at https://www.usda.gov/home/privacy-policy/system-records-notices.

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. OASCR 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, SW, Mail Stop 9410, DC 20250-9410. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**

OMB Control No: 0508-0002
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TITLE VI
Title VI of the Civil Rights Act of 1964 requires federal agencies to ensure that programs or activities receiving federal funding, including those that affect human health, do not use discriminatory criteria, methods, or practices that adversely impact protected groups. USDA is advancing justice by carrying out its responsibilities under the law to identify and address disproportionate and adverse public and cumulative impacts on communities with concerns. USDA invites the public to bring to its attention possible violations of our nation's laws. Please understand that submitting this complaint form has no effect on any statute of limitations or other filing requirements that might apply to any complaint you may have. Further, by submitting this complaint you have not commenced a lawsuit or other legal proceeding, and this office has not initiated a lawsuit or proceeding on your behalf.
NATIONAL ORIGIN DISCRIMINATION
Discrimination based on national origin includes discrimination based on the country, world region, or place where a person or their ancestors come from; a person's limited English proficiency or English learner status; and a person's actual or perceived shared ancestry or ethnic characteristics, including membership in a religion that may be perceived to exhibit such characteristics (e.g., Hindu, Jewish, Muslim, and Sikh students).
USDA ACCESSIBILITY STATEMENT
Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794d) authorizes individuals to file administrative complaints and civil actions against the Department, limited to the Department's alleged failure to procure accessible technology. The statute requires federal agencies to process Section 508 complaints according to the same complaint procedures used to process Section 504 complaints. USDA is committed to making its digital content accessible. USDA customers, employees, job applicants, and members of the public with disabilities must have access to information and communication technology (ICT) comparable to the access available to those without disabilities.

Notes

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 • Monetary tips for food delivery, if reasonable. *(Only if all items purchased are for CACFP)* • 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 $10,000 must have pre-approval from the State agency unless it is on the State agency pre-approval list found in the Resource Library under the Procurement section.*

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

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

PROCUREMENT PROCEDURES AND PRACTICES

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

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 $15,000.

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).

4. The institution can raise their micropurchasing threshold from $15,000 up to $50,000. However, in order to do so, program operators are responsible for determining and documenting an appropriate micro-purchase threshold based on internal controls, an evaluation of risk, and document procurement procedures. To increase the threshold: (Memo SP 02-2022 (Corrected))

   (1) Program operators must self-certify.

   (2) Entities choosing to self-certify must prepare and include a justification for the choice. The self-certification must include a justification,clear indication of the threshold, and supporting documentation of any of the following:

      (a) A qualification as a low-risk auditee, in accordance with the criteria in 2 CFR 200.520;

(b) An annual internal institutional risk assessment to identify, mitigate, and manage financial risks; or

(c) For public institutions, a higher threshold consistent with State law.

(3) ***The higher threshold must be approved by the State agency and be self-certified annually.***

Note: This can be used in times of supply chain issues. The institution does not have to "spread the wealth," but consider the price to be reasonable based on research, experience, purchase history, or other information and documents it files accordingly. (2 CFR 200.320(a)(1)(ii))

B. Simplified Acquisition (Small Purchase) —Simplified Acquisition 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 $350,000. (2 CFR 200.320[b])

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

   a. The Institution can set a lower threshold than $350,000. ***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 $350,000 or less.

C. *Formal Methods*

This section is a condensed version if using formal procurement method. **For detailed information, refer to the School Training Manual-Procurement section located in the Resource Library under the Procurement section**, complete the CACFP Formal Procurement Process training, or contact Kendra Merveldt at Kendra.Merveldt@sde.ok.gov.

1. When a formal procurement method is required, if the threshold is over $350,000, 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.

    - Institutions using formal procurement must have Protest Procedures on file. There is Protest Procedures in the Resource Library that can be adopted by the organization.
    - The IFB and RFP is required to have certain forms and clauses. The information needed is called the Formal Procurement Checklist. This checklist can be found in the Resource Library under the Procurement section.
    - An advertisement is required for all formal procurement solicitations.
        - An announcement for a RFP must be placed in a newspaper or other media. An IFB announcement can be placed on a Web site, press release, etc. *A best practice is being placed in a newspaper.* The advertisement for bids/proposals or legal notice will be run for ***a minimum of two weeks.***

          The announcement will contain what the RFP/IFB is for, the organization going out for bid, the date and time the RFP/IFB is due, the address and/or email address the bid can be submitted, and contact information for questions.
    - The Institution will be ***PROHIBITED*** from submitting bids or proposals for such products or services.

2. 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.

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

4. 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.

5. 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.

6. The ***cost plus a percentage of cost and percentage of cost methods of contracting CANNOT be used***.

7. 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.

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.

1. Procurement Plan Prototype

   a. For institutions only using ***informal procedures*** (micropurchasing & Simplified Acquisition), you can use the procurement plan prototype that OSDE has created. This procurement plan meets all of USDA's requirements. The prototype can be found on **page 128** or in the Resource Library under the Procurement section.

   b. For institutions using ***both formal and informal procedures***, a formal procurement plan prototype developed by OSDE can be adopted by the institution. This plan meets USDA requirements. The prototype can be found in the Resource Library under the Procurement section..

      If using the formal procurement plan, it must include USDA contract provisions from 2 CFR 200 Appendix II.

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. **Oklahoma Nonkickback Affidavit**

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

7. **Geographical Preference**

   The use of statutorily or administratively imposed in-state or local geographic preferences for procurements under USDA entitlement programs is prohibited, except for unprocessed locally grown or locally raised agricultural products. The Food, Conservation, and Energy Act of 2008 (Public Law 110-246, Section 4302), allows institutions receiving funds through CNP to apply a geographic preference when procuring unprocessed locally grown or locally raised agricultural products. Geographical preference can be done using Micropurchasing when procuring unprocessed locally grown or locally raised agricultural products. (SP 22-2024)

   Processed items cannot be procured using Geographical Preference. Processed items are those that are cooked, heated, or canned.

CONTRACT PROVISIONS AND FORMS (2 CFR 200 Appendix II)

The following contract provisions are required when using Formal and Simplified Acquisition procurement procedures.

1. Administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms and provide for such sanctions and penalties as may be appropriate (contracts more than the $10,000 threshold). **Required for both formal and simplified.**

2. ***USDA Equal Opportunity*** information (contracts $10,000 or more) **Required for both formal and simplified.**

3. Requiring ***Buy American*** as outlined in 7 CFR Part 210.21(d); specific instructions for prior approval of all of nondomestic product(s) (all contracts) **Required for both formal and simplified.**

4. ***Termination for Cause*** information (contracts $10,000 or more) **Required for both formal and simplified.**

5. Statement assuring positive efforts will be made to involve ***small, minority, and women-owned businesses*** (all contracts) **Required for both formal and simplified.**

6. ***Clean Water Act*** provision (contracts $150,000 or more) **Required for formal.**

7. ***Rights to Inventions Made Under a Contract or Agreemen***t, if applicable. **Required for formal.**

8. ***Contract Work Hours and Safety Standards Act (***contracts $100,000 or more) **Required for formal.**

9. ***Davis-Bacon and Copeland Nonkickback*** Information (Construction contracts $2,000 or more) **Required for formal.**

10. ***Code of Conduct.*** **For both formal and simplified.**

11. ***Debarment and Suspension*** (all formal contracts and simplified over $25,000)
    - Signed ***Debarment/Suspension Certificate*** or statement included in contract ***OR***
      - A copy from the Excluded Parties List System (EPLS) at for all contracts using the formal method
        - a.. Go to the official website, SAM.gov.
        - b.. Select ***Domain***: Choose ***"Entity Information"*** and then select ***"Exclusions***".
        - c. Enter Search Criteria: Type the name of the organization or person in the search bar. Using an asterisk * for a "fuzzy" search is recommended.
        - d. Verify Results: If "no matches found" is displayed, the entity is likely not excluded.
        - e. Document the Search: Print or save the search result as a PDF to provide evidence to OSDE or keep with your procurement records.

12. ***Byrd Anti-Lobbying Amendment*** (contracts $100,000 or more) **Required for both formal and simplified.**
    - Signed ***Byrd Anti-Lobbying*** form.

Refer to the Resource Library for the full provision statements.

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.

Solicitation Documentation to be maintained:

- Document the entire procurement process information.
- Keep on record all occasions you reached out or contacted vendors.
- Keep all quotes or rates received.
- Notate the dates bids were received.
- Ensure the documentation indicates quantity of goods or frequency of services.

CACFP FORMAL PROCUREMENT PROCESS 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 Funds. (This checklist may or may not be applicable to all purchasing processes.)

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

Terms and Conditions continued	_____ Method of shipment/delivery requirements _____ Method of payment invoices, statements, etc. _____ Purchase instrument to be used and how vendor will receive purchase orders _____ Bid certification form _____ Specifications that are sufficiently detailed to get what is needed but not so specific as to restrict competition _____ Product specifications (approved brand and/or equivalent) _____ Quantity _____ Quality _____ Packaging _____ Pricing (unit and extended) _____ Procedures for documenting/preapproving any substitutions and/or deviations _____ Other state/local requirements
Documentation and Records	_____ All IFBs/RFPs 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 the contract by each individual on the committee for RFPs _____ Group evaluation showing who won the RFP bid _____ 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 by the contractor _____ Evaluation of whether procurement methods/activities are consistent with the institution's approved written procurement plan where/how all documents pertaining to the solicitation and contract/contract amendments will be maintained _____ Noncompetitive purchases (sole source, emergency, etc.) are approximately documented and have received approval from state agency or governing board prior to award, including purchases through means of *piggybacking* onto another entity's solicitation document _____ Invoices/payments for items purchased with child nutrition funds _____ Documentation of any contractor performance or breach of contract from vendors _____ Other state/local requirements

SOLICITATION DOCUMENT

A. Solicitation Document is cover letter (solicitation announcement) that should always be included when soliciting to vendors. This ensures the district meets USDA regulations by including the required provisions. Solicitation documentation is to be sent out to those utilizing simplified acquisition and formal purchase procedures. The solicitation document should include:

1. Institution letterhead
2. Date of letter
3. Copy of specifications
4. A method of response
5. The method of evaluation
6. The method of acceptance of successful responses
7. Deadline for bid
8. Bid/price quote contract period
9. Delivery times and places
10. HACCP compliance requirement
11. Ordering procedures
12. Substitutions and shortages
13. Special conditions (i.e., CN labels)
14. Termination for cause
15. Buy American Provision
16. Minority Firms, Women's Business Enterprises, and Labor Surplus Area Firms statement
17 .Geographic preference, if applicable

B. The solicitation letter can be sent to vendors by:

- Email;
- Fax;
- Mail; or
- In-person, etc.

TOYS N NOISE DAY CARE
1234 NW BLOCK STREET
OKLAHOMA CITY, OK 73124

EXAMPLE OF SOLICITATION LETTER

October 1, 20XX

Toys N Noise announces the opportunity for responsible bidders from the food industry to respond to the attached food specifications valid for the period of ***January 2, 20XX***, to ***December 31, 20XX***. All bidders wishing to respond to this bid period must do so by ***2 p.m.***, ***November 15, 20XX***, at the Western Site located at the above address or emailed to Cook@toysnnoise.com.

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
- Meeting delivery requirements

Vendors will be expected to ensure that deliveries to Toys N Noise will be dropped off at each of the four sites listed on the attached on Mondays and Thursdays. Delivery trucks and product drops must be HACCP-compliant. 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 contact the institution for approval before a substitution can be made.

CN Labels or Product Formulation Statements must be provided any applicable products. If substitutions are necessary, the vendor must contact the institution for approval before the delivery is made.

If food vendor does not meet quality standards, delivering unapproved substitutions, or violating terms. Toys N Noise will reach out to the vendor to rectify any inconsistencies. If the issues are not resolved after seven times, Toys N Noise may terminate the agreement for cause.

Toys N 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. Toys N Noise will take all necessary affirmative steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible.

Bids will be evaluated on as a prime vendor and will be awarded on November 28, 20XX. All bidders will be notified in writing. Toys N Noise reserves the right to terminate a vendor who is awarded business but does not follow through with the above requirements.

This institution is an equal opportunity provider.

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	Natural Juices	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, crinkle-cut, 1/2 x 1/2 inch, 30% to 34% solid, approved brands equivalent to: ABC Foods A-103, DEF Foods X502, Pots R29	6/10	Case			
Tomatoes, canned	Private label, peeled, diced, low sodium	6/10	Case			
Vegetables blends, frozen	Stew vegetables, mixture contains potatoes, carrots, celery, onion, predominance to be order listed, low sodium	12/2 lb	Case			
Grains Muffins, frozen	Whole grain-rich flour, fat per muffin not to exceed 5 g, round style, minimum 1 oz, maximum 2 oz, bulk pack only, produced by commercial bakery methods in commercial bakery	Individually wrapped	Case			
Pasta: spaghetti	Made from whole grain-rich semolina and durum wheat flour, 10 lb only	10-lb box	Pound			
Pasta: egg noodles	Whole grain-rich, flat ribbon shape, medium width, made from enriched semolina durum flour	10-lb box	Pound			
Waffle, frozen	Waffle, frozen, regular, plain, round, whole grain-rich flour, 0.8 oz each, poly pouch packed	144 count	Case			

EXAMPLE ONLY

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

EXAMPLE ONLY

SPECIFICATIONS

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

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 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.

6. **Oklahoma Nonkickback Affidavit**

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

7. **Geographical Preference**

The use of statutorily or administratively imposed in-state or local geographic preferences for procurements under USDA entitlement programs is prohibited, except for unprocessed locally grown or locally raised agricultural products. The Food, Conservation, and Energy Act of 2008 (Public Law 110-246, Section 4302), allows institutions receiving funds through CNP to apply a geographic preference when procuring unprocessed locally grown or locally raised agricultural products. Geographical preference can be done using Micropurchasing when procuring unprocessed locally grown or locally raised agricultural products. (SP 22-2024)

This institution is affiliated with a school district, technology center, or a government entity. _____ *(Name of Institution)* is required to sole source the meals served with _____*(Name of school, tech center, or government meals are purchased from).*

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.

PURCHASING EQUIPMENT

If the amount of purchases for ***equipment**** is greater than $10,000 per item and not on the Equipment Pre-approval list in the Resource Library, 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 by contacting Jennifer Weber at Jennifer.Weber@sde.ok.gov.

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 $10,000. 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.

MICRO PURCHASING

If the amount of purchases for items is less than $15,000 and less than the Centers' Simplified Acquisition threshold, the following procedure will be used.

Select one:

☐ Purchases below $15,000

☐ Purchases below $_____ *(If Center/Sponsor threshold is below $15,000, use most restrictive)*

1. Purchases will not be separated into 3 or more purchases to meet or be below the $15,000 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.

SIMPLIFIED ACQUISITION (SMALL PURCHASE)

Name and Title of those responsible for Simplified Acquisition Procedures: _____

_____

If the amount of purchases for items is less than $350,000 *(or the Center's Simplified Acquisition threshold*), Simplified Acquisition Procedures must be followed. Quotes documented from an adequate number of qualified sources will be required.

Select one:

☐ Purchases below $350,000

☐ Purchases below _____ *(If Center/Sponsor threshold is below $350,000, 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.

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.

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	_____	_____
_____	_____	_____

Example

CHART OF PROCEDURES

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

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

SIMPLIFIED ACQUISITSION *(SMALL PURCHASE)* CHECKLIST

PROCUREMENT FOR:_____

_____

FORMS & CLAUSES *(use all that apply in the solicitation)*

___ **Buy American information** (all food and milk contracts)

___ **USDA Equal Opportunity information** (all contracts)

___ **Termination for Cause information** (all contracts)

___ **Geographical Preference** (allowable to add)

___ **Oklahoma Nonkickback Affidavit** (purchase orders over $25,000)

___ **Debarment & Suspension form or the district can check the website** (contracts over $25,000)
If the district checks the website, the form does not have to be completed sent back to the institution.
Checking the Excluded Parties List System. **https://SAM.gov**

___ **Byrd Anti-Lobbying form** (contracts $100,000 or more)

___ **Must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.** (All contracts)

___ **Code of Conduct** (All contracts)

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

Vendor 1:_____

Vendor 2: _____

Vendor 3: _____

___ **Responses Received from:**

What vendor was chosen and why? *(Keep all documentation for procurement review)*

INFORMAL PROCUREMENT LOG

TO BE USED FOR PURCHASES OF $350,000 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: _____

Simplified Acquisition (*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.

Institution _____

Year _____

VENDOR CONTACTS

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

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

INSTRUCTIONS FOR CERTIFICATION REGARDING DEBARMENT/ SUSPENSION

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

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

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

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

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

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

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

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

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

CERTIFICATION REGARDING DEBARMENT /SUSPENSION

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

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

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE.)

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

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

_____

Institution Name

_____

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

_____	_____
Name of Institution Official	Title of Official
Signature	Date

NONKICKBACK AFFIDAVIT FORM

STATE OF OKLAHOMA)
) SS
COUNTY OF)

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

_____
Name/Title of Submitting Official

_____ _____
Signature Date

STANDARD FORM-LLL

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

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

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

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

(Attach Confirmation Sheets if necessary)

15. Continuation Sheets Attached: ☐ Yes ☐ No

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

Federal Use Only:	Authorized for Local Reproduction

CONTRACTING FOR VENDED FOOD AND OTHER SERVICES

CONTRACTING FOR SERVICES

A. 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.*"

B. The 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 FNA Instruction 792-2, Rev. 4 and USDA Monitoring for State Agencies Handbook page 33)*

C. If an institution wants to contract for services, it is required to use the State agency's Contracting for Services Agreement which is located in the Resource Library. This agreement is to be used if any CACFP duties are being performed even if CACFP funds are not used to pay for the service.
   - The institution can add additional items that are above and beyond the agreement, but the agreement cannot be altered, changed, or information deleted from it.

Cost per percentage of reimbursement is NOT ALLOWED

CONTRACTING VENDED 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.

AGREEMENT OR CONTRACT TO FURNISH VENDED MEALS

Institutions may contract with a school district or an outside entity to provide vended meals to participants. This may be needed if the facility does not have a kitchen to provide meals. The CACFP institution must have a completed, signed, and OSDE approved *c*ontract or agreement on file with the State agency ***annually***. 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. Vended Meal Contracts if the institution spends less than $350,000 annually for vended meals.

1. All institutions are ***REQUIRED*** to use the State agency's Agreement to Furnish Food for all vended meals if spending under $350,000 annually.

   a. ***Agreement to Furnish Food (with a school) or Agreement to Furnish Food (with an entity other than a school)*** is used if the institution spends less than $350,000 with the vendor annually.

      - The Agreement to Furnish Food is located in the Resource Library under the Procurement section or by contacting Kassi Reddell at Kassandra.Reddell@sde.ok.gov.
      - No wording can be changed, removed, or altered from the Agreement.
      - An amendment can be added if one or both parties want to add to the Agreement or contract. The addendum can be added as long as it is approved by OSDE prior to the contract being sent out for bid.
      - The institution must use proper procurement procedures when soliciting for a vended food vendor. The institution should be using Simplified Acquisition by contacting at least two vendors.

2. Vended meal contracts if spending over $350,000 annually 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 **CACFP-SFSP RFP prototype** if spending more than $350,000 annually for vended meals.

      - The CACFP-SFSP RFP prototype is located in the Resource Library under the Procurement section or contact the State agency to obtain a copy or contact Kassi Reddell at Kassandra.Reddel@sde.ok.gov.
      - No wording can be changed, removed, or altered from the Agreement.
      - An amendment can be added if one or both parties want to add to the Agreement or contract. The addendum can be added as long as it is approved by OSDE prior to the contract being sent out for bid.
      - The State agency CACFP-SFSP RFP has an option to have a one year contract with up to four renewals.

- The institution must use proper procurement procedures when soliciting for a vended food vendor. The institution should be using Formal Procurement by contacting at least two vendors, placing an add in a newspaper for a minimum of two weeks, have a bid opening, and selecting a vendor based on who receives the highest score as indicated in the RFP.

b. Any institution who has a contract over $350,000 or uses formal procurement for a contract less than the federal threshold is **REQUIRED** to inform the State agency of the location, date, and time of the bid opening. ***This applies for all 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. Vended Meal Contracts with a Public School

An Agreement to Furnish Food with a School/CACFP-SFSP RFP is valid 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. The new agreement must be submitted to the State agency ***AFTER*** it has been signed.

1. The district is required to charge a minimum price 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)*
   - Snack: Free reimbursement rate for snack

2. The SFA is responsible to meet the CACFP meal pattern requirements. All meal requirements are stated in the *Agreement to Furnish Food* or the *CACFP-SFSP RFP.* The signed agreement assures each contracting entity the meals received to meet requirements and therefore can be claimed for reimbursement.

   The agreement/RFP specifies the SFA is providing the meals served the required meal patterns

3. The school is responsible for maintaining the food production records, and completing the CMRD form for each meal type every day contract meal, if applicable.

   - **The contract meal delivery receipt is not required if children are eating at the school and going through the line in the cafeteria.**
   - It is the responsibility of the CACFP institution to work with the district to obtain documentation of the meals delivered.

5. 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.

6. The CACFP institution is responsible for paying the outside entity for the cost of the meals.

7. 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.

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

C. Vended Meals Contracted with Other Outside Food Service Entities

1. 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 regional specialist.

2. 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.

3. It is the responsibility of the CACFP institution to work with the outside entity to obtain documentation of the meals delivered.

4. 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.

5. The CACFP institution is responsible for paying the outside entity for the cost of the meals.

6. 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.

7. 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

1. 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.

2. The child care center will document that the meals served to Head Start children met meal pattern requirements.

3. The center is responsible for maintaining the food production records, and completing the CMRD form for each meal type every day contract meal, if applicable.

   - **The contract meal delivery receipt is not required if children are eating at the daycare preparing the meals.**

4. It is the responsibility of the CACFP institution to work with the district to obtain documentation of the meals delivered

5. The child care facility will bill the Head Start agency for the cost of the meals delivered/ provided to Head Start children each month.

6. The Head Start agency is responsible for paying the child care facility for the cost of the meals provided to the Head Start children.

7. 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.

8. 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.

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

EXAMPLE

CONTRACT MEAL SERVICE DELIVERY RECEIPT

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

DATE: 10/06/YYYY

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

SITE PREPARING MEAL: XYZ DAY CARE CENTER

SITE RECEIVING MEAL: TOYS N NOISE DAY CARE CENTER

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

FOOD ITEMS AND QUANTITIES DELIVERED

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

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

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

Food Service Director
Signature From Preparation Kitchen

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

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

Comments: Use portioning utensils provided

Director of Day Care Center
Signature From Site Receiving Food

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

MEAL PATTERNS AND MENU AS SERVED

MEAL SERVICE REQUIREMENTS

Each meal and snack served in CACFP must include all required components for that meal/snack (fluid milk, vegetables, fruits, grains and/or meats/meat alternates). Operators should offer all items at the same time. However, FNA understands items may be offered or served in a staggered manner, such as offering/serving milk first, then grains, then fruit, then vegetable, then meats/meat alternates. This approach may be necessary due to operational factors such as having limited space on the table, not having the capacity to pre-plate all of the items, or ensuring sufficient level of adult supervision/assistance when plating meals.

Operators may not withhold fruit, or any other meal component(s) from the child until the child finishes the other items in their meal. All required components must be offered to all children in the required serving sizes. The meal is not reimbursable if they do not offer all required components.

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 Milk[3]	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, Fruits, or Portions of Both[4]	1/4 cup	1/2 cup	1/2 cup	1/2 cup
Grains (oz eq)[5, 6,7,8]				
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[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 school At-Risk After-School participants and adult day care centers.
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, whole, reduced-fat (2%), lowfat (1%), or fat-free (skim) milk for children aged two through five. Can be unflavored or flavored whole, reduced-fat (2%), lowfat (1%), or 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 added sugar per dry ounce.
8 Yogurt must contain no more than 12 grams of added sugars per 6 ounces.

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 Milk[3]	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%
Vegetables[6]	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, whole, reduced-fat (2%), lowfat (1%), or fat-free (skim) milk for children aged two through five. Can be unflavored or flavored whole, reduced-fat (2%), lowfat (1%), or 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 12 grams of added 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 added sugar per dry ounce.

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 Milk[3]	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
Vegetables[6]	1/2 cup	1/2 cup	3/4 cup	3/4 cup
Fruits[6]	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, whole, reduced-fat (2%), lowfat (1%), or fat-free (skim) milk for children aged two through five. Can be unflavored or flavored whole, reduced-fat (2%), lowfat (1%), or 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 12 grams of added 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 added sugar per dry ounce.

MILK

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

Ages and Milk Requirements

- Age 1 year:
  - Unflavored whole milk
- Ages 2-5 years:
  - Unflavored fat-free (skim), low-fat (1%), reduced-fat (2%), or whole milk
- Ages 6 years and older
  - Unflavored fat-free (skim), low-fat (1%), reduced-fat (2%), or whole milk; or
  - Flavored fat-free (skim), low-fat (1%), reduced-fat (2%), or whole milk

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

  Additional Milk allowable three year olds and up:

  - Acidified milk, such as acidified kefir milk and acidified acidophilus milk in fat-free (skim), low-fat (1%), reduced-fat (2%), or whole;
  - Cultured milk, such as cultured buttermilk, cultured kefir milk, and cultured acidophilus milk in fat-free (skim), low-fat (1%), reduced-fat (2%), or whole; and
  - Ultra High Temperature (UHT) Milk in fat-free (skim), low-fat (1%), reduced-fat (2%), or whole 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-licensed healthcare professional or registered dietitian 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).

EXAMPLE

MILK SUBSTITUTION REQUEST

Child's Name: ***Jude Johnson***	Age: ***4***

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

Signature of Parent/Guardian: *Mrs. Johnson*	Date: ***10/3/YYYY***

INSTITUTION APPROVAL: Signature: ***Ima Fishul***	 Date: ***10/5/YYYY***

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 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, Peas, and Lentils

- 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 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 FNA 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 12 grams of added sugar 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 on the following page:.

YOGURT ADDED SUGAR CHART

Serving Size Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Added Sugars
If the serving size is:		Added Sugar must not be more than:
2 oz	57 grams	0-4 grams
3 oz	85 grams	0-6 grams
4 oz	113 grams	0-8 grams
5.3 oz	150 grams	0-10 grams
6 oz	170 grams	0-12 grams
8 oz	227 grams	0-16 grams

1	Use the Nutrition Facts label to find the **Serving Size,** in ounces (oz) or grams (g), of the yogurt.
2	Find the **Added Sugars** line. Look at the number of grams next to it.
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)	**Added Sugars Grams (g)**
If the serving size is:		Added sugars must not be more than:
2 oz	57 g	0-4 g
3 oz	85 g	0-6 g
4 oz	113 g	0-8 g
5.3 oz	150 g	0-10 g
6 oz	170 g	0-12 g
8 oz	227 g	0-16 g
4	In the table, look at the number to the right of the serving size amount under the *Sugars* column. ***If your yogurt has that amount of sugar or less, the yogurt meets the sugar requirement.***	

Nutrition Facts

Serving Size 8 oz (227 g)	
Servings about 4	
Amount Per Serving	
Calories 130	Calories from Fat 20
	% Daily Value*
Total Fat 2g	**3%**
Saturated Fat 1.5g	**8%**
Trans Fat 0g	
Cholesterol 10mg	**3%**
Potassium 400mg	**1%**
Sodium 160mg	**7%**
Total Carbohydrate 21g	**7%**
Dietary Fiber 4g	**17%**
Added 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: *9 grams*

Added Sugars: *8 oz*

☒ Yes ☐ No

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.

- 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.

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. Note: Vegetables do not need to be from different vegetable subgroups (e.g., dark green vegetables, red and orange vegetables, starchy vegetables, beans, peas, and lentils and peas, or other vegetables).

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.
- Institutions that are tribally operated, operated by the Bureau of Indian Education, and that serve primarily ***American Indian or Alaska Native children may serve a vegetable to meet the grain requirement.***

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.
- 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.***

Serving Size and Yield for Selected Fresh Vegetables

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

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

GRAINS

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.

- Institutions that are tribally operated, operated by the Bureau of Indian Education, and that serve primarily ***American Indian or Alaska Native children may serve a vegetable to meet the grain requirement.***

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

Whole Grain-Rich Items

- At least one serving of grains per day must be whole grain-rich.
- Whole grain-rich foods are those that the grain content of a product is between 50 and 100 percent whole grain with any remaining grains being 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-filed 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 poptarts

Breakfast Cereals

- Breakfast cereals include ready-to-eat, instant, and regular hot cereals.
- Breakfast cereals must contain no more than 6 grams of added sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).
- Centers may use any WIC-approved breakfast cereals. These cereals meet the sugar requirements. It does not mean they meet the whole grain-rich requirement.

  — ***https://oklahoma.wicresources.org/approved-food-list-oklahoma/***
- You can also find cereals that meet the requirement using the Nutrition Facts label and by following the steps on the following page:

BREAKFAST CEREAL ADDED SUGAR CHART

GRAMS	
If the serving size is:	Added Sugars cannot be more than:
12-16 grams	0-3 grams
26-30 grams	0-6 grams
31-35 grams	0-7 grams
45-49 grams	0-10 grams
55-58 grams	0-12 grams
59-63 grams	0-13 grams
74-77 grams	0-16 grams

OUNCES	
If the serving size is:	Added Sugars cannot be more than:
1 oz	0-6 grams
2 oz	0-12 grams
2.25 oz	0-14 grams
2.5 oz	0-15 grams

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

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

YUMMY BRAND CEREAL

Nutrition Facts

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

Per Serving	Cereal	With 1% Amount 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%**
Added Sugar 5g		
Other Carbohydrate 14g		
Protein 5g		

TEST YOURSELF:

Does the cereal above meet the sugar requirement?

Serving Size: *30g* Sugars: *5 grams* Yes [x] No [ ]

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).

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 the Food Label

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
- Whole-grain pancakes or waffles
- Whole-grain bagels or muffins
- Whole-wheat breads, rolls, or buns
- Whole-grain breads, rolls, or buns
- Whole-grain tortillas, taco shells
- Whole-grain chips/pretzels
- Whole-grain pita pockets
- 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)

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.fna.usda.gov/fdd/household-material-fact-sheets***.

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 fhour
- 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

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

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

STEP 1:

_____Cup x _____grams/cup = _____ Total grams

_____Cup x _____grams/cup = _____ Total grams

_____Cup x _____grams/cup = _____ Total grams

ADD ALL TOTAL GRAMS = _____ TOTAL GRAMS

STEP 2:

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

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

OR

How many 1 grains servings does this recipe have?

_____ TOTAL GRAMS Divide by 16 = _____ 1 servings

CACFP GRAINS CHART

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

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

1 Under the CACFP, the following foods are whole grain or enriched or made with enriched or whole-grain meal and/or flour, bran, and/or germ. For meals and snacks served to children and adults, at least one serving of grains per day in the CACFP must be whole grain-rich. 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 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 added sugar per dry ounce.

CACFP GRAINS CHART

Exhibit A continued

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

[3] Considered a grain-based dessert and cannot count toward the grain component at any meal served under the CACFP 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 added 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.fna.usda.gov/fdd/household-material-fact-sheets***.

Whole Grain-Rich Foods and Disallowed Meals

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

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

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

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

Friday's Menu
Breakfast Diced peaches Blueberry pancake Milk
Lunch Macaroni and cheese Beef hot dog Green Beans Tropical fruit Milk
Snack Cheddar cheese slices Crackers Water

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

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

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.
- Operators may submit an original CN label, a photocopy or a photograph of the valid CN label during an AR as acceptable documentation.
  - — CN labels that are laser-printed on the product carton or cannot be easily removed may be photocopied while attached to the original product carton.
  - — A photograph of the CN label while it is attached to the original product carton. (CN labels that are photocopies or photographed must be visible and legible.)
- When a valid CN logo and crediting statement is provided, a Product Formulation Statement is not required.

Watermarked CN Labels

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

CN

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

CN

Product Formulation Statement (PFS)

A manufacturer's Product Formulation Statement (PFS) is a signed, certified document that provides a way for a manufacturer to demonstrate how a product may contribute to the meal pattern requirements of USDA's CNP. A PFS is typically provided for processed products that do not have a CN label. Program operators must request a signed manufacturer's PFS when purchasing a processed product without a CN label. Program operators are responsible for ensuring menu items meet meal pattern requirements; therefore, program operators should review and verify the crediting statement on a manufacturer's PFS before purchasing the product.

CHECKLIST FOR EVALUATING A MANUFACTURER'S PFS (If *N* is checked for any question below, contact the manufacturer to request the information)		
Y	N	Is the PFS on signed company letterhead? The signature on the PFS can be handwritten, stamped, or electronic.
Y	N	Does the PFS include product name, product code number, and serving/portion size?
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description as the ingredients listed on the product label? For example, if the PFS lists *ground beef (not more than 20% fat)*, the product label should also list *ground beef (not more than 20% fat)*.
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the *Food-Buying Guide* (FBG) (available at ***http://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs***)?
Y	N	If the product is a meat/meat alternate, does it contain an Alternate Protein Product (APP) such as soy concentrate? If *Yes*, does the manufacturer provide supporting documentation that meets USDA's APP requirements? Specific requirements for APP products and examples of supporting documentation are available at ***http://www.fna.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.fna.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
- Fruit Twists or That's It fruit bars

EXAMPLE MENU OF MEAL PATTERN REQUIREMENTS

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast	Peach slices Scrambled eggs whole milk	Whole-wheat toast with all-fruit spread Diced peaches whole milk	Fresh banana slices Cheerios cereal whole milk	Blueberries WG* waffle whole milk	Juice Kix cereal whole milk
Lunch	Cheese and chicken quesadilla Refried beans Applesauce whole milk	Chicken and Noodles Peas Diced Pears whole milk	Hamburger with bun Mashed potatoes Green beans whole milk	Chicken breast White rice Mixed fruit Roasted broccoli whole milk	Spaghetti with meat sauce Green Beans Pears Soft bread stick whole milk
Snack	WG Cheez Its crackers Juice	Peanut Butter and Jelly Sandwich (WG bread) Water	WG English muffin with melted Cheddar cheese Juice	Beef Hot Dog and Bun Water	WG Graham Crackers Yogurt Water

WG = Whole grain-rich

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.

There is a How to Calculate servings form in the Resource Library under Interactive forms that will calculate the math for you.

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 Menus as Served form is to be used at the beginning on October 1 of each fiscal year and ending on September 30.

Make copies of the *Menus as Served* original on **page 256-257**. 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. ***1 and 2 year-olds are to be separated.***
  - * 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
- List the amount of whole milk served in the top milk section. In the bottom milk section, circle the type of milk served. ***Any milk substitutes served can be listed in the comments box at the top.***
- 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 regional 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 ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total children served: 17 Number of children served: 1/2: _____/_____ 3-5: __7__ 6-12: __10_ Program Adults: _____		WG ☑ 1 (32-oz) box original cheerios		17 bananas, unpeeled	1 gallon whole white milk
AM SNACK Total children served: ___ Number of children served: 1/2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐			
LUNCH Total children served: 15_ Number of children served: 1/2: _____/_____ 3-5: _15__ 6-12: _____ Program Adults: _____	2# 20% fat ground beef	WG ☐ Spaghetti noodles 1#	Green beans 2/15-oz cans, cut, drained, heated Tomato sauce, 1/15-oz cans	Peaches, freestone, sliced, 3/16-oz cans	3/4 gallon whole white milk
PM SNACK Total children served: 17 Number of children served: 1/2: _____/_____ 3-5: __7__ 6-12: __10__ Program Adults: _____		WG ☑ 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 ☐			
LATE PM SNACK Total children served: ___ Number of children served: 1/2: _____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐			

THE FOOD-BUYING GUIDE

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 FNA-425 CACFP Crediting Handbook Slightly Revised May 2023 located in the RESOURCE LIBRARY under the MEAL PATTERN REQUIREMENTS section.

The Food-Buying Guide has food items grouped by components in the following sections:

- Section 1: Meat and Meat Alternates
- Section 2: Vegetables and Fruits
- Section 3: Grains
- Section 4: Milk
- Section 5: Other Foods (the foods in this section do not meet any of the requirements for any components in the meal patterns)

The Food-Buying Guide is Available at:

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

The *Food-Buying Guide* is divided into yield tables using a six-column format:

1 **Food As Purchased, AP**	2 **Purchase Unit**	3 **Servings Per Purchase Unit, EP**	4 **Serving Size Per Meal Contribution**	5 **Purchase Units for 100 Servings**	6 **Additional Information**

Column 1—Food As Purchased, AP: Tells you the name of the food item and the form(s) in which it is purchased. Individual foods are arranged in alphabetical order by type of food.

Column 2—Purchase Unit: Tells you the basic unit of purchase for the food. For most foods, the guide lists ***Pound*** as the purchase unit.

Column 3—Servings Per Purchase Unit, EP (Edible Portion): Shows the number of servings of a given size (found in Column 4) from each purchase unit (found in Column 2). It is based on average yields from good quality foods prepared in ways that result in a minimum of waste.

Column 4—Serving Size Per Meal Contribution: Describes a serving by weight, measure, or number of pieces or slices. Sometimes both measure and weight are given or the measure and number of pieces or slices.

For foods specified in the meal patterns, the serving size given in this column can be credited toward meeting the meal pattern requirements. For many fruits and vegetables, both pieces and 1/4-cup servings are included.

Column 5—Purchase Units for 100 Servings: Shows the number of purchase units you need for 100 servings. This number was calculated using the purchase unit listed in Column 2 and the serving size (by weight) listed in Column 4. Numbers in Column 5 have been rounded up to help ensure enough food is available for 100 servings.

Column 6—Additional Information: Provides other information to help you calculate the amount of food you need to purchase and/or prepare.

For many food items, this column shows the quantity of ready-to-cook or cooked food you will get from a pound of food as purchased.

The data in the yield tables can help you in a variety of ways as you plan menus, make purchasing decisions, and check to make sure meals will meet CNP requirements.

EXAMPLE 1

You are planning to serve 1/4 cup of raw, unpeeled fresh apples. You will be purchasing fresh, whole apples, case count 125-138. How many pounds of fresh, whole apples will you need to buy?

1. Estimate the number of servings of the prepared food you will need.

   You estimate that you will need ***50*** 1/4-cup servings of fresh, unpeeled apple.

2. Locate the food in the ***Food-Buying Guide*** in the form you intend to serve.

1 **Food As Purchased, AP**	2 **Purchase Unit**	3 **Servings Per Purchase Unit, EP**	4 **Serving Size Per Meal Contribution**	5 **Purchase Units for 100 Servings**	6 **Additional Information**
APPLES					
Apples, fresh *125-138 count Whole*	Pound	14.8	1/4 cup raw, unpeeled fruit (about 1/4 apple)	6.8	1 lb AP = 0.91 lb (3 2/3 cups) ready-to-cook or -serve raw, cored, unpeeled apple

3. Check the serving size listed in Column 4. Compare this to your planned serving size.

   Column 4 reads: 1/4 cup raw, unpeeled fruit (about 1/4 apple)

   This is the same as your planned serving size to all students, so no conversion is needed.

4. Refer to Column 2 to find the purchase unit. Refer to Column 3 for the number of servings you will get per purchase unit.

   Column 2 reads: Pound

   Column 3 reads: 14.8

5. Divide the number of servings needed by the number of servings you will get per purchase unit (Column 3).

   Number of servings needed = 50

   Servings per purchase unit = 14.8

   50 divided by 14.8 = 3.37

6. Round up to 4 pounds to ensure enough food is available.

   ANSWER: You will need 4 pounds of fresh, unpeeled apples for ***50*** 1/4-cup servings.

EXAMPLE 2

You are planning to serve ground beef tacos with no more than 20 percent fat to 200 children from all age groups. How many pounds of ground beef will you need?

1. Estimate the number of servings and the serving size of the prepared food for each age/grade.

   You estimate that of the 200 planned servings, 50 will be served 1 ounce each, 100 will be served 1 1/2 ounces each, and 50 require 2-ounce servings of meat/meat alternate.

2. Locate the food in the ***Food-Buying Guide*** in the form you intend to serve.

Section 1—Meat/Meat Alternates

1 **Food As Purchased, AP**	2 **Purchase Unit**	3 **Servings Per Purchase Unit, EP**	4 **Serving Size Per Meal Contribution**	5 **Purchase Units for 100 Servings**	6 **Additional Information**
BEEF, GROUND					
Beef, Ground, fresh or frozen[7,8] *no more than 20% fat includes USDA commodity (Like IMPS #136)*	Pound Pound	11.8 7.89	1 oz cooked lean meat 1 1/2 oz cooked lean meat	8.5 12.7	1 lb AP = 0.74 lb cooked, drained lean meat

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.

FOOD 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 FNA-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-licensed healthcare professional or registered dietitian. 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 *institution or parent/guardian)*	
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 *state-licensed healthcare professional or registered dietitian*)
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	*R. J. Hoffman, M.D.*
Date	Signature of State-Licensed Healthcare Professional or Registered Dietitian
	555-1212
	Telephone Number

Example

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: *Jenniffer 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

Notes

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, it 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 state-licensed healthcare professional or registered dietitian 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 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 12 grams of added 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 12 grams of added 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 combination of both[5,6]

1 Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered at a later time if the infant will consume more.

2 Infant formula and dry infant cereal must be iron-fortified.

3 A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

4 Breakfast cereals must contain no more than 6 grams of added 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 have it on file for each infant. The facility will not be able to claim the infant meals for reimbursement.

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 up 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

TOTAL INFANTS SERVED: 1 ***FORM COMPLETED BY:*** Tammy Cook ***DATE:*** 10/4/YYYY

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

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

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

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 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 powered cheese, Freeze-dried vegetables, Granola, Macaroni and other pastas, Millet, and Mixed Grains

KID KARE

ALL institutions on CACFP are to use KidKare, a web-based software – ***this is for any entity claiming meals on the CACFP website.***

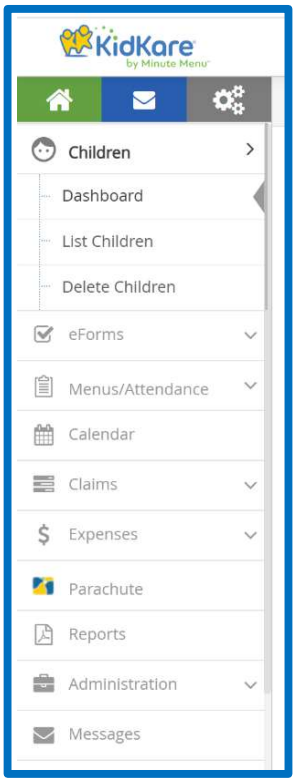
1. **Contact Information**: Email: Oklahoma@KidKare.com

2. **Trainings:** To register for KidKare trainings or find training modules, go to: https://www.kidkare.com/training-ok/

3. **Log in Page:** https://app.kidkare.com/#/login/
   1. Use Chrome, Google, Safari. DO NOT use Internet Explorer

4. **KidKare Oklahoma Website:** https://www.com/state-oklahoma/

5. **Forms Required to be Completed in KidKare:**



- Attendance
- Claim Summary Report
- Enrollment Form
- Expenditure/Reimbursement Worksheet
- Family-size and Income application
- Food Purchasing From
- Head Start, Federally Funded Enrolled Children Form
- Infant & Child Meal Waiver Form
- Infant Menu as Served
- Meal Count Worksheet
- Menu As Served Form
- Menus
- Rosters
- End of Year Report
- Calculating Serving Form
- Profit/Loss
- Monthly Record Keeping Checklist – Single-sited & Sponsor

6. **At the end of each month, print out the Claim Summary report, and claim meals on the CACFP website. Meals will not be claimed through KidKare.**

   OSDE CACFP Claiming website: https://cnp.sde.ok.gov/cacfpclaims/snpwelcomem.aspx

Comprehensive Reporting

Full Access

Enterprise State Reporting

- **Popular State Reporting / Fraud Protection listed in blue**

MENUS

- EZ Menu Report
- Master Menu List
- Provider Cycle Menu
- **Provider My Menu**
- **Scheduled Menus Report**
- Sponsor Cycle Menu Report
- **Center Monthly Menu Plan**
- Center Weekly Menu Plan (non-infants/infants only)
- Master Menu Monthly (non-infants/infants only)
- **Menu Production record (non-infants/infants only)**
- **Weekly Quantities Required**
- **Daily Transportation Log**
- **Infant Feeding Report**
- **Food Combinations**
- Food Frequency Rules
- Food List Export
- Food List with Effective Dates
- Food and Vitamin Analysis by Meal
- Foods Served by Week
- **Frequently Served Foods**
- Fruit/Vegetable Analysis
- **Monthly Milk Audit Summary**
- Provider/Center Menu Comments

ATTENDANCE & MEAL COUNTS

- Daily Meal Worksheet
- **Weekly Attendance + Meal Count**
- Daily Attendance + Meal Count
- Full Month Attendance Worksheet
- **Claimed Attendance by Child**
- Claimed Attendance Summary
- **Claimed Foods and Attendance with Tier**
- **Duplicate Children Claimed**
- **5 Day Attendance**
- Claim Error Report
- **Office Error Report**
- Daily or Weekly In & Out Times
- **In & Out Times Attendance by Child**
- Meal Totals Report
- Provider/Center Daily Meal Count
- **Daily FRP Report**
- Actual vs Estimated Meal Counts
- Monthly Claimed Meal Counts by Age Group, by Child, or At-Risk
- **Monthly Paid Meal Counts by Age Group, by Child or At-Risk**

CHILDREN/PARTICIPANTS

- Enrollment
- Free & Reduced-Price Forms
- **Verify FRP within Family**
- Income Eligibility List
- Child Roster
- **Child Racial Count Summary**
- Child Tier Expiration Analysis
- **Provider with Duplicate Children**
- **Provider/Child Residence Comparison**
- Tier 1 Qualifying Children
- At-Risk/SFSP Enrollment
- School-age Breakfast Approval
- **Children Claimed without Absence**
- **Children Not Claimed**
- Child List Export

CLAIMS

- **Provider Center Claim Totals**
- Claim Change Report
- **Claim Error Analysis Detail by Monitor**
- Claim Error Analysis Summary
- Track Received Claims
- Claims Not Received
- Enrollment/Days/Meals Edit Check Report
- **New Claiming Providers**
- State Claim Summary
- State Daily Claim Totals
- Participant Totals by Center
- **12 Month Claims Summary**
- **Claims Roster**
- Rate Summary
- Claim List Export

REVIEWS/TRAINING

- Provider Due Review
- Home Visit Status
- **Child Attendance Reconciliation**
- **Claim and Review Comparison**
- **Children Not Seen at Review**
- Monitored Meal Pattern Break
- Projected Visit Dates
- **Claiming Special Days**
- **Providers Not Reviewed**
- Sponsor Review Worksheet
- Block Claim Review
- Review History + Status Report
- Sponsor Review Summary
- Provider Training Hours Summary
- **Providers Not Trained**
- Training List Export
- Review List Export

PROVIDER/CENTER

- Provider Info Summary
- **Center Info Summary**
- Provider License Expiration
- **Racial Count Summary**
- Providers Added
- Center Enrollment Statistics
- **Center Error Summary**
- Center Disallowance Export
- Providers Changing Tier
- School Tier Comparison
- **Serious Deficiency List**
- Serious Deficiency Detail
- Serious Deficiency Export
- Center Summary Export
- **Provider List Export**
- **Center List Export**

PAYMENTS

- Check ACH File
- **Check Payment Details**
- **Check Register**
- Check Register Batch Summary
- Check Transaction File
- **Claims Not Paid**
- Non-claim payment adjustments
- Year End Tax Summary

RECEIPTS

- **Non-Profit Status**
- **Center Receipts Journal**
- Monthly Receipt Totals
- Labor Tally Sheet
- Receipt List Export

Basic Access

State Reporting

Claimed Food & Attendance

Information Export

Claimed Attendance Detail Report

Claim Reports

5 Day Attendance Report

CENTER ORIGINALS

Additional Responsible Principal or Individual (RPI) Consent Form

Name of Organization: _____ Agreement #: _____

I, _____, understand that I am the responsible principal and/or individual (RPI) of _____. I hereby appoint _____ to attend training, receive technical assistance, sign for administrative reviews, and have full power and authority to act on my behalf for any other administrative duty related to the Child and Adult Care Food Program (CACFP).

If my institution has any noncompliance's or is declared seriously deficient, I understand that it is still my responsibility as the RPI to complete corrective action or repay any debt owed to the Oklahoma State Department of Education.

Print RPI Name: _____ Date: _____

RPI Signature: _____

Additional (NEW) RPI Signature: _____

Print Additional (NEW) RPI Name: _____

Title: _____

Additional (NEW) RPI Birth date: _____

Must send a color copy of the new RPI's driver's license along with this form to OSDE.

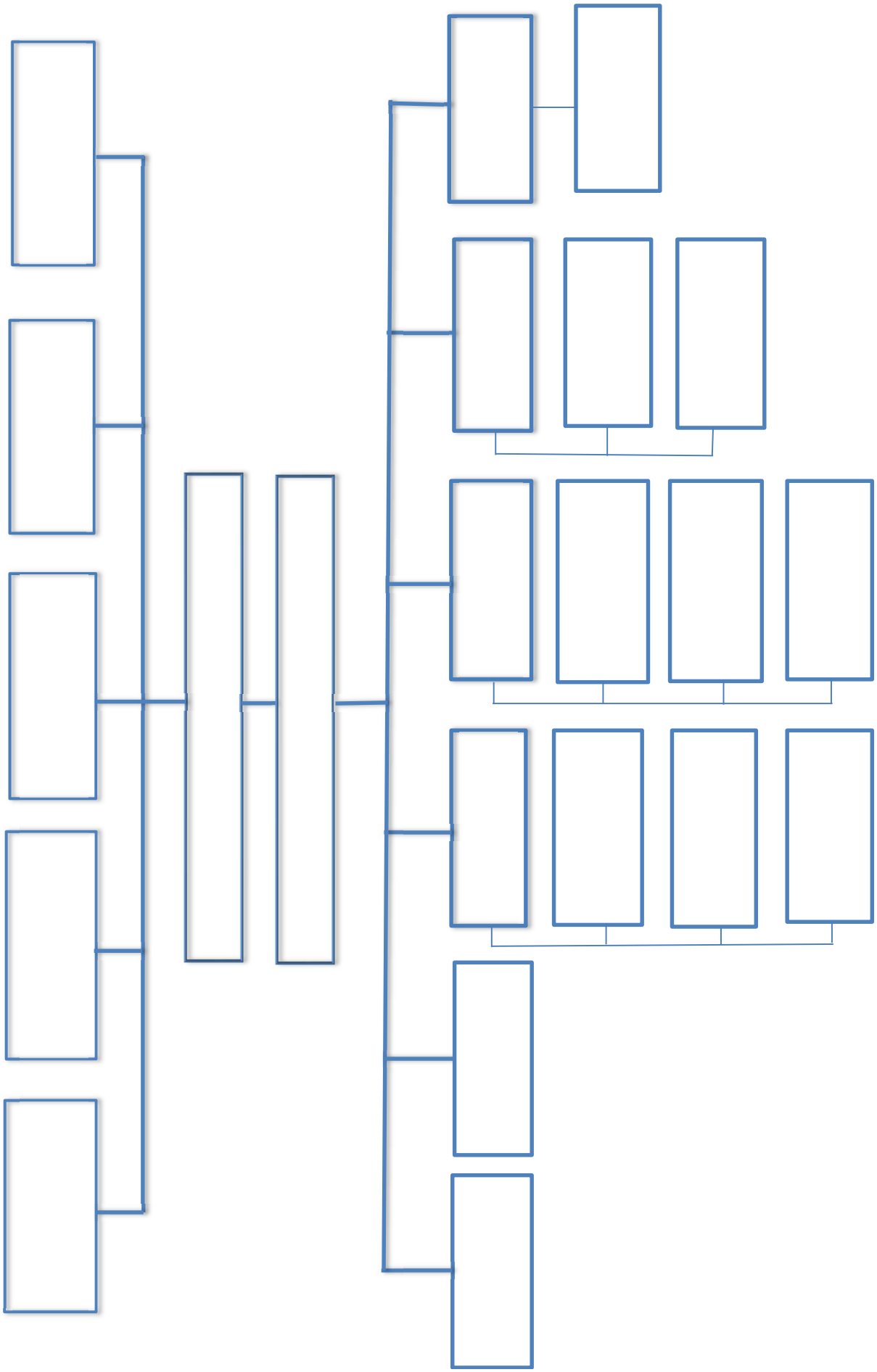
☐ I am a responsible principals or individuals (RPI) for all programs we administer under CACFP.

☐ Our organization operates multiple programs under one agreement number. We have different individuals within the organization as the RPI for certain programs. I am only the responsible individual for the _____ program(s).
(list the program(s): at-risk, adult day, FDCH, or daycare center)

This form can be emailed to the person that handles your online application: Lori.Burroughs@sde.ok.gov, Shannon.Nakvinda@sde.ok.gov, or Leisa.King@sde.ok.gov. It can also be faxed to 405-521-2239.

Non-Profit Organizational Chart

Name of Institution

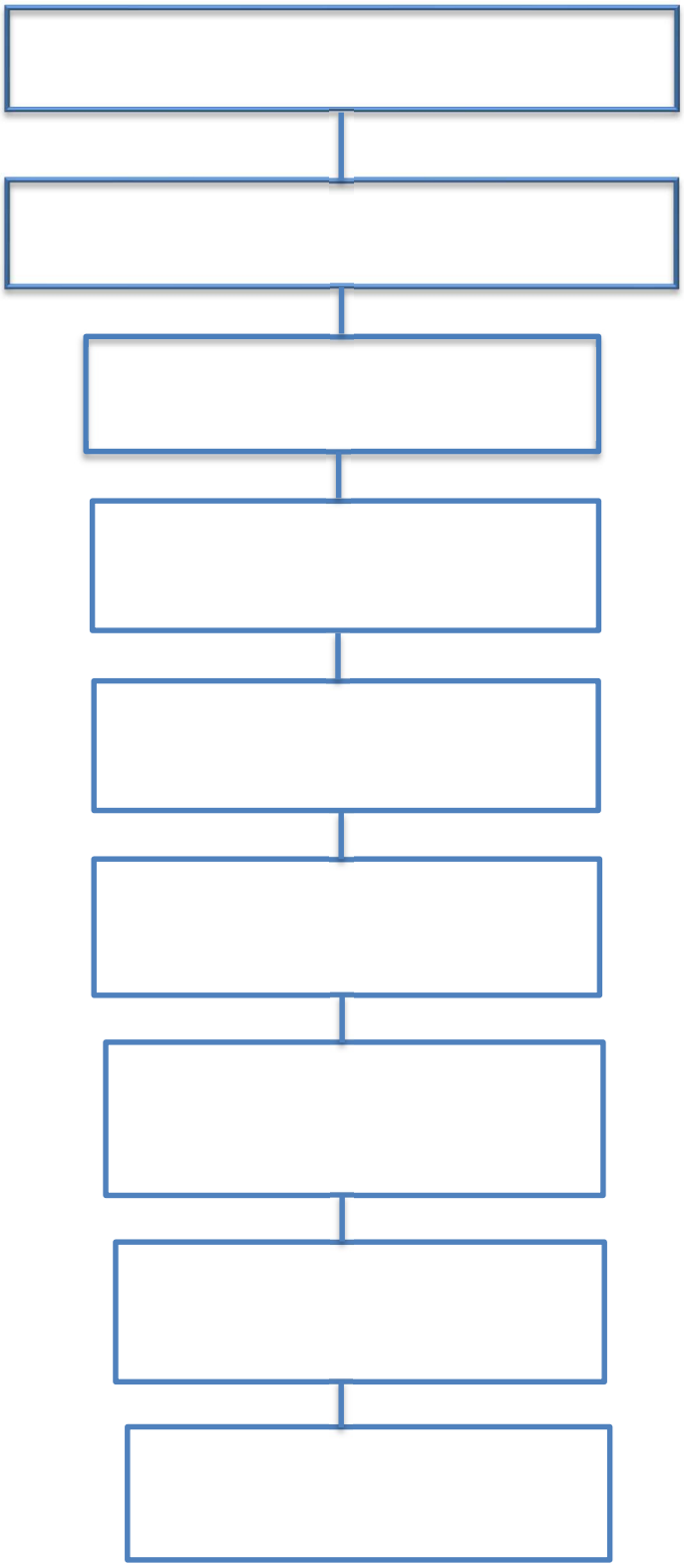


For Profit

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. Last 4 of Card or Check #: _____

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

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

Form completed by: _____

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

EXPENDITURE/REIMBURSEMENT WORKSHEET

INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Institution Name: _____ Month: _____ Year: _____

DATE (1)	ITEM/ENTRY (Vendor or Personnel, Etc.) (2)	LAST 4 OF CARD NO. OR CHECK NO. (3)	OPERATING AND ADMINISTRATIVE COSTS ($)																			
			CACFP Admin. Labor (4) $		CACFP Admin. Expenses (5) $		Food Service Salaries/ Benefits (6) $		Food Service Rent/ Utilities/ Janitorial (7) $		Food Service Equipment (8) $		Food Purchases (Food and Milk) (9) $		Nonfood Purchases (Food-Related Supplies) (10) $		Misc. Expenses (11) $		Income (Other than CACFP Reimb) (12) $	
(13)	Grand Totals																					

(14) Total CACFP Expenditures (Total of Columns 4 through 11) $ _____

(15) Reimbursement minus Cash-in Lieu plus Income (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.

(17) Form completed by: _____

END OF THE YEAR REPORT

Institution Name: _____ Year: _____ Fiscal Months: _____

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

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

(12) Reimbursement & Income Received (Total of Column 10) minus Cash-in-Lieu $ _____

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

(14) Three-month operating (See Instructions) $_____

Form completed by: _____

Contact Info: _____

Over the 3-month operating balance? ☐ Yes ☐ No

(If 13 is higher than 12, mark NO)

MEDICAL STATEMENT

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

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

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

Date	Signature of State-Recognized Medical Authority
	Telephone Number

MILK SUBSTITUTION REQUEST

Child's Name:	Age:

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

Signature of Parent/Guardian:	Date:

INSTITUTION APPROVAL: Signature:	 Date:

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

- Calcium 276 mg
- Protein 8 g
- Vitamin A 150 mcg
- Vitamin D 2.5 mcg
- 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:
1. List all enrolled children, include his/her birth date.
2. Circle the meals the child normally eats.
3. Insert the normal hours the child is in care.
4. Check normal days the child is in care. .

Part 1: Answer this question if you choose.

Part 2: Skip this part unless a household member listed has ***SNAP, TANF,*** or ***FDPIR*** benefits. List the household member and add the case number to the last column.

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:
1. List all enrolled children, include his/her birth date.
2. Circle the meals the child normally eats.
3. Insert the normal hours the child is in care.
4. 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:
1. List all enrolled children, include his/her birth date.
2. Circle the meals the child normally eats.
3. Insert the normal hours the child is in care.
4. 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:
1. List all enrolled children, include his/her birth date.
2. Circle the meals the child normally eats.
3. Insert the normal hours the child is in care.
4. 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 2026-2027

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		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	
			B AM L PM S LPM		☐	

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

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

Mark one ethnic identity:	*Mark one or more racial identities:*		
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White	☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander	☐ Black or African American

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, FDPIR #	Zero Income
1.	$	$	$	$	☐
2.	$	$	$	$	☐
3.	$	$	$	$	☐
4.	$	$	$	$	☐

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 ☐ SNAP/TANF/FDPIR

☐ Reduced ☐ Foster

☐ Not Eligible ☐ 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 2026-2027
FOR *FREE* AND *REDUCED-PRICE* MEALS
(Effective from July 1, 2026 to June 30, 2027)

(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	20,748	1,729	865	798	399
2	28,132	2,345	1,173	1,082	541
3	35,516	2,960	1,480	1,366	683
4	42,900	3,575	1,788	1,650	825
5	50,284	4,191	2,096	1,934	967
6	57,668	4,806	2,403	2,218	1,109
7	65,052	5,421	2,711	2,502	1,251
8	72,436	6,037	3,019	2,786	1,393
For each additional family member, add:	7,384	616	308	284	142

ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level					
Household Size	**Icome**				
	Annual	**Monthly**	**Twice Per Month**	**Every Two Weeks**	**Weekly**
1	29,526	2,461	1,231	1,136	568
2	40,034	3,337	1,669	1,540	770
3	50,542	4,212	2,106	1,944	972
4	61,050	5,088	2,544	2,349	1,175
5	71,558	5,964	2,982	2,753	1,377
6	82,066	6,839	3,420	3,157	1,579
7	92,574	7,715	3,858	3,561	1,781
8	103,082	8,591	4,296	3,965	1,983
For each additional family member, add:	10,508	876	438	405	203

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

CHILDREN'S INFORMATION

1. Child's Name:					Date of Birth:		
2. Normal Days in Attendance:	☐ Sunday	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday
3. Normal Hours of Attendance:	a.m./p.m. **to**				a.m./p.m.		
4. Normal Meals Eaten:	Breakfast ☐	A.M. Snack ☐	Lunch ☐		P.M. Snack ☐	Supper ☐	Late P.M. Snack ☐
5. Race (Optional): ☐ American Indian/Alaskan Native ☐ Hawaiian or Pacific Islander ☐ White ☐ Black or African ☐ Asian					6. Ethnicity (Optional): ☐ Hispanic ☐ Not Hispanic		

1. Child's Name:					Date of Birth:		
2. Normal Days in Attendance:	☐ Sunday	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday
3. Normal Hours of Attendance:	a.m./p.m. **to**				a.m./p.m.		
4. Normal Meals Eaten:	Breakfast ☐	A.M. Snack ☐	Lunch ☐		P.M. Snack ☐	Supper ☐	Late P.M. Snack ☐
5. Race (Optional): ☐ American Indian/Alaskan Native ☐ Hawaiian or Pacific Islander ☐ White ☐ Black or African ☐ Asian					6. Ethnicity (Optional): ☐ Hispanic ☐ Not Hispanic		

1. Child's Name:					Date of Birth:		
2. Normal Days in Attendance:	☐ Sunday	☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday
3. Normal Hours of Attendance:	a.m./p.m. **to**				a.m./p.m.		
4. Normal Meals Eaten:	Breakfast ☐	A.M. Snack ☐	Lunch ☐		P.M. Snack ☐	Supper ☐	Late P.M. Snack ☐
5. Race (Optional): ☐ American Indian/Alaskan Native ☐ Hawaiian or Pacific Islander ☐ White ☐ Black or African ☐ Asian					6. Ethnicity (Optional): ☐ Hispanic ☐ 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.															
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32.															
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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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.															
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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

☐ Regular Meals ☐ At-Risk Meals

Center: _____ Month and Year: _____

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

	B	AM	L	PM	S	L PM
Totals						
Grand Totals From All Pages						

Form completed by: _____

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													
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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													
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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

Good Nutrition today means a stronger tomorrow

Building for the Future With CACFP

What is CACFP?

- CACFP is a Child and Adult Care Food Program. It is a federal program that pays for healthy meals and snacks for child and adults in day care.
- CACFP improves the quality of day care. It helps lower the cost of day care to families
- Besides providing meals in day care, CACFP makes afterschool programs to at-risk children and youth. Serving after-school meals and snacks attracts students to learning activities that are safe and fun.
- Children and youth that are homeless can also receive meals at shelters that participate in CACFP.

Who is eligible for CACFP Meals?

- Children under age 13 and Migrant children under age 16
- Children and youth under age 19 in afterschool programs in low-income areas or live in homeless shelters
- Adults who are impaired or over age 60 and enrolled in an adult day care

What kinds of meals are served? CACFP Meals follow USDA nutrition standards. Breakfast consist of milk, fruits, or vegetables, and grains. Lunch and Supper require milk, grains, meat or other proteins, fruits and vegetables. Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served? Many types of facilities participate in CACFP:

Child Care Centers**:** Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers: Licensed centers offer before or afterschool care with meals and snacks for a large number of school-aged children.

Family Day Care Homes: Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

"At-Risk" Afterschool Care Programs: Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters: Homeless, Domestic violence, and runaway youth shelters provide places to live with free meals for children and youth

Adult Day Centers: Licensed centers provide day care with meals and snacks to enrolled adults.

Contact Information: If you have any questions about CACFP, contact one of the following

Institution/Sponsor Contact Information:

State Department of Education
Child Nutrition Programs
2500 North Lincoln Blvd. OKC, OK 73105
405-521-3327

USDA 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 Meal Service/Hours of Operation Change Form

Agreement Number: _____ Institution Name: _____

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

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

List the currently approved mealtimes:

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

List the currently approved maximum number of meals:

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

Check the box for each day the currently approved to serve meals and hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Open	Close

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

List the NEW mealtimes, if applicable: ☐ No change to mealtimes

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

List the NEW maximum number of meals, if applicable: ☐ No change to max number

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

If serving shift or weekend meals, provide justification:

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

List the NEW hours of operation, if applicable:

Open	Close

☐ No change to hours of operation

I further certify that all of the above 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:_____

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 FSIAs on new participants and maintain with all other FSIAs/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

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

CHECKLIST FOR EVALUATING A MANUFACTURER'S PFS (If *N* is checked for any question below, contact the manufacturer to request the information)		
Y	N	Is the PFS on signed company letterhead? The signature on the PFS can be handwritten, stamped, or electronic.
Y	N	Does the PFS include product name, product code number, and serving/portion size?
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description as the ingredients listed on the product label? For example, if the PFS lists *ground beef (not more than 20% fat)*, the product label should also list *ground beef (not more than 20% fat)*.
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the *Food-Buying Guide* (FBG) for *School Meal Programs* or *FBG for Child Nutrition Programs* (available at ***http://www.fns.usda.gov/tn/food-buying-guide-school-meal-programs*** or ***http://www.fna.usda.gov/tn/food-buying-guide-for-child-nutrition-programs***)?
Y	N	If the product is a meat/meat alternate, does it contain an Alternate Protein Product (APP) such as soy concentrate? If *Yes*, does the manufacturer provide supporting documentation that meets USDA's APP requirements? Specific requirements for APP products and examples of supporting documentation are available at ***http://www.fna.usda.gov/cnlabeling/food-manufacturersindustry***.
Y	N	Does the PFS demonstrate how creditable ingredients* contribute toward the meal pattern requirement(s) (i.e., provides information to calculate crediting)?
Y	N	Are the manufacturer's calculations correct and verified?

- The total creditable amount should ***NEVER*** be rounded up. The total creditable amount must ***round down*** to the nearest 0.25 oz (e.g., total creditable amount of 0.99 oz must ***round down*** to 0.75 oz.).
- The meat/meat alternate credit cannot exceed the total serving size of the product (e.g., a 2.15-oz beef patty may not credit more than 2.00 oz meat/meat alternate).
- Fruits and vegetables (including purees) credit on the volume served (cup servings). For example, if 1/2 cup red/orange vegetables is served, then the contribution toward the red/orange vegetables subgroup is 1/2 cup credit.

The only exceptions are:

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

— Dried fruits credit as double the volume served in school meals only (e.g., 1/4 cup raisins credit as 1/2 cup fruit). All other CN programs credit dried fruit on the volume served.

— Raw leafy vegetables credit as half the volume served in school meals only (e.g., 1 cup raw spinach credits as 1/2 cup dark-green vegetable). All other CN programs credit as volume served.

- A PFS may include crediting information for more than one meal component. For instance, a cheese pizza may credit toward the meat/meat alternate, grains, and the red/orange vegetable subgroup. The crediting information for each meal component may be documented on the same PFS.
- PFS templates for each meal component are available on the CN labeling Web site at ***http://www.fna.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

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: _____ 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	Quantity Served Meat/Meat Alternate	Quantity Served Breads/Cereals	Quantity Served Fruit/Vegetable	Quantity Served Formula/Breast Milk
Names and Ages				
Breakfast 1.				
2.				
3.				
4.				
5.				
Lunch/Supper 1.				
2.				
3.				
4.				
5.				
Snack 1.				
2.				
3.				
4.				
5.				
Supper 1.				
2.				
3.				
4.				
5.				

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

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	QTY SERVED: FRUIT	QTY SERVED: MILK	Comments/ Leftovers
BREAKFAST Total children served: _____ Number of children served: 1-2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
AM SNACK Total children served: _____ Number of children served: 1-2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
LUNCH Total children served: _____ Number of children served: 1-2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
PM SNACK Total children served: _____ Number of children served: 1-2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
SUPPER Total children served: _____ Number of children served: 1-2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
LATE PM SNACK Total children served: _____ Number of children served: 1-2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				

MENUS AS SERVED

(This form can be used for entities who only serve 3 meals per day)

☐ Regular Meals
☐ At-Risk Meals

Comments/Special Dietary Needs: Form completed by: _____

MEAL TYPE	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE	QTY SERVED: FRUIT	QTY SERVED: MILK	Comments/ Leftovers
BREAKFAST Date: _____ Total children served: _____ Number of children served: 1/2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
LUNCH Total children served: _____ Number of children served: 1/2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
PM SNACK Total children served: _____ Number of children served: 1/2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
BREAKFAST Date: _____ Total children served: _____ Number of children served: 1/2: _____ / _____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
LUNCH Total children served: _____ Number of children served: 1/2: _____ /_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				
PM SNACK Total children served: _____ Number of children served: 1/2: _____/_____ 3-5: _____ 6-12: _____ Program Adults: _____		WG ☐				

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