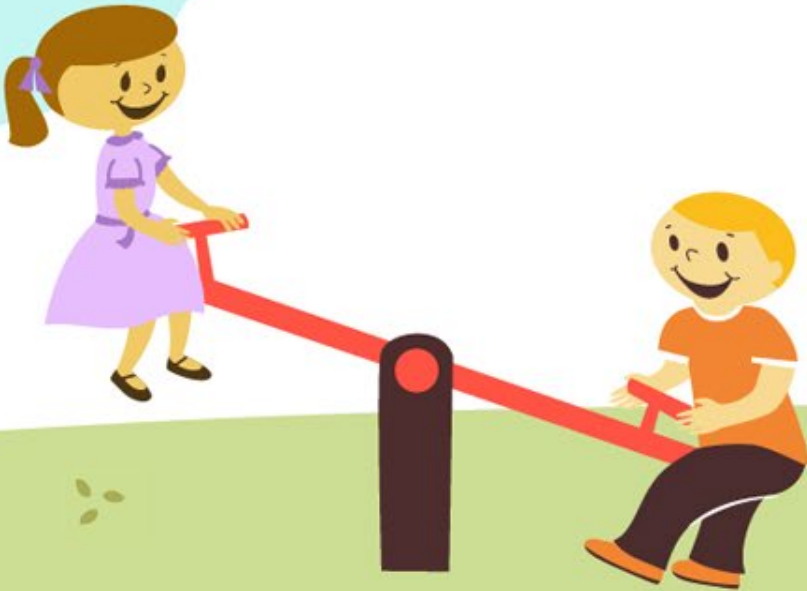




# NEBRASKA

DEPARTMENT OF EDUCATION

## CACFP 2023 Annual Training Activity Packet



# DAILY PRODUCTION RECORD

Day & Date: May 9, 2023

## NUMBER OF MEALS PLANNED

AGES	BREAKFAST	A.M. SNACK	LUNCH	P.M. SNACK	SUPPER	EVE. SNACK
1 year	11	11	11	11	10	10
2 year	10	10	10	10	11	11
3 through 5	10	10	10	10	10	10
6-12/13-18	16	16	16	16	18	18
Adults care/Staff	5	5	5	5	6	6

**Milk** - \*Whole = "W" (1 year only), Fat-free (skim) = "FF", Low-fat = "1%" e.g.: 1/2 gal. W and 2 gal. FF

**Grains**- Whole Grain = WG **Other** - Child Nutrition Label = CN; Product Formulation Statement = PFS; Homemade = HM

MEAL PATTERN	MENU	FOOD DESCRIPTION	QUANTITY PREPARED
<b>BREAKFAST</b> 1) Milk, Fluid 2) Vegetable, Fruit or Juice 3) Grains (by weight) <b>Or</b> Meat/Meat Alternate (limit 3x week)	1) Milk 2) Oranges 3) Cereal – O's Cornflakes	Fresh Plain -WG	1) <u>1/2</u> gallons * <u>W</u> and <u>3</u> gallons * <u>1%</u> 2) 3) 2 – 20 oz boxes 2 – 20 oz boxes
<b>A.M. SNACK</b> (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Apple Juice 2) Veggie Straws	100%	1) 2 ½ – Gallons 2) 2 – 32-ounce containers
<b>LUNCH</b> 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Corn Dogs (mini) 3) Peas 4) Tater Tots 5) Corn Dogs (mini)	Frozen Canned Frozen Frozen	1) <u>1/2</u> gallons * <u>D</u> and 3 gallons * <u>1%</u> 2) 15lbs 3) 2 - #10 Cans 4) 3 – 36 oz Bags 5) 15lbs (Same as above)
<b>P.M. SNACK</b> (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Yogurt 2) Breakfast Biscuits	Whole Grain	1) 5 – 32 oz containers 2) 55 - 2 oz Packages
<b>SUPPER</b> 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) Ground Beef 3) Lettuce 4) Fruit Cocktail 5) Flour Tortillas	85% lean Fresh Canned Enriched	1) <u>1/2</u> gallons * <u>W</u> and 3 gallons * <u>1%</u> 2) 7 ½ pounds 3) 4) 1 ½ - #10 Cans 5) 3 -16-ounce packages
<b>EVE. SNACK</b> (Select 2 different components) Milk, Fluid, Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) Grape Juice 2) Cottage cheese	100% Juice	1) 2 ½ - Gallons 2) 3 -24-ounce containers

Breakfast Meal Delivery Ticket				
Sunrise Egg & Cheese Calzone				
Site: Shining Bright				
Date: May 10, 2023				
# Of Meals Ordered	17			
Cooking Temp/Time	Menu	Portion Size		Serving Time/Temp
	Egg & Cheese Calzone	1	calzone	
	4.5 oz - 2 M/MA 2 WG			
	Juice 100% or Fruit	1 /2	Cup	
	Canned, Fresh or Frozen			
	White Milk	4 oz	Age 1-2	
		6 oz	Age 3-5	
		8 oz	Age 6-12	
Initial for Receipt of Delivery _____				

**Lunch Production Sheet**  
**Whole Grain Sloppy Joes with Green Beans & Fruit Cocktail**

**Date:** May 10, 2023  
**Location:** Shining Bright

Food	1-2 years Serving	#	3-5 years Serving	#	6-12 Years Serving	#	Total Qty	Unit
Milk	4	20	6	38	8	0	2.41	Gal
Beef (cooked)	1	20	2	38	2	0	6.00	Lbs.
WG Bun	0.5	20	1	38	1	0	48.00	1.25 oz.
Green Beans	1	20	2	38	3	0	1.26	#10 Cans
Fruit Cocktail	1	20	2	38	3	0	1.00	#10 Cans

\*\*Contains: Wheat, Soy, Onion Tomato

**Serving Instructions**

Milk	½ cup	¾ Cup	1 Cup
Entrée'	1 oz (Black)	2 oz (Blue)	2 oz (Blue)
Vegetable	1 oz (Black)	2 oz (Blue)	2 oz (Blue)
Fruit	1 oz (Black)	2 oz (Blue)	2 oz (Blue)
WG Bun	½ Each	1 Each	1 Each

	<u>1%</u>	<u>Whole</u>
<b>Milk Delivered Today:</b>	3	2

	<u>1%</u>	<u>Whole</u>
<b>Milk Served:</b>		

\_\_\_\_\_  
**Received by**

\_\_\_\_\_  
**Time**

\_\_\_\_\_  
**Delivered By**

## Snack Production Record

### Meal Delivery Ticket

Date:	5/10/2023
Site Name:	Shining Bright

#### Number of Meals/Children

Age Group	Breakfast	Lunch	Snack
1-2	15	20	20
3-5	45	35	35
6-12	20	0	15
Total Meals	80	55	70

#### Snack

	Food Item	1-2 Serving	3-5 Serving	6-12 Serving	Total Quantity Delivered	Equivalents/ Measurements
Fruit	Banana	½ banana	½ banana	1 banana	45 bananas	Units
Grain	Wheat Crackers	½ ounce	½ ounce	1 ounce	3- 20 ounce boxes	Ounces

Jack Moos

Delivery Driver Signature

Joni Brighter

Center Official Signature



## Food Buying Guide for Child Nutrition Programs

U.S. DEPARTMENT OF AGRICULTURE



Food As Purchased, AP	Purchase Unit	Servings per Purchase Unit, EP	Serving Size per Meal Contribution
Oranges, fresh 113 count, Arizona or California, Whole	Pound	5.60	1/4 cup fruit and liquid (about 1/2 peeled orange)
Oranges, fresh Mandarin	Pound	10.00	1/4 cup peeled fruit sections

Based upon the number of participants & their ages you need at least **83 - 1/4 cup servings.**



How many pounds of Oranges (Arizona or California) would you need to serve? \_\_\_\_\_

How many pounds of Mandarin oranges would you need to serve? \_\_\_\_\_

How many oranges (Arizona or California) would you need (1 orange yield – 1/2 cup) ?  
\_\_\_\_\_

How many mandarin (medium) oranges would need to serve (6 mandarin oranges yield 1 lb. of fruit) ? \_\_\_\_\_

Serving Size	Total Sugars
If the serving size is:	Total sugars must not be more than:
0-2 grams	0 grams
3-7 grams	1 gram
8-11 grams	2 grams
12-16 grams	3 grams
17-21 grams	4 grams
22-25 grams	5 grams
26-30 grams	6 grams
31-35 grams	7 grams
36-40 grams	8 grams
41-44 grams	9 grams
45-49 grams	10 grams



Nutrition Facts	
about 8 servings per container	
Serving size 1 1/2 cup (41g)	
Amount per serving	
<b>Calories</b>	<b>160</b>
	% Daily Value*
<b>Total Fat</b> 3g	<b>4%</b>
Saturated Fat 0.5g	<b>3%</b>
Trans Fat 0g	
Polysaturated Fat 1g	
Monounsaturated Fat 1g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 200mg	<b>9%</b>
<b>Total Carbohydrate</b> 30g	<b>11%</b>
Dietary Fiber 3g	<b>11%</b>
Total Sugars 0g	
Includes 0g Added Sugars	<b>0%</b>
<b>Protein</b> 5g	
Vitamin D 0mcg	0%
Calcium 220mg	15%
Iron 14.4mg	80%
Potassium 130mg	2%
Thiamin	30%
Riboflavin	50%
Niacin	50%
Vitamin B <sub>6</sub>	20%
Folate 200mcg DFE (120mcg folic acid)	50%
Vitamin B <sub>12</sub>	40%
Phosphorus	10%
Zinc	60%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	
Calories per gram:	
Fat 9 • Carbohydrate 4 • Protein 4	

Does this cereal meet the sugar requirements? Yes or No

Is this cereal whole grain rich? Yes or No

**INGREDIENTS:** WHOLE GRAIN OAT FLOUR, WHEAT STARCH, CALCIUM CARBONATE, SALT, TRISODIUM PHOSPHATE, CARAMEL COLOR. **VITAMINS AND MINERALS:** REDUCED IRON, NIACINAMIDE (VITAMIN B<sub>3</sub>), ZINC OXIDE, FOLIC ACID, RIBOFLAVIN (VITAMIN B<sub>2</sub>), PYRIDOXINE HYDROCHLORIDE (VITAMIN B<sub>6</sub>), THIAMIN MONONITRATE (VITAMIN B<sub>1</sub>), VITAMIN B<sub>12</sub>.  
**CONTAINS WHEAT.**





Nutrition Facts	
about 13 servings per container	
<b>Serving size 1 1/3 cups (40g)</b>	
Amount per serving	
<b>Calories</b>	<b>150</b>
% Daily Value*	
<b>Total Fat</b> 0g	<b>0%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 230mg	<b>10%</b>
<b>Total Carbohydrate</b> 35g	<b>13%</b>
Dietary Fiber 1g	<b>4%</b>
Total Sugars 4g	
Includes 3g Added Sugars	<b>6%</b>
<b>Protein</b> 3g	
Vitamin D 2mcg	10%
Calcium 0mg	0%
Iron 11.2mg	60%
Potassium 0mg	0%
Vitamin A	10%
Vitamin C	10%
Thiamine	25%
Riboflavin	25%
Niacin	25%
Vitamin B <sub>6</sub>	25%
Folate 200mcg DFE (115mcg folic acid)	50%
Vitamin B <sub>12</sub>	25%
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

Does this cereal meet the sugar requirements? Yes or No

Is this cereal whole grain rich? Yes or No

**INGREDIENTS:** MILLED CORN, SUGAR, SALT, MALTED BARLEY SYRUP. **VITAMINS AND MINERALS:** REDUCED IRON, SODIUM ASCORBATE (VITAMIN C), NIACINAMIDE, PYRIDOXINE HYDROCHLORIDE (VITAMIN B<sub>6</sub>), RIBOFLAVIN (VITAMIN B<sub>2</sub>), THIAMINE MONONITRATE (VITAMIN B<sub>1</sub>), VITAMIN A PALMITATE, FOLIC ACID, VITAMIN D, VITAMIN B<sub>12</sub>.





**INGREDIENTS:** POTATO STARCH, POTATO FLOUR, EXPELLER PRESSED CANOLA OIL AND/OR SAFFLOWER OIL AND/OR SUNFLOWER OIL, SPINACH POWDER, TOMATO PASTE, SALT, CANE SUGAR, CORN STARCH, POTASSIUM CHLORIDE, TURMERIC (COLOR), BEETROOT POWDER (COLOR), SEA SALT.



Nutrition Facts	
30 servings per container	
Serving size 4 Mini Corn Dogs (76g)	
Amount Per Serving	
Calories	220
% Daily Value*	
Total Fat 13g	17%
Saturated Fat 3.5g	18%
Trans Fat 0g	
Cholesterol 25mg	8%
Sodium 510mg	22%
Total Carbohydrate 19g	7%
Dietary Fiber < 1g	2%
Total Sugars 7g	
Includes 0g Added Sugars	0%
Protein 7g	14%
Not a significant source of vitamin D, calcium, iron, and potassium	
*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.	

Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>1</sup> (At-Risk afterschool programs & Emergency Shelters)
<b>Meat/meat alternatives</b>				
Lean Meat, poultry, or fish	1 ounce	1 1/2 ounces	2 ounces	2 ounces

(See next page for Product Formulation Statement)

How many mini-corn dogs do you need to serve to a 6 -12 year old ? \_\_\_\_\_

How much sodium would that equate for? \_\_\_\_\_

This product is not CN labeled. This form provides equivalent meat/meat alternate and grain product information for a non CN labeled product.



Product name: Chicken Mini Corn Dog Manufacturer: Freddy's Inc. Product code: 95038  
Case: 21.97 lb Pack: 12/29.3 oz Count: about 40 per box Portion Size: 4 mini's = 2.67 oz.

### I. Meat/Meat Alternate

Description of Creditable Ingredients per – Food Buying Guide (FBG)	Oz per Raw Portion of Creditable Ingredient	Multiply	FBG Yield	Creditable Amount M/MA
Mechanically Separated Chicken 20-24%	1.33 oz. cooked frank	x		1.25
A. Total Creditable M/MA Amount <b>1.25 oz.</b>				

### II. Alternate Protein Product (APP)

Description of APP, Manufacturer's Name & Code	Ounces Dry APP Per Portion	Multiply	% of Protein As-Is	Divide by 18*	Creditable Amount APP
n/a		x			
B. Total Creditable APP Amount					
C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest ¼ oz)					<b>1.25 oz.</b>

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

### III. Grains

- A. Does the product meet the whole grain-rich criteria? Yes ☐ No ☒ X  
B. Use Policy Memorandum SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program required beginning SY 2013-2014: EXHIBIT A

\*\*\*Indicate to which Exhibit A Group (A-I) the product belongs: B

Description of Product per USDA Food Buying Guide (FBG)**	Portion size of product as purchased (A)	Weight of one ounce equivalent as listed in SP 30-2102 Exhibit A (B)	Creditable Amount A ÷ B
Batter coating Group B	1.34 oz. cooked	1 oz (28g)	1.34 oz = 1.25 oz.
D. Total Creditable Grain per Portion*** (rounded down to the nearest ¼ oz)			<b>1.34 oz = 1.25 oz</b>

\*\*\*Groups A-G use the standard of 16 grams creditable grain per oz eq.

A 2.67 oz (4 mini) serving of the above product (ready for serving), would contain 1.25 oz of equivalent meat/meat alternate and 1.25 oz of bread alternate when prepared according to directions. I further certify that any APP used in the product conforms to the Food and Nutrition Service Regulations (7CFR Parts 210, 220, 225, 226, Appendix A).

Fred L. Fish

Labeling Scientist

4/2/2022

This product is not CN labeled – CN equivalent meat / meat alternate calculations are subject to change without notice. Contact FF for the most current information.



Are both of these flavors creditable?

Strawberry? \_\_\_\_\_

Strawberry Banana? \_\_\_\_\_

Nutrition Facts		
12 servings per carton		
Serving size 1 container (170g)		
	Strawberry	Strawberry Banana
Calories	<b>140</b>	<b>140</b>
	% DV*	% DV*
Total Fat	1.5g 2%	1.5g 2%
Saturated Fat	1g 5%	1g 5%
Trans Fat	0g	0g
Cholesterol	5mg 2%	5mg 2%
Sodium	90mg 4%	90mg 4%
Total Carbohydrate	27g 10%	28g 10%
Total Sugars	19g	20g
Incl. Added Sugars	13g 26%	13g 27%
Protein	5g	5g
Vitamin D	3mcg 15%	3mcg 15%
Calcium	260mg 20%	260mg 20%
Potassium	280mg 6%	280mg 6%
Vitamin A	180mcg 20%	180mcg 20%
Not a significant source of dietary fiber and iron.		
* The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.		

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







## Food Buying Guide for Child Nutrition Programs

U.S. DEPARTMENT OF AGRICULTURE



Food As Purchased, AP	Purchase Unit	Servings per Purchase Unit, EP	Serving Size per Meal Contribution
<b>Lettuce, fresh</b> <i>Iceberg, Head, Untrimmed</i>	Pound	13.90	1/4 cup raw vegetable pieces with dressing (credits as 1/8 cup in NSLP/SBP and CACFP)
<b>Lettuce, fresh</b> <i>Iceberg, Head, Cleaned and Cored, Ready-to-Use</i>	Pound	29.20	1/4 cup raw vegetable pieces (credits as 1/8 cup in NSLP/SBP and CACFP)
<b>Lettuce, fresh</b> <i>Salad mix (mostly iceberg, some romaine with shredded carrot and red cabbage)</i>	Pound	26.40	1/4 cup raw vegetable pieces (credits as 1/8 cup in NSLP/SBP and CACFP)



Based upon the number of participants & their ages you need at least **83 - 1/4 cup servings**

How many pounds of lettuce do you need to prepare? \_\_\_\_\_

Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>1</sup> (At-Risk afterschool programs & Emergency Shelters)
<b>Vegetables</b> <sup>3,8</sup>	1/8 cup	1/4 cup	1/2 cup	1/2 cup

What is the portion of lettuce you need to serve a 3-5 year old child to meet the minimum servings? \_\_\_\_\_

What is the portion of lettuce you need to serve a 6-12 year old to meet the minimum serving? \_\_\_\_\_



May 10, 2023 – Lunch Meal



## Ingredients

Enriched flour (Wheat flour, barley malt, niacin, reduced iron, thiamine, mononitrate, riboflavin, folic acid), water, honey, sugar, yeast, soybean oil. Contains 2% or less of: wheat gluten, salt, extractives of turmeric and paprika (for color), calcium sulfate, sodium stearoyl lactylate, ammonium sulfate, ascorbic acid, calcium propionate (preservative), vinegar, sesame flour. CONTAINS: WHEAT, SESAME.

## Snack (Must serve at least 2 components for a reimbursable meal)

Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>1</sup> (At-Risk afterschool programs & Emergency Shelters)
<b>Fruits</b> <sup>3,8</sup>	1/2 cup	1/2 cup	3/4cup	3/4 cup

 An official website of the United States government [Here's how you know](#) ✓



### Food Buying Guide for Child Nutrition Programs

U.S. DEPARTMENT OF AGRICULTURE

Food As Purchased, AP	Purchase Unit	Servings per Purchase Unit, EP	Serving Size per Meal Contribution
<b>Bananas, fresh</b> 100-120 count, Regular, Whole	Pound	5.39	1/4 cup raw fruit, unpeeled (about 1/2 banana)

Did the vendor supply enough bananas?

If no, how many bananas should the vendor have provided? \_\_\_\_\_

**INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS**  
**JULY 1, 2022 THROUGH JUNE 30, 2023**

**Part 1. CHILD ENROLLMENT:** Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care							Meals Served During Care							Infant	School Age	Head Start	Foster Child	
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A	M	L	P	M	D					E
Basenji, Dexter	2-5-19	1-11-23	700	430	X	X	X	X	X				X	X	X	X				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basenji, Otis	4-7-22	1-11-23	700	430	X	X	X	X	X				X	X	X	X				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basenji	3-1-23																		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
																			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**OPTIONAL:** Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more):

☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (select one or more):

☐ American Indian or Alaskan Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White or Caucasian

**Part 2. Household Receiving Benefits:** Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ☐ SNAP Case #: \_\_\_\_\_ ☐ TANF Case #: \_\_\_\_\_ ☐ FDPIR Case #: \_\_\_\_\_

**Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES:** Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on attached letter), check this box ☒

**Part 3B. ALL OTHER HOUSEHOLDS - If you do not have a SNAP, TANF or FDPIR *MASTERCASE* number:** Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)								Check if ZERO income
	W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1									<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX - \_\_\_\_\_

If you do not have a Social Security Number, check this box ☐

**Part 4. SIGNATURE AND CONTACT INFORMATION:**

*I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.*

Marcia Basenji  
Signature of Parent/Guardian

January 11, 2023  
Date

Print Name

Address

City

State

Zip Code

E-Mail Address/Telephone

**FOR CENTER USE ONLY**

\_\_\_\_ SNAP/TANF/FDPIR HOUSEHOLD

\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_ HOUSEHOLD SIZE: \_\_\_\_\_

Center Official Signature

Date of Signature

Effective Date

Expiration Date

**HOUSEHOLD CATEGORY:**

☐ Free

☐ Reduced

☒ Paid

☒ Incomplete

**Foster Child - Free Category**

List name of foster child(ren)



**Part 1. CHILD ENROLLMENT:** Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

**OPTIONAL:** Please check the ethnicity and race of the child(ren) you are enrolling.

☐ Not Hispanic or Latino☐ Black or African American☐ White or Caucasian

List name of foster child(ren)



**Part 1. CHILD ENROLLMENT:** Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Usual Days of Care								Meals Served During Care							Infant	School Age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A M	L	P M	D	E V						
Nugget, Louie	9-4-20	2-1-22	7:30	5:15	X	X	X						X			X	X			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nugget, Carelia	4-9-22	2-1-22	7:30	5:15	X	X	X						X			X	X			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tunkka, JACK	3-4-21	2-1-23	7:30	5:15	X	X	X						X			X	X			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
																				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
																				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**OPTIONAL:** Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more):

☐ Hispanic or Latino☐ Not Hispanic or Latino

Race (select one or more):

☐ American Indian or Alaskan Native☐ Asian☐ Black or African American☐ Native Hawaiian or other Pacific Islander☐ White or Caucasian

**Part 2.** Household Receiving Benefits: Supplemental Nutrition Assistance Program (**SNAP**), Temporary Assistance for Needy Families (**TANF**), or Food Distribution Program on Indian Reservations (**FDPIR**): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): ☐ SNAP Case #: \_\_\_\_\_ ☐ TANF Case #: \_\_\_\_\_ ☐ FDPIR Case #: \_\_\_\_\_

**Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.**

If your family income exceeds the income guidelines (listed on attached letter), check this box ☐

**Part 3B. ALL OTHER HOUSEHOLDS** – If you do not have a SNAP, TANF or FDPIR **MASTERCASE** number: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children		GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check if ZERO income
		Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
		How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1	Nugget, Blake	1900	E2							<input type="checkbox"/>
2	Nugget, Zoey	11.25	per hour	Works 30 hours a week -			Paid Every 2 weeks			<input type="checkbox"/>
3	Tuikka, Jack			Phone call on 2/25/2023 JS						<input checked="" type="checkbox"/>
4										<input type="checkbox"/>

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX-XX-4567

If you do not have a Social Security Number, check this box ☐

**Part 4. SIGNATURE AND CONTACT INFORMATION:**

I certify (promise) that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Mrs. Zoey Nugget  
Signature of Parent/Guardian

2-15-2023  
Date

Print Name \_\_\_\_\_

Address

City

State

Zip Code

E-Mail Address/Telephone

**FOR CENTER USE ONLY**

SNAP/TANF/FDPIR HOUSEHOLD

ANNUAL INCOME: \_\_\_\_\_ HOUSEHOLD SIZE: \_\_\_\_\_

Center Official Signature

Date of Signature

Effective Date

Expiration Date

HOUSEHOLD CATEGORY:

- ☐ Free  
☐ Reduced  
☐ Paid  
☐ Incomplete

### Foster Child – Free Category

List name of foster child(ren)

# WEEKLY MEAL RECORD

## Individual Infant – Breakfast, Lunch and PM Snack

*\*All food components are required when infant is developmentally ready*

Child's Name: Basenji, Zahara

Date of Birth: 8/17/2022

Site: Shining Bright CDC

Meal Benefit Category: B

### Common Abbreviations:

B.M. = Breast milk

F = Formula

Rice = "Rice" Cereal

Oat = "Oatmeal" Cereal

Mixed = "Mixed" Cereal

Infants fed on-site by breastfeeding

mothers = B.M. by mom

Month, Day, Year	BREAKFAST			LUNCH			PM SNACK		
	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate <sup>2</sup>	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 – ½ oz eq. Infant Cereal &/or 0-4 Tbsp Meat/meat alternate <sup>2</sup>	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0-1/2 oz eq Infant Cereal/ or Bread or 0 – ¼ oz eq Crackers or Ready-to-eat Breakfast Cereal	0 – 2 Tbsp. Vegetable, or Fruit or a combination of both
4/24/23 Monday	6 oz F		1 Tbsp Bananas	6 oz F	2 Tbsp Beef		3 oz BM		2 Tbsp Peas
4/25/23 Tuesday	6 oz F	2 Tbsp Pancakes	1 Tbsp Applesauce	6 oz F	4 Tbsp. Chicken	2 Tbsp Green Beans	3 oz BM	2 Tbsp. Yogurt	2 Tbsp Peaches
4/26/23 Wednesday	6 oz F	2 Tbsp Eggs	2 Tbsp Potatoes		3 Tbsp Pizza	2 Tbsp Squash	3 oz F		
4/27/23 Thursday	6 oz F	2 Tbsp Cereal		6 oz F	½ oz Black Beans	2 Tbsp Apricots	Absent	→	
4/28/23 Friday	6 oz F	2 Tbsp Rice	1 Tbsp Pears	6 oz F	Ham & Cheese Sandwich	Sweet Potatoes	3 oz F	¼ oz Crackers	

<sup>1</sup> – Breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

<sup>2</sup> – Meats include beef, pork, fish poultry, whole egg (0-4 Tbsp.). Meat alternates include cooked dry beans or dry peas (0-4 Tbsp.), cheese (0-2 ounces), cottage cheese (0-4 ounces), or Yogurt (0-4 ounces or ½ cup).

**This form must be used in combination with a point-of-service meal count sheet, i.e., the blue and white Record of Meals and Supplement Served form.**





## Infant Formula Selection & Solid Foods

### Nebraska Child & Adult Care Food Program



The **Infant Formula Selection & Solid Foods Form** is intended to be a living document shared between the child care provider and families to ensure that formula/solid baby foods (texture appropriate) are served at the discretion of the parents. **As new foods are introduced at home, the form must be updated.** This allows the child care providers to know when and what solid foods should be served.

Infant Name: Zahara Basenji Date of Birth: 8-17-2022

A. **Infant Formula Selection:** This center provides Enfamil with Iron (brand) iron fortified infant formula to all infants under one year of age.

**ACCEPT** or **DECLINE** (Please circle one) the center's formula. If declined, please identify what will be provided **BREASTMILK** (circle) or **FORMULA** (list brand) \_\_\_\_\_.

Approximate Feeding Times: 10:00 am 12:00 (noon) 3:00 pm 6:00 pm Approximate Quantity (Ounces): 6 oz.

Parent Signature: Marcia Basenji Date: 1-11-2023

B. **Infant Solids Permission:** My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr.) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr.)	Meals (Please check)			Food	Date (Month/Yr.)	Meals (Please check)			Food	Date (Month/Yr.)
Iron-Fortified Infant Cereals		BK	LU/SU	SN	Fruit/Vegetables		BK	LU/SU	SN	Ready-to-eat Breakfast Cereal (SNACK ONLY)	
Rice	<u>1-11-2023</u>	✓	<u>2.4.23</u>	<u>2.4.23</u>	Applesauce	<u>1-2-2023</u>	✓	✓	✓	Cereal: Cheerios	<u>4-5-2023</u>
Oat					Apricots	<u>3-3-2023</u>	✓	✓	✓	Cereal:	
Barley					Avocados					Cereal:	
Mixed					Bananas	<u>1-11-2023</u>	✓	✓	✓	<b>Grains (SNACK ONLY)</b>	
Wheat	<u>2-4-2023</u>	✓	✓	✓	Carrots	<u>1-11-2023</u>	✓	<u>2.4.23</u>	<u>3.3.23</u>	Bread/Rolls	
<b>Meat &amp; Meat Alternatives</b>					Corn					Biscuits	
Beef	<u>2-4-2023</u>	✓	✓		Green Beans	<u>1-11-2023</u>	✓	✓	✓	Saltine Crackers	<u>4-5-2023</u>
Dry Beans					Mango					Pancakes	<u>4-5-2023</u>
Cheese, Natural	<u>3-3-2023</u>	✓	✓		Melon	<u>4-5-2023</u>	✓	✓	✓	Waffles	<u>4-5-2023</u>
Chicken	<u>2-4-2023</u>	✓	✓		Peaches	<u>2-4-2023</u>	✓	✓	✓	Tortillas soft	
Cottage Cheese	<u>4-5-2023</u>	✓	✓		Pears	<u>2-4-2023</u>	✓	✓	✓	Other: Graham	<u>3.3.2023</u>
Dry peas					Peas	<u>2-4-2023</u>	✓	✓	✓	<b>Please note changes to infant's feeding schedule on the back of this page.</b>	
Fish					Plums/Prunes						
Pork	<u>4-5-2023</u>	✓	✓		Potatoes	<u>1-2-2023</u>	✓	✓	✓		
Tuna					Squash	<u>2-4-2023</u>	✓	✓	✓		
Turkey	<u>2-4-2023</u>	✓	✓		Sweet Potatoes	<u>2-4-2023</u>	✓	✓	✓		
Whole Egg	<u>4-5-2023</u>	✓	✓		Other:						
Yogurt					Other:						