NDE CACFP Team

Nebraska Department of Education Nutrition Services

Mailing Address:
P.O. Box 94987
Lincoln, Nebraska 68509-4987
Toll Free # 800-731-2233
In Lincoln: (402)471-2967
Fax: (402)471- 4407
Website: https://www.education.ne.gov/ns/cacfp/

Physical address (Utilize FedEx\UPS):
500 South 84th Street, 2nd Floor
Lincoln, NE 68510

Kayte Partch, Nutrition Services Director Main Office - Lincoln Phone Number: (402) 560-8187 E-Mail: Kayte.Partch@Nebraska.gov	Lisa Smith, CACFP Director Main Office - Lincoln Phone Number: (402) 840-0325 E-Mail: Lisa.Smith@Nebraska.gov
Aspen Kosmacek, Program Specialist North Platte Office Phone Number: (402)560-8038 E-Mail: Aspen.Kosmacek@Nebraska.gov	Sandy Edwards, Program Specialist Main Office - Lincoln Phone Number: (402) 540-9267 E-Mail: Sandy.Edwards@Nebraska.gov
Marla Kurtenbach, Program Specialist Main Office - Lincoln Phone Number: (402) 450-6278 E-Mail: Marla.Kurtenbach@Nebraska.gov	Jenna Hilligoss, Program Specialist Main Office - Lincoln Phone Number (402) 560-8377 E-Mail: Jenna.Hilligoss@Nebraska.gov
Susanne Schnitzer, Program Specialist LaVista Office Phone Number: (402) 326-6862 E-Mail: Susanne.Schnitzer@Nebraska.gov	

NEBRASKA
DEPARTMENT OF EDUCATION

NS
NUTRITION SERVICES

IN AN EMERGENCY
TAKE ACTION

HOLD! In your room or area. Clear the halls.

STUDENTS
Clear the hallways and remain in room or area until the “All Clear” is announced
Do business as usual

ADULTS
Close and lock the door
Account for students and adults
Do business as usual

SECURE! Get inside. Lock outside doors.

STUDENTS
Return to inside of building
Do business as usual

TEACHERS
Bring everyone indoors
Lock outside doors
Increase situational awareness
Do business as usual
Take attendance

LOCKDOWN! Locks, lights, out of sight.

STUDENTS
Move away from sight
Maintain silence
Do not open the door

ADULTS
Recover students from hallway if possible
Lock the classroom door
Turn out the lights
Move away from sight
Maintain silence
Do not open the door
Prepare to evade or defend

EVACUATE! (A location may be specified)

STUDENTS
Leave stuff behind if required to
If possible, bring your phone
Follow instructions

ADULTS
Lead students to Evacuation location
Account for students and adults
Notify if missing, extra or injured students or adults

SHELTER! Hazard and safety strategy.

STUDENTS
Use appropriate safety strategy for the hazard

Hazard	Safety Strategy
Tornado	Evacuate to shelter area
Hazmat	Seal the room
Earthquake	Drop, cover and hold
Tsunami	Get to high ground

ADULTS
Lead safety strategy
Account for students and adults
Notify if missing, extra or injured students or adults

K12 2025 STANDARD RESPONSE PROTOCOL

EN UNA EMERGENCIA
ACTUAR

HOLD! (¡PERMANENCIA!) En el salón o área donde esté. Despejar los pasillos.

ESTUDIANTES
Despejar los pasillos y permanecer en el salón o área hasta que se anuncie que todo está bien
Continuar con las actividades normales

ADULTOS
Cerrar y bloquear la puerta
Contar a los estudiantes y adultos
Continuar con las actividades normales

SECURE! (¡PROTECCIÓN!)
Entrar. Cerrar las puertas exteriores con llave.

ESTUDIANTES
Volver al interior del edificio
Continuar con las actividades normales

ADULTOS
Llevar a todo el mundo al interior
Cerrar las puertas exteriores con llave
Ampliar la información sobre la situación
Continuar con las actividades normales
Pasar lista

LOCKDOWN! (¡CIERRE DE EMERGENCIA!)
Cerrar con llave, apagar las luces, esconderse.

ESTUDIANTES
Ocultarse donde no se les pueda ver
Guardar silencio
No abrir la puerta

ADULTOS
Llevar adentro a los estudiantes que estén el pasillo si es posible
Cerrar la puerta del aula
Apagar las luces
Ocultarse donde no se les pueda ver
Guardar silencio
No abrir la puerta
Prepararse para escapar o defenderse

EVACUATE! (¡EVACUACIÓN!)
(Se puede especificar una ubicación)

ESTUDIANTES
Dejar las cosas si es necesario
Llevarse el teléfono si es posible
Seguir las instrucciones

ADULTOS
Dirigir a los estudiantes al lugar de evacuación n
Contar a los estudiantes y adultos
Avisar si falta algún estudiante o adulto, hay personas de más o hay heridos

SHELTER! (¡REFUGIO!)
Se indican los peligros y las estrategias de seguridad

ESTUDIANTES
Utilizar la estrategia de seguridad adecuada según el peligro

ADULTOS
Dirigir la estrategia de seguridad
Contar a los estudiantes y adultos
Avisar si falta algún estudiante o adulto, hay personas de más o hay heridos

Peligro	Estrategia de seguridad
Tornado	Evacuar al área de refugio
Materiales peligrosos	Sellar el salón
Terremoto	Agacharse, cubrirse y permanecer en esa posición
Tsunami	Ir a terreno elevado

K12 2025 STANDARD RESPONSE PROTOCOL

CACFP Renewal Application Reminders

Child Nutrition Application on-line system will be open ***June 2, 2025***

Renewal Application Due: **June 16, 2025**

Sponsor Application:

- Ensure Certificate of Authority & Organization Statement matches the information entered on the application. (Names, dates of birth, emails, etc.)
- Email Addresses need to be current & correct
- Unique Entity ID (formerly Dun's) – enter the date of *renewal*
- Staff Training – Enter the training which will be conducted by your organization with your staff

Site Application:

- Ensure dates of Child Care Subsidy Agreement, Child/Adult Care License match the documentation which is uploaded
- Select each month meals will be offered for each site
- Mealtimes are to be reasonable
- Enter anticipated dates of closures such as holidays, breaks, etc.
- Food Service Contract – Enter the total amount of the contract (not individual site amount)

Staff Profile:

- Enter staff who have CACFP responsibilities assigned (not all staff)
- If a staff ends employment, enter their end date. Do not delete the staff
- Reminder: Staff who have multiple job duties must complete a time-certification worksheet for labor cost to be included as a CACFP expense

Budget:

- Report anticipated cost for CACFP for FY2025
- CACFP staff salaries will pre-populate from staff file
- Ensure food contract values match the contracts submitted
- Identify funding sources if your anticipated reimbursement does not cover expenses (i.e., private pay tuition, childcare subsidy payments, grants, etc.)

Multi-Sites

- Identify which months a site review will be conducted on each site application

Checklist Summary

- See reverse side for the checklist of documents which need to be submitted or uploaded

REMINDERS: To initiate changes click 'modify' the application

At the bottom of each Site & Sponsor application to save changes 'finish' save

NDE CACFP Application Renewal Checklist – ***Renewal Application due June 16, 2025***

Step#1: Sponsor Application

- ☐ Certificate of Authority (FY2026) – Submit **if** changes have occurred from FY2025
- ☐ Organization Statement (FY2026) – Submit **if** changes have occurred from FY2025
- ☐ Unique Entity ID: _____ (Date of renewal)

Step#2: Staff Profile

- ☐ CACFP Staff Only – Enter salary, hours to be assessed to CACFP (must be reasonable)
  - Must keep this up to date throughout the year; do not delete staff

Step#3: Sponsor Budget Detail

- ☐ CACFP Budget (Not Entire Facility)
- ☐ Food Vendor Contract Amount – total amount for all sites as approved by NDE
- ☐ Financial Reports – Attach current information of the following:

For- Profit	**Non-Profit**
☐ Year-to-date – Profit & Loss Statement ☐ 1 Month – Profit & Loss Statement ☐ Bank Statements for 2 months	☐ Year-to-date Statement of Cashflows ☐ 1 Month Statement of Statement of Cashflows ☐ Bank Statements for 2 months or Audit

Step#4: Site Application – Enter current data

- ☐ Child Care Subsidy Agreement (For-Profit Agencies Only)
- ☐ Child Care License/Adult Care License
- ☐ Food Service Contract Amount – Needs to match approved contract (For Applicable Entities)

Step#5: Checklist Summary – Sponsor & Site

- **Sponsor Checklist**
- ☐ Financial Reports (Listed Above)
- ☐ Certificate of Authority, FY2026 – If applicable
- ☐ Organization Statement, FY2026 – If applicable
- ☐ **CACFP Alternate – For programs who do not utilize NDE's forms)**
  - Meal Count Records
  - Roster Of Participants
  - Claim Reimbursement Worksheet
  - Menu Production or Infant Production Records
- **Site Checklist**
- ☐ Child Care Subsidy Agreement Signature Page Required – For Profit Agencies Only
- ☐ Child Care License OR Adult Care License OR Health/Safety Inspection (Exempt Programs only)
- ☐ Food Service Vendor Sites - Prior approval is required for contracts exceeding $50,000 by NDE

Food Service Contract – Documents to submit

- ☐ Pages 1-10
- ☐ Attachment A
- ☐ Menu – One month example
- ☐ Example of Delivery ticket
- ☐ Attachment C – If contracts Exceeds $100,000

Note – Attachment B is to be maintained on site

CHILD MEAL PATTERN REQUIREMENTS

Breakfast (Must serve all 3 meal components for a reimbursable meal)

Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18[1] (At-Risk afterschool programs & Emergency Shelters)
Fluid Milk[2]	1/2 cup	3/4 cup	1 cup	1 cup
Vegetables, fruits, or portions of both[3]	1/4 cup	1/2 cup	1/2 cup	1/2 cup
Grain Items (oz equivalent)[4,5,6,7]				
Whole grain-rich or enriched bread	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Whole grain-rich or enriched bread product such as biscuit, roll or muffin	1/2 ounce	1/2 ounce	1 ounce	1 ounce
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)[6,7]				
Flakes	1/2 cup	1/2 cup	1 cup	1 cup
Puffed Cereal	3/4 cup	3/4 cup	1 1/4 cup	1 1/4 cup
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup
Meat/Meat Alternative in lieu of grain—Maximum 3 times per week[5,9]	1/2 ounce	1/2 ounce	1 ounce	1 ounce

Lunch & Supper (Must serve all 5 meal components for a reimbursable meal)

Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18[1] (At-Risk afterschool programs & Emergency Shelters)
Fluid Milk[2]	1/2 cup	3/4 cup	1 cup	1 cup
Meat/meat alternatives				
Lean Meat, poultry, or fish	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Tofu, soy product, or alternate protein product[9]	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 another seed butter	2 Tbsp.	3 Tbsp.	4 Tbsp.	4 Tbsp.
Yogurt, plain or flavored, sweetened or unsweetened[10]	4 ounces or 1/2 cup	6 ounces or 3/4 cup	8 ounces or 1 cup	8 ounces or 1 cup
Nuts	1 ounce	1.5 ounces	2 ounces	2 ounces
Vegetables[3,8]	1/8 cup	1/4 cup	1/2 cup	1/2 cup
Fruits[3,8]	1/8 cup	1/4 cup	1/4 cup	1/4 cup
Grain Items (oz equivalent)[4,6,7]				
Whole grain-rich or enriched bread	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Whole grain-rich or enriched bread product such as biscuit, roll or muffin	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Whole grain-rich, enriched or fortified cooked cereal (dry/cold)[6,7] cereal grain and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup

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

Food Components and Food Items	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18[1] (At-Risk afterschool programs & Emergency Shelters)
Fluid Milk[2]	1/2 cup	1/2 cup	1 cup	1 cup
Meat/meat alternatives				
Lean Meat, poultry, or fish	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein product[9]	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 another seed butter	1 Tbsp.	1 Tbsp.	2 Tbsp.	2 Tbsp.
Yogurt, plain or flavored, sweetened or unsweetened[10]	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[3,8]	1/2 cup	1/2 cup	3/4 cup	3/4 cup
Fruits[3,8]	1/2 cup	1/2 cup	3/4 cup	3/4 cup
Grain Items (oz equivalent)[4,6,7]				
Whole grain-rich or enriched bread	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Whole grain-rich or enriched bread product such as biscuit, roll or muffin	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry/cold)[6,7]	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Flakes	1/2 cup	1/2 cup	1 cup	1 cup
Puffed Cereal	3/4 cup	3/4 cup	1 1/4 cup	1 1/4 cup
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

IMPORTANT—Superscript Notations

1—Larger portion sizes than specified may need to be served to children 13 through 18 years to meet their nutritional needs. (Offer versus serve is an option **only** for at-risk afterschool participants.)

2—Must be unflavored **whole** milk for children age one. Must be unflavored low-fat (1%) or unflavored fat-free (skim) for children 2—5 five years old. Must be unflavored low-fat or unflavored fat-free, or flavored fat-free or low-fat (1%) milk for children 6 years old and older and adults.

3—Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

4—At least one grain serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

5—**Breakfast only:** Meat and Meat Alternates may be used to meet the entire grains requirement a maximum of three (3) times a week. One ounce of meat and meat alternates is equal to one serving of grains. (1-5 year olds — 1/2 oz meat/cheese, 1 Tbsp nut butters, 2 oz -1/4 cup yogurt, 1/2 egg or 1/8 cup cooked dry beans or peas; 6-18 years — 1 oz meat/cheese, 2 Tbsp nut butters, 4 oz-1/2 cup yogurt, 1/2 egg or 1/4 cup cooked dry beans or peas)

6—Beginning October 1, 2019, ounce equivalents are used to determine the quantity of grains.

7—Through September 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. **Beginning October 1, 2025, breakfast cereals must contain no more than 6 grams of added sugars per dry ounce.**

8—**Lunch and Supper only:** 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.

9—Alternate protein products must meet requirements in Appendix A to Part 226. Information on crediting meat/meat alternates may be found in FNS guidance.

10—Through September 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. **Beginning October 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces (2 grams of sugars per ounce).**

11– Nuts/Seeds—Serve with caution to children under age 4 and older adult participants in the CACFP.

ADULT MEAL PATTERN REQUIREMENTS

Breakfast (Must select all 3 meal components for a reimbursable meal)

Food Components and Food Items[1]	Minimum Quantities
Fluid Milk[2]	1 cup
Vegetables, fruits, or portions of both[3]	1/2 cup
Grain Items (oz equivalent)[4,5,6]	
Whole grain-rich or enriched bread	2 ounce equivalents
Whole grain-rich or enriched bread product such as biscuit, roll or muffin	2 ounce equivalents
Whole grain-rich, enriched or fortified cooked breakfast cereal[7], cereal grain, and/or pasta	1 cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry/cold)[7,]	
Flakes	2 cups
Puffed Cereal	2 1/2 cups
Granola	1/2 cup
Meat/Meat Alternative in lieu of grain—Maximum 3 times per week[5,9]	2 ounces

Lunch & Supper (Must select all 5 meal components for a reimbursable meal)

Food Components and Food Items[1]	Minimum Quantities
Fluid Milk[2,8]	1 cup
Meat/meat alternatives	
Lean Meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product[9]	2 ounces
Cheese	2 ounces
Large Egg	1
Cooked dry beans or peas	1/2 cup
Peanut butter or soy nut butter or another seed butter	4 Tablespoons
Yogurt, plain or flavored, sweetened or unsweetened[10]	8 ounces or 1 cup
Nuts [11]	2 ounces
Vegetables	1/2 cup
Fruits [3]	1/2 cup
Grain Items (oz equivalent)[4,6]	
Whole grain-rich or enriched bread	2 ounce equivalents
Whole grain-rich or enriched bread product such as biscuit, roll or muffin	2 ounce equivalents
Whole grain-rich, enriched or fortified cooked breakfast cereal[7], cereal grain, and/or pasta	1 cup

Snack

(Must select two of the five meal components for a reimbursable meal)

Food Components and Food Items[1]	Minimum Quantities
Fluid Milk[2]	1 cup
Meat/meat alternatives	
Lean Meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product[10]	1 ounce
Cheese	1 ounce
Large Egg	1/2
Cooked dry beans or peas	1/4 cup
Peanut butter or soy nut butter or another seed butter	2 Tablespoons
Yogurt, plain or flavored, sweetened or unsweetened[11]	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
Vegetables	1/2 cup
Fruits [3]	1/2 cup
Grain Items (oz equivalent)[4,6]	
Whole grain-rich or enriched bread	1 ounce equivalent
Whole grain-rich or enriched bread product such as biscuit, roll or muffin	1 ounce equivalent
Whole grain-rich, enriched or fortified cooked breakfast cereal[7], cereal grain, and/or pasta	1/2 cup
Flakes or rounds	1 cup
Puffed cereal	1 1/4 cup
Granola	1/4 cup

IMPORTANT—Superscript Notations

1—Must serve all components for a reimbursable meal. Offer versus serve is an option for adult participants.

2—Must be unflavored low-fat (1%), unflavored fat-free (skim), or flavored fat-free (skim) or low-fat (1%) milk for children six years old and older and adults. For adult participants , 6 ounces (weight) or 3/4 cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as the meat alternate in the same meal.

3—Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

4—At least one grain serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

5—**Breakfast only:** Meat and Meat Alternates may be used to meet the entire grains requirement a maximum of three (3) times a week. One ounce of meat and meat alternates is equal to one serving of grains. (1 ounce meat/cheese, 2 Tbsp nut butters, 4 oz—1/2 Cup Yogurt; 1/2 egg or 1/4 Cup cooked dry beans or peas)

6—Beginning October 1, 2019, ounce equivalents are used to determine the quantity of grains.

7—Through September 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. **Beginning October 1, 2025, breakfast cereals must contain no more than 6 grams of added sugars per dry ounce.**

8 –**Suppers only:** A serving of fluid milk is optional for suppers served to adult participants.

9—Alternate protein products must meet requirements in Appendix to Part 226.

10—Through September 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. **Beginning October 1, 2025, yogurt must contain no more than 12 grams of added sugars per 6 ounces (2 grams of sugars per ounce).**

11—Nuts/Seeds—Serve with caution to children under age 4 and older adult participants in the CACFP.

CACFP Grain Serving Sizes[1,2]

Group A	Ounce Equivalent – Group A
Bread type coating Bread sticks (hard) Chow Mein noodles Savory crackers (saltines and snack crackers) Croutons Pretzels (hard) Stuffing (dry) Note: weights apply to bread stuffing	1 oz eq = 22 gm or .8 oz ¾ oz eq = 17 gm or 0.6 oz ½ oz eq = 11 gm or 0.4 oz ¼ oz eq = 6 gm or 0.2 oz
Group B	**Ounce Equivalent – Group B**
Bagels Batter type coating Biscuits Breads (white, whole wheat, French, Italian) Buns (hamburger and hot dog) Egg roll skins English muffins Pita bread (white, whole-wheat, whole grain-rich) Pizza crust Pretzels (soft) Rolls (white, whole-wheat, whole grain-rich) Sweet Crackers (Animal or graham crackers only) Tortillas (wheat or corn) Tortilla chips (wheat or corn) Taco shells	1 oz eq = 28 gm or 1.0 oz ¾ oz eq = 21 gm or 0.75 oz ½ oz eq = 14 gm or 0.5 oz ¼ oz eq = 7 gm or 0.25 oz
Group C	**Ounce Equivalent – Group C**
Cornbread Corn muffins Croissants Pancakes Pie crust (Meat/Meat alternate pies only) Waffles	1 oz eq = 34 gm or 1.2 oz ¾ oz eq = 26 gm or 0.9 oz ½ oz eq = 17 gm or 0.6 oz ¼ oz eq = 9 gm or 0.3 oz
Group D	**Ounce Equivalent – Group D**
Muffins (all, except corn) Quick breads (banana, zucchini, pumpkin, etc.)	1 oz eq = 55 gm or 2.0 oz ¾ oz eq = 42 gm or 1.5 oz ½ oz eq = 28 gm or 1.0 oz ¼ oz eq = 14 gm or 0.5 oz
Group E	**Ounce Equivalent – Group E**
French toast	1 oz eq = 69 gm or 2.4 oz ¾ oz eq = 52 gm or 1.8 oz ½ oz eq = 35 gm or 1.2 oz ¼ oz eq = 18 gm or 0.6 oz
Group F[3]	
Grains listed in this category are not allowed in CACFP.	

Group G[3]	
Grains listed in this category are not allowed in CACFP.	
Group H	**Ounce Equivalent – Group H**
Cereal grains (barley, quinoa, etc.) Breakfast cereals (cooked) [4,5] Bulgur or cracked wheat Macaroni (all shapes) Noodles (all varieties) Pasta (all shapes) Ravioli (noodle only) Rice (enriched white or brown)	1 oz serving = ½ cup cooked or 1 oz dry (28 gm)
Group I	**Ounce Equivalent – Group I**
Ready to eat breakfast cereal (cold, dry) [4,5]	1 oz eq = 1 cup or 1 ounce for flakes & rounds 1 oz eq = 1 ¼ cup or 1 ounce puffed cereal 1 oz eq = ¼ cup or 1 ounce granola

1- Under the CACFP, the following foods are whole grain or enriched or made with enriched or whole grain meal and/or flour, bran, and/or germ. For meals and snacks served to children and adults, at least one serving of grains per day in the CACFP must be whole-grain rich starting October 1, 2017.

2- Some the following foods, or the accompaniments, many contain more sugar, salt and/or fat than others. This should be considered when deciding how often to serve them.

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

4- Refer to program regulations for the appropriate serving size for supplements served to children aged 1 through 5 in the NSLP; breakfast served under the SBP; and meals served to children ages 1 through 5 and adult participants in the CACFP. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

5- Under the CACFP, cereal must be whole grain, enriched, or fortified and must contain no more than 6 grams of sugar per dry ounce. Through September 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. **Beginning October 1, 2025, breakfast cereals must contain no more than 6 grams of added sugars per dry ounce.**

INFANT MEAL PATTERN REQUIREMENTS

Breakfast

Birth to 5 months	6 through 11 months
4—6 fluid ounces of breastmilk[1] or formula[2]	6-8 fluid ounces of breastmilk[1] or formula[2] **AND** 0-1/2 oz eq infant cereal[2,3] ; **or** 0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; **or** 0-2 ounces of cheese: **or** 0-4 ounces (volume) cottage cheese; **or** 0-4 ounces or 1/2 cup of yogurt[8]; or combination of the above[5]; **AND** 0-2 Tablespoons vegetable, fruit or a combination of both [5,6]

Lunch & Supper

Birth to 5 months	6 through 11 months
4—6 fluid ounces of breastmilk[1] or formula[2]	6-8 fluid ounces of breastmilk[1] or formula[2] **AND** 0-1/2 oz eq infant cereal[2,3] ; **or** 0-4 Tablespoons meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; **or** 0-2 ounces of cheese: **or** 0-4 ounces (volume) cottage cheese; **or** 0-4 ounces or 1/2 cup of yogurt[8]; **or** combination of the above[5]; **AND** 0-2 Tablespoons vegetable, fruit or a combination of both [5,6]

Snack (s)

Birth to 5 months	6 through 11 months
4—6 fluid ounces of breastmilk[1] or formula[2]	2-4 fluid ounces of breastmilk[1] or formula[2] **AND** 0-1/2 oz eq bread [3,7]; **or** 0-1/2 oz eq infant cereal [2,3,7] **; or** 0-1/4 oz eq crackers [3,7]; **or** 0-1/4 oz eq ready-to-eat breakfast cereal [3,4,7,] **AND** 0-2 Tablespoons vegetable, fruit or a combination of both [5,6]

INFANT MEAL PATTERN REQUIREMENTS

IMPORTANT—Superscript Notations

[1]— Breastmilk or formula, or portions of both, must be served; however it is recommended that breastmilk be served in place of formula from birth through 11 months. For some 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.

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

[3]— Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.

[4] — Through September 30, 2025, breakfast cereals must contain no more than 6 grams of total sugars per dry ounce. **Beginning October 1, 2025, breakfast cereals must contain no more than 6 grams of <u>added sugars</u> per dry ounce.**

[5] — A serving of this component is **required** when the infant is developmentally ready to accept it.

[6]— Fruit and/or vegetable juices may **not** be served to infants.

[7]— A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

[8]— Through September 30, 2025, yogurt must contain no more than 23 grams of total sugars per 6 ounces. **Beginning October 1, 2025, yogurt must contain no more than 12 grams of <u>added sugars</u> per 6 ounces (2 grams of sugars per ounce).**

Child and Adult Care Food Program (CACFP)

Online Training Modules Now Available on the NDE Learning Network!

Nebraska Team Nutrition is offering additional training courses for CACFP centers and day care homes via an online platform, Canvas.

- **FREE** approved training.
- Courses can be completed as your schedule allows.
- A Certificate of Continuing Education Units is provided upon successful course completion.

These supplemental trainings are designed to support completion of required training, while also helping CACFP providers serve healthy, balanced meals and snacks.

Please see the back of this flyer for available CACFP courses.

To access CACFP Canvas courses, please visit: https://canvas.education.ne.gov. Follow the log-in instructions at the top of the page for either New Users or Non-Canvas Returning Users.

For questions, please contact Lauren Christensen at: lauren.christensen@nebraska.gov

Course Title	Course Objectives
CACFP – Feeding Infants	• Review the infant meal pattern requirements • Describe the benefits of breastfeeding and ways childcare providers can support breastfeeding mothers • Explain developmental readiness and complementary feeding • Provide best practice ideas and resources
CACFP – Reading Nutrition Facts Labels	• Identify the basic information required on a Nutrition Facts Label and locate key information • Discusss various identifiers and health claims • Explain how to utilize the ingredient list to identify food allergens and whole grain-rich foods • Provide best practice ideas to meet CACFP meal pattern
CACFP – Grain Requirements	• Review the CACFP meal pattern requirements for grains • Identify whole grain and whole grain-rich items • Explain the benefits of whole grains • Describe methods to identify whole grain-rich food items • Provide best practices and resources for menu planning
CACFP – Meat and Meat Alternates	• Review the CACFP meal pattern requirements for meat and meat alternates • Describe nutrients found in various meat/meat alternates • Provide best practice ideas and resources
CACFP – Fruits and Vegetables	• Review the CACFP meal pattern requirements for fruits and vegetables • Describe nutrients found in fruits and vegetables • Explain the benefits of consuming fruits and vegetables • Provide best practices and resources
CACFP – Serving Milk	• Review the CACFP meal pattern requirements for milk • Describe nutrients found in milk • Explain the benefits that fluid milk provides • Identify the milk variety to serve to various age groups • Identify appropriate milk substitutes
CACFP – Serving Breakfast	• Review the meal pattern requirements for breakfast • Describe the importance of breakfast • Review sugar limits for breakfast cereals and yogurts • Explain how meat or meat alternates can be served in place of grains at breakfast • Provide best practice ideas and resources
CACFP – Serving Snack	• Review the meal pattern requirements for snack • Discuss the importance of healthy snacks • Identify healthy snack ideas • Provide best practice ideas and resources

Additional Courses COMING SOON:
Civil Rights
Meal Accommodations

NEBRASKA DEPARTMENT OF EDUCATION

NS NUTRITION SERVICES

Choose Yogurt That is Lower in Added Sugars in the Child and Adult Care Food Program

All yogurt served in the Child and Adult Care Food Program (CACFP) must contain no more than **12 grams of added sugars per 6 ounces** (2 grams of added sugars per ounce).

There are many types of yogurt that meet this added sugars limit. It is easy to find them by using the Nutrition Facts label and following the steps below.

1 Use the Nutrition Facts label to find the **Serving Size**, in ounces (oz) or grams (g), of the yogurt.

2 Find the **Added Sugars** line. Look at the number of grams (g) next to Added Sugars.

3 Use the serving size identified in Step 1 to find the serving size of the 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:	If the serving size is:	Added sugars must not be more than:
2.25 oz	64 g	4 g
3.5 oz	99 g	7 g
4 oz	113 g	8 g
5.3 oz	150 g	10 g
6 oz	170 g	12 g
8 oz	227 g	16 g

4 In the table, look at the number to the right of the serving size amount, under the "Added Sugars" column.
If the yogurt has that amount of added sugars, or less, the yogurt meets the added sugars limit.

Nutrition Facts

7 servings per container
Serving size 6 oz (170g)

Amount per serving	
Calories	**130**
	% Daily Value*
Total Fat 0g	**0%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Cholesterol 10mg	**3%**
Sodium 65mg	**5%**
Total Carbohydrate 17g	**6%**
Dietary Fiber 0g	**0%**
Total Sugars 14g	
Includes 10g Added Sugars	**20%**
Protein 14g	**28%**
Vitamin D 0mcg	0%
Calcium 170mg	15%
Iron 0mg	0%
Potassium 220mg	4%

TIP: If the serving size says "one container," check the front of the package to see how many ounces or grams are in the container.

Test Yourself:

Does the yogurt above meet the added sugars limit?
(Check your answer on the next page)

Serving Size:_____

Added Sugars:_____

☐ Yes ☐ No

*Serving sizes here refer to those commonly found for store-bought yogurt. Homemade yogurt is not creditable in the CACFP.

More training, menu planning, and nutrition education materials for the CACFP can be found at TeamNutrition.USDA.gov.

Try It Out!

Use the "Added Sugars Limit in Yogurt" table below to help find yogurt you can serve at your site. Write down your favorite brands and other information in the "Yogurt To Serve in the CACFP" list. You can use this as a shopping list when buying yogurt to serve in your program.

Added Sugars Limit in Yogurt

Serving Size Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Added Sugars Grams (g)	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:	If the serving size is:	Added sugars must not be more than:	If the serving size is:	If the serving size is:	Added sugars must not be more than:
1 oz	28 g	2 g	4.75 oz	135 g	9 g
1.25 oz	35 g	2 g	5 oz	142 g	10 g
1.5 oz	43 g	3 g	5.25 oz	149 g	10 g
1.75 oz	50 g	3 g	5.3 oz	150 g	10 g
2 oz	57 g	4 g	5.5 oz	156 g	11 g
2.25 oz	64 g	4 g	5.75 oz	163 g	11 g
2.5 oz	71 g	5 g	6 oz	170 g	12 g
2.75 oz	78 g	5 g	6.25 oz	177 g	12 g
3 oz	85 g	6 g	6.5 oz	184 g	13 g
3.25 oz	92 g	6 g	6.75 oz	191 g	13 g
3.5 oz	99 g	7 g	7 oz	198 g	14 g
3.75 oz	106 g	7 g	7.25 oz	206 g	14 g
4 oz	113 g	8 g	7.5 oz	213 g	15 g
4.25 oz	120 g	8 g	7.75 oz	220 g	15 g
4.5 oz	128 g	9 g	8 oz	227 g	16 g

Yogurt To Serve in the CACFP*

Yogurt Brand	Flavor	Serving Size (oz or g)	Added Sugars (g)
Yummy Yogurt	Vanilla	6 oz	10

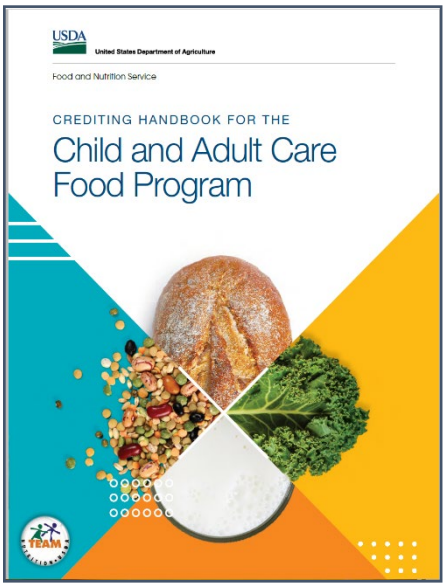
*The amount of added sugars in a yogurt might change. Even if you always buy the same brands and flavors of yogurt, be sure to check the serving size and amount of added sugars on the Nutrition Facts label to make sure they match what you have written in the list above.

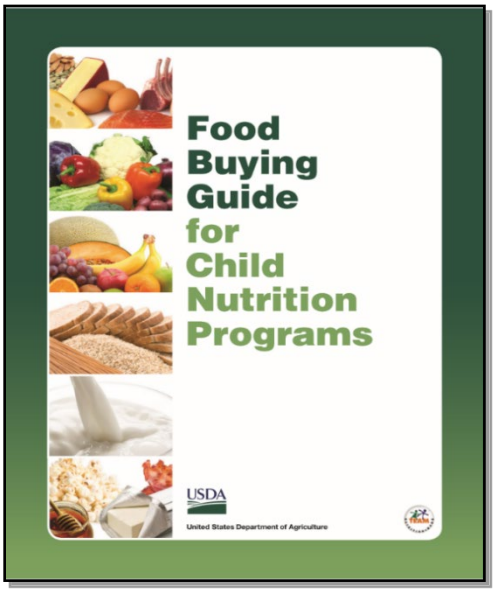
Answer to "Test Yourself" activity on page 1: This yogurt has 10 grams of added sugars per 6 ounces (170 grams). The maximum amount of added sugars allowed in 6 ounces of yogurt is 12 grams. 10 is less than 12, so this yogurt meets the added sugars limit.

FNS-652 | October 2019, Slightly Revised September 2024

Child and Adult Care Food Program
Quick Reference Guide
Nebraska Department of Education, Nutrition Services

Scan the QR codes with your phone camera to find links to our top CACFP resources.





USDA Crediting Handbook, Training Tools, Meal Pattern Worksheets

USDA Food Buying Guide, Computer & Cell Phone Applications

USDA Feeding Infants Guide and Training Tools

NEBRASKA DEPARTMENT OF EDUCATION

CACFP Website
http://www.education.ne.gov/ns/cacfp

Choose Breakfast Cereals That Are Lower in Added Sugars in the Child and Adult Care Food Program

All breakfast cereals served in the Child and Adult Care Food Program (CACFP) must contain no more than **6 grams of added sugars** per dry ounce.

There are many types of cereal that meet this added sugars limit. You can use any cereal that is listed on any State agency's Women, Infants, and Children (WIC)-approved cereal list. You can also find cereals that meet the added sugars limit by using the Nutrition Facts label and following the steps below:

1 Use the Nutrition Facts label to find the **Serving Size**, in grams (g), of the cereal.

2 Find the **Added Sugars** line. Look at the number of grams (g) next to Added Sugars.

3 Use the serving size identified in Step 1 to find the serving size of the cereal in the table below.

Serving Size*	Added Sugars
If the serving size is:	Added sugars must not 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 "Added Sugars" column.

If the cereal has that amount of added sugars, or less, the cereal meets the added sugars limit.

*Serving sizes here refer to those commonly found for breakfast cereals.

Yummy Brand Cereal

Nutrition Facts

15 servings per container

Serving size ¾ cup (30g)

Amount per serving

Calories **100**

	% Daily Value*
Total Fat 0.5g	**1%**
Saturated Fat 0g	**0%**
Trans Fat 0g	
Cholesterol 0mg	**0%**
Sodium 140mg	**6%**
Total Carbohydrate 22g	**7%**
Dietary Fiber 3g	**11%**
Total Sugars 5g	
Includes 4g Added Sugars	**8%**
Protein 3g	

Test Yourself:

Does the cereal above meet the added sugars limit?
(Check your answer on the next page)

Serving Size:_____

Added Sugars:_____

☐ Yes ☐ No

More training, menu planning, and nutrition education materials for the CACFP can be found at TeamNutrition.USDA.gov.

Try It Out!

Use the "Added Sugars Limit in Cereal" table below to help find cereals you can serve at your site. Write down your favorite brands and other information in the "Cereals To Serve in the CACFP" list. You can use this as a shopping list when buying cereals to serve in your program.

Added Sugars Limit in Cereal

Serving Size	Added Sugars	Serving Size	Added Sugars
If the serving size is:	Added sugars must not be more than:	If the serving size is:	Added sugars must not be more than:
0–2 grams	0 grams	50–54 grams	11 grams
3–7 grams	1 gram	55–58 grams	12 grams
8–11 grams	2 grams	59–63 grams	13 grams
12–16 grams	3 grams	64–68 grams	14 grams
17–21 grams	4 grams	69–73 grams	15 grams
22–25 grams	5 grams	74–77 grams	16 grams
26–30 grams	6 grams	78–82 grams	17 grams
31–35 grams	7 grams	83–87 grams	18 grams
36–40 grams	8 grams	88–91 grams	19 grams
41–44 grams	9 grams	92–96 grams	20 grams
45–49 grams	10 grams	97–100 grams	21 grams

Cereals To Serve in the CACFP*

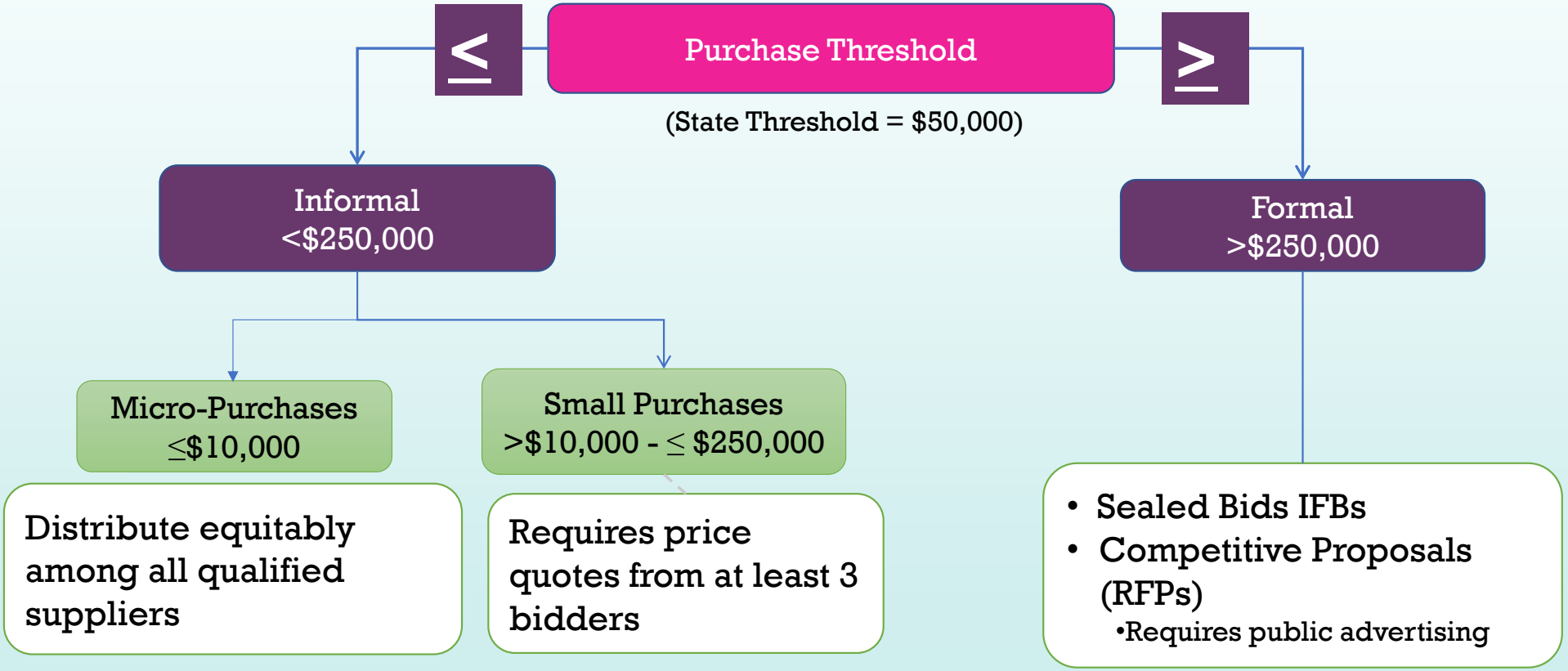
Cereal Brand	Cereal Name	Serving Size	Added Sugars (g)
Healthy Food Company	*Nutty Oats*	*28 grams*	*5 grams*

*The amount of added sugars in a cereal might change. Even if you always buy the same brands and types of cereal, be sure to check the serving size and amount of added sugars on the Nutrition Facts label to make sure they match what you have written in the list above. All cereals served must be whole grain-rich, enriched, or fortified.

Answer to "Test Yourself" activity on page 1: The cereal has 4 grams of added sugars per 30 grams. The maximum amount of added sugars allowed for 30 grams of cereal is 6 grams. 4 is less than 6, so this cereal meets the added sugars limit.

FNS-653 | October 2019, Slightly Revised November 2024

General Reminders –Procurement



INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2025 THROUGH JUNE 30, 2026

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 appropriate box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual) Arrival Time	Leave Time	Days in Care (Usual) M	Tu	W	Th	F	Sa	Su	Meals Served During Care B	AM	L	PM	D	EV	Infant (0-11 months)	School age	Head Start	Foster Child
Poblano, Jerry	7-8-19											X	X	X	X			☐	☐	☐	☐
Poblano, Perry	4-7-21											X	X	X	X			☐	☐	☐	☐
Poblano, Harry	10-17-24											X	X	X	X			☐	☐	☐	☐
Poblano, Cheryl	11-1-22											X	X	X	X			☐	☐	☐	☐
Poblano, Terry	11-1-22																				

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 American or other Pacific Islander ☐ White or Caucasian

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

Check Applicable Program & Provide a Master Case Number(s): ☐ SNAP Case #:_____ ☐ TANF Case #:_____ ☐ FDPIR Case #_____

Part 3A. Households **exceeding** the income guidelines (listed on the attached letter), check this box. ☐

Part 3B. All other households – If you do not have a SNAP, TANF or FDPIR *master case* number. Complete Parts 1, 3B and 4.

List the names of **ALL** household members not listed in **Part 1 & foster children.**	REPORT GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self-Employed) **Frequency of pay codes – 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 (see instructions)**		Check if Zero Income
	How much	How often	How much	How often	How much	How often	How much	How often	
Poblano, Cheri									☐
Poblano, Henry									☐
									☐

Last four digits of the Social Security Number of Household Member who signs this form: **XXXX-XX-**1234 If you do not have a Social Security Number, check this box: ☐

Part 4 Signature and Contact Information

I certify (promise) that all the 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 Official may verify the information. I understand that if I purposely give false information the participant receiving meals may lose their benefits, and I may be prosecuted.

Cheri Poblano — **Signature of Parent/Guardian**

May 5, 2025 — **Date of Signature**

Optional: Parent/Guardian Contact Information:

_____ ***Print Name***

_____ ***Address*** ***City*** ***State*** ***Zip***

E-Mail Address: _____ ***Telephone:*** _____

Center Use Only

_____ SNAP/TANF/FDPIR Household (must have a master case #)

_____ Annual Income: $ _____ Household Size _____

_____ Center Official Signature

_____ Date of Signature

_____ Effective Date

_____ Expiration Date

Household Meal Benefit Category:

☐ Free
☐ Reduced
☐ Paid
☐ Incomplete

Foster Child – Free Category
List names of foster child(ren):_____

Revised 3/2025

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2025 THROUGH JUNE 30, 2026

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 appropriate box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Days in Care (Usual)							Meals Served During Care						Infant	School age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T u	W	T h	F	Sa	Su	B	A M	L	P M	D	E V	(0-11 months)			
Wakefield, Charleston	2-11-22	12-1-24	7:15am	5:45pm	X	X	X	X	X			X	X	X	X			☐	☐	☐	☐
Wakefield, George	9-7-24	12-1-24	7:15am	5:45pm	X	X	X	X	X			X	X	X	X			☒	☐	☐	☐
Blacktail, Sage	6-6-24	2-11-25	7:15am	5:45pm	X	X	X	X	X			X	X	X	X			☒	☐	☐	☒
																		☐	☐	☐	☐

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 American or other Pacific Islander ☒ White or Caucasian

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

Check Applicable Program & Provide a Master Case Number(s): ☐ SNAP Case #:_____ ☐ TANF Case #:_____ ☐ FDPIR Case #_____

Part 3A. Households **exceeding** the income guidelines (listed on the attached letter), check this box. ☐

Part 3B. All other households – If you do not have a SNAP, TANF or FDPIR *master case* number. Complete Parts 1, 3B and 4.

List the names of **ALL** household members not listed in **Part 1 & foster children.**	REPORT GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self-Employed) **Frequency of pay codes – 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 (see instructions)**		
	How much	How often	How much	How often	How much	How often	How much	How often	
Wakefield, Zinnia	425.00	W							☐
Wakefield, Chester	1180	E2							☐
Blacktail, Sage									☒

Last four digits of the Social Security Number of Household Member who signs this form: XXXX-XX-4321 If you do not have a Social Security Number, check this box: ☐

Part 4 Signature and Contact Information

I certify (promise) that all the 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 Official may verify the information. I understand that if I purposely give false information the participant receiving meals may lose their benefits, and I may be prosecuted.

Zinnia Wakefield
Signature of Parent/Guardian

May 2, 2025
Date of Signature

Optional: Parent/Guardian Contact Information:

Print Name

Address ***City*** ***State*** ***Zip***

E-Mail Address: _____ ***Telephone:*** _____

Center Use Only

_____ SNAP/TANF/FDPIR Household (must have a master case #)

_____ Annual Income: $ _____ Household Size _____

_____ Center Official Signature

_____ Date of Signature

_____ Effective Date

_____ Expiration Date

Household Meal Benefit Category:

☐ Free
☐ Reduced
☐ Paid
☐ Incomplete

Foster Child – Free Category
List names of foster child(ren):_____

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS
JULY 1, 2025 THROUGH JUNE 30, 2026

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 appropriate box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual) Arrival Time	Leave Time	Days in Care (Usual) M	Tu	W	Th	F	Sa	Su	Meals Served During Care B	AM	L	PM	D	EV	Infant (0-11 months)	School age	Head Start	Foster Child
Basil, Ceasar	9-9-23	3-1-24	6:15am	5:30pm	X	X	X	X	X			X	X	X	X			☐	☐	☐	☐
Basil, Fern	5-7-22	3-1-24	6:15am	5:30pm	X	X	X	X	X			X	X	X	X			☐	☐	☐	☐
Basil, Kevin	8-14-20	3-1-24	6:15am	5:30pm	X	X	X	X	X			X	X	X	X			☐	☒	☐	☐
																		☐	☐	☐	☐

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 American or other Pacific Islander ☒ White or Caucasian

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

Check Applicable Program & Provide a Master Case Number(s): ☐ SNAP Case #:_____ ☐ TANF Case #:_____ ☐ FDPIR Case #_____

Part 3A. Households **exceeding** the income guidelines (listed on the attached letter), check this box. ☐

Part 3B. All other households – If you do not have a SNAP, TANF or FDPIR *master case* number. Complete Parts 1, 3B and 4.

List the names of **ALL** household members not listed in **Part 1 & foster children.**	REPORT GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self-Employed) **Frequency of pay codes – 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 (see instructions)**		
	How much	How often	How much	How often	How much	How often	How much	How often	
Basil, Melissa	24,000	Y							☐
Basil, Leonard	28,000	Y							☐
									☐

Last four digits of the Social Security Number of Household Member who signs this form: **XXXX-XX-** 7896 If you do not have a Social Security Number, check this box: ☐

Part 4 Signature and Contact Information

I certify (promise) that all the 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 Official may verify the information. I understand that if I purposely give false information the participant receiving meals may lose their benefits, and I may be prosecuted.

Leonard Basil
Signature of Parent/Guardian

March 1, 2024
Date of Signature

Optional: Parent/Guardian Contact Information:

Print Name

Address ***City*** ***State*** ***Zip***

E-Mail Address: _____ ***Telephone:*** _____

Center Use Only

___ SNAP/TANF/FDPIR Household (must have a master case #)

X Annual Income: $ 52,000 Household Size 5

Sunny Cimmaron
Center Official Signature

5-2-2024
Date of Signature

5-1-2024
Effective Date

5-31-2025
Expiration Date

Household Meal Benefit Category:

- ☐ Free
- ☒ Reduced
- ☐ Paid
- ☐ Incomplete

Foster Child – Free Category
List names of foster child(ren):_____

INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS

JULY 1, 2025 THROUGH JUNE 30, 2026

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 appropriate box.

Last Name, First Name	Date of Birth	Enroll Date	Times of Care (Usual)		Days in Care (Usual)							Meals Served During Care						Infant	School age	Head Start	Foster Child
			Arrival Time	Leave Time	M	T u	W	T h	F	Sa	Su	B	A M	L	P M	D	E V	(0-11 months)			
Roma, Dahlia	5-2-21	3-5-22	6:30am	4:15pm		X		X	X	X		X		X	X			☐	☐	☐	☐
Roma, Poppy	11-6-23	2-1-24	6:30am	4:15pm		X		X	X	X		X		X	X			☐	☐	☐	☐
Roma, Lilly	2-3-25	5-2-25	6:30am	4:15pm		X		X	X	X		X		X	X			☒	☐	☐	☐
																		☐	☐	☐	☐

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 American or other Pacific Islander ☒ White or Caucasian

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

Check Applicable Program & Provide a Master Case Number(s): ☒ SNAP Case #:_____ ☐ TANF Case #:_____ ☐ FDPIR Case #_____

Part 3A. Households **exceeding** the income guidelines (listed on the attached letter), check this box. ☐

Part 3B. All other households – If you do not have a SNAP, TANF or FDPIR *master case* number. Complete Parts 1, 3B and 4.

List the names of **ALL** household members not listed in **Part 1 & foster children.**	REPORT GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self-Employed) **Frequency of pay codes – 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 (see instructions)**		
	How much	How often	How much	How often	How much	How often	How much	How often	
									☐
									☐
									☐

Last four digits of the Social Security Number of Household Member who signs this form: **XXXX-XX-**_____ If you do not have a Social Security Number, check this box: ☐

Part 4 Signature and Contact Information

I certify (promise) that all the 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 Official may verify the information. I understand that if I purposely give false information the participant receiving meals may lose their benefits, and I may be prosecuted.

Sunny Roma — **Signature of Parent/Guardian**

May 2, 2025 — **Date of Signature**

Optional: Parent/Guardian Contact Information:

_____ ***Print Name***

_____ ***Address*** ***City*** ***State*** ***Zip***

E-Mail Address: _____ ***Telephone:*** _____

Center Use Only

_____ SNAP/TANF/FDPIR Household (must have a master case #)

_____ Annual Income: $ _____ Household Size _____

_____ Center Official Signature

_____ Date of Signature

_____ Effective Date

_____ Expiration Date

Household Meal Benefit Category:

- ☐ Free
- ☐ Reduced
- ☐ Paid
- ☐ Incomplete

Foster Child – Free Category
List names of foster child(ren):_____