Nutrition Services

Adult Meal Pattern Resource Packet

Fiscal Year 2027

July 1, 2026 – June 30, 2027



NDE Resources & Forms

Keep these forms as your master copies and copy them as needed for use in your facility.

- NDE CACFP Team
- Child Meal Pattern
- Daily Production Records *(Master)*
- Request for Meal Accommodation *(Master)*
- Fluid Milk Substitution List
- Medical Statement *(Master)*
- WIC Approved Food List

Other resources are available at the Nutrition Services website:
https://www.education.ne.gov/ns/forms-resources/child-and-adult-care-food-program

NEBRASKA DEPARTMENT OF EDUCATION

NUTRITION SERVICES

Nebraska Department of Education
Nutrition Services
Mailing Address:
P.O. Box 94987 Lincoln, Nebraska 68509
Physical Address:
500 S 84th Street Lincoln, Nebraska 68510
Toll Free: 800-731-2233
In Lincoln: 402-471-2967
Fax: 402-471-4407
http://www.education.ne.gov/NS/

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

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NEBRASKA
DEPARTMENT OF EDUCATION

NS
NUTRITION SERVICES

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.

DAILY PRODUCTION RECORD Day & Date:_____

NUMBER OF MEALS PLANNED

AGES	BREAKFAST	AM SNACK	LUNCH	PM SNACK	SUPPER	EVE SNACK
1 year						
2 year						
3 through 5						
6- 12 / 13-18						
Adults care/Staff						

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
BREAKFAST 1) Milk, Fluid 2) Vegetable, Fruit or Juice 3) Grains (by weight) **Or** Meat/Meat Alternate (limit 3x week)	1) Milk 2) 3)		1) ___gallons *___ and ___gallons *___ 2) 3)
A.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) 2)		1) 2)
LUNCH 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) 3) 4) 5)		1) ___gallons *___ and ___gallons *___ 2) 3) 4) 5)
P.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) 2)		1) 2)
SUPPER 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) 3) 4) 5)		1) ___gallons *___ and ___gallons *___ 2) 3) 4) 5)
EVE. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit, or Juice Meat or Meat Alternate Grains	1) 2)		1) 2)

DAILY PRODUCTION RECORD **Day & Date**:_____

NUMBER OF MEALS PLANNED

AGES	BREAKFAST	LUNCH	P.M. SNACK
1 year			
2 year			
3 through 5			
6 -12 / 13-18			
Adults care/Staff			

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
BREAKFAST 1) Milk, Fluid 2) Vegetable, Fruit or Juice 3) Grains (by weight) **Or** Meat/Meat Alternative (limit 3x week)	1) Milk 2) 3)		1) ___gallons *___ and ___gallons *___ 2) 3)
LUNCH 1) Milk, Fluid 2) Meat/Meat Alternate 3) Vegetable 4) Vegetable or Fruit 5) Grains	1) Milk 2) 3) 4) 5)		1) ___gallons *___ and ___gallons *___ 2) 3) 4) 5)
P.M. SNACK (Select 2 different components) Milk, Fluid Vegetable, Fruit or Juice Meat or Meat Alternate Grains	1) 2)		1) 2)

NEBRASKA
DEPARTMENT OF EDUCATION

Revised 6/2022

Request for Meal Accommodation

This form maybe used to request meal modifications for participants of the Child and Adult Care Food Program (CACFP) who have a physical or medical impairment. The care provider will work collaboratively with parents/guardians to ensure equal opportunity to participate in the CACFP and receive program benefits. However, if the care provider is unable to accommodate your participant's meal modification within the meal pattern requirements, a *Medical Statement* completed by a State licensed Medical Professional will be needed (CACFP 17-2016).

Parent/Guardian:
Completing the *Request for Meal Accommodation* form helps the care provider accommodate meal modifications within the meal pattern requirements for participants with a mental or physical impairment. Your participation in this process is important and allows for advanced planning and preparation needed to provide the accommodation. The care provider is not required to provide a specific substitution (such as a particular brand name) but must offer a reasonable modification that effectively accommodates your participant's needs.

Name of Participant:		Date of Birth:
Name of Parent/Guardian:		Telephone:
Address:	City:	State/Zip:
Email Address:		
Specify any dietary restrictions or special instructions for meals:		
Describe the participant's physical or mental impairment:		
Signature of Parent/Guardian		Date:

IMPORTANT: *Reimbursable milks for children two years old and older and adults include low-fat or fat-free milk, low-fat or fat-free lactose reduced milk, low-fat or fat-free lactose free milk, low-fat or fat-free buttermilk, or low-fat or fat-free acidified milk (7 CFR 226.20(a)(1)). Milk must be pasteurized fluid milk that meets State and local standards. Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk. The nutrient standards for non-dairy beverages are outlined in the CACFP regulations at 7 CFR 226.20(g)(3). To see the non-dairy beverages that meet the this requirement visit https://www.education.ne.gov/ns/forms-resources/child-and-adult-care-food-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%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.

Internal Use – Child Care Provider Information

Return to: _____

Phone number: _____

Date form received by child care provider: _____

Follow-up: _____

NEBRASKA DEPARTMENT OF EDUCATION

Fluid Milk Substitutions (all ages)

Non-Dairy Beverages Meeting the United States Department of Agriculture Substitution Criteria per 8 Fluid Ounces

Nutrients Children under 5 years *may not* be served *flavored* milk substitutions	**USDA Criteria per 1 cup/ 8 oz fluid oz**	Ripple **Kids Original Non-Soy Dairy Free** 	Ripple **Original Non-Soy Dairy-Free** 	8th Continent **Original Soymilk** 	Kirkland Signature **Organic Soymilk Plain** 	Silk **Original Soymilk** 	Pacific **All-Natural Ultra Soy Original** 	Walmart Great Value **Original Soymilk** 	Kikkoman Pearl **Organic Soymilk Original** 	Sunrich Naturals **Original Soymilk** 
Calcium (mg)	**276**	440	440	300	300	450	300	300	373	300
Protein (g)	**8**	8	8	8	8	8	10	8	8.9	8
Vitamin A	**500 IU**	500 IU	500 IU	500 IU	500 IU	500 IU	500 IU	500 IU	1249 IU	500 IU
Vitamin D	**100 IU**	200 IU	240 IU	100 IU	120 IU	120 IU	100 IU	120 IU	255 IU	100 IU
Magnesium (mg)	**24**	24	24	24	40	60	60	40	54	40
Phosphorus (mg)	**222**	549	491	250	250	250	250	250	313	250
Potassium (mg)	**349**	405	375	360	360	370	460	360	377	360
Riboflavin (mg)	**0.44**	0.48	0.48	0.51	0.51	0.51	0.51	0.51	0.96	0.45
Vitamin B12 (mcg)	**1.1**	1.1	1.1	1.2	3	3	1.5	3	2.31	1.2

The Nebraska Department of Education does not endorse the companies or products listed. This chart is for informational purposes only. Contact the manufacture at that time of purchase to ensure that the product formulations have *not* changed.

Revised November 26, 2025

NEBRASKA
DEPARTMENT OF EDUCATION

Revised: March 2025

MEDICAL STATEMENT

Parent/Guardian: You have requested a meal accommodation for your participant of the Child and Adult Care Food Program (CACFP) that cannot be achieved within federal meal pattern requirements. Therefore, to meet your participant's needs, this form must be completed and returned to the care provider. The form must be completed by a State Licensed Health Care Professional, (Physician (MD or DO), Physician Assistant (PA), Advance Practice Registered Nurse - Nurse Practitioner (APRN-NP), Registered Dietitian or chiropractor. A Licensed Medical Nutritional Therapist (LMNT) may also complete and sign when acting under the consultation of a licensed physician.

Name of the Participant:		Date of Birth:
Name of the Parent/Guardian:		Telephone:
Address:	City:	State/Postal Code:
Email Address:		
Description of participant's physical or mental impairment that restricts the diet:		
Specify any dietary restrictions or special instructions for meals:		
If applicable, list foods to omit:	If applicable, list the foods to substitute:	
Texture Modifications:	Thickness Modifications:	
Signature of the State Licensed Health Professional:	Name of the doctor who refers and works with the LMNT (*if applicable*):	
Printed Name and Title:	Phone Number:	Date:

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   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 employer.

Internal Use – Child Care Provider's Information

Return to: _____

Phone number: _____

Date form received by childcare provider: _____

Follow-up: _____

NEBRASKA WIC PROGRAM
APPROVED FOOD LIST

Effective October 1st, 2025
No organic unless noted

GF = Gluten Free **V** = Vegetarian
See page 2 for a note on Gluten Free and Vegetarian WIC foods.

100% JUICE – 64 OZ PLASTIC BOTTLE GF, V

FOR CHILDREN AND WOMEN

CHOOSE FROM THESE BRANDS & FLAVORS

Juicy Juice: All single flavors, Fruit Punch and Tropical	**Old Orchard**: All single flavors of 100% Juice, IH Tropical
Motts: Apple	**Motts Sensibles:** Apple
Campbell's: Tomato, any variety	**V8:** 100% Vegetable, any variety
Tree Top: Apple	**Libby's**: Pineapple
That's Smart: Grape	**Freedom's Choice:** Apple
Smart Way: Apple	**Hiland:** Orange

Welch's: Grape, Grape with Added Calcium, Grape with fiber, White Grape, Red Grape

Always Save: Apple, Grape

Best Choice: Apple, Apple Cider, Berry, Cherry, Cranberry, Grape, Grapefruit, Pineapple, Punch, White Grape, Tomato, Vegetable

Fareway: Apple, Grape, Vegetable

Great Value: Apple, Grape, White Grape, Tomato, Vegetable, Orange, Pear, Pineapple

Hy-Vee: Apple, Apple with Calcium, Grape, White Grape, Cranberry, Orange, Pineapple, Grapefruit, Vegetable, Tomato
Hy-Vee Just Juice: All Single Flavors, Just Juice Punch

IGA: Apple, Grape, White Grape, Tomato, Pineapple

Kroger: Apple, Grape, White Grape, Cranberry, Grapefruit, Pineapple, Tomato, Vegetable, Low Sodium Vegetable, Spicy Vegetable, Ruby Red Grapefruit, Orange (Homestyle and Calcium Fortified)

Market Pantry: Apple, White Grape, Grape, Orange

Our Family: Apple, Fresh Pressed Apple, Fresh Pressed Apple Cider, Grape, White Grape, Grapefruit, Cranberry, Pineapple, Orange, Tomato, Vegetable

Food Club: Apple, Grape, White Grape, Tomato, Pineapple, Spicy Vegetable, Vegetable, Orange

Signature Select/Signature Kitchens: Apple, Apple Cider, Grape, White Grape, Cranberry, Grapefruit, White Grapefruit, Orange, Pineapple, Tomato, Vegetable, Low Sodium Vegetable

Ocean Spray: Apple, Blackberry, Concord Grape, Cranberry

Do Not Buy: Juice with added sugar, juice drinks, juice cocktails or refrigerated juice.

FRUITS & VEGETABLES GF, V

DOLLAR VALUE LISTED ON YOUR FOOD BENEFITS

OKAY TO BUY:

- **ORGANIC**
- **Any variety of fresh fruit or vegetables; whole, pre-cut or packaged**
- **Any variety of frozen fruits or vegetables**
- **Fresh herbs that are in consumable form**
- **Any variety of canned fruits, juice or water packed**
- **Any variety of canned vegetables**
- **Regular or low sodium**
- **Pastes, purees, whole, diced or crusted tomatoes**
- **Jarred Salsa without added sugars, fats, oils, lard, cheese or cream**
- **Party trays without non-fruit or vegetable items like dips**
- **Salad or mixed greens in a bag or plastic container without dressing**
- **Applesauce (unsweetened and cinnamon)**

If your fruit and vegetables cost more than the amount of your food benefits, you may pay the extra amount using cash, SNAP, credit or debit, or the items may be put back.

Do Not Buy:

- Bags of salads with added dressing/topping; salad bar items; party trays, fruit baskets
- Nuts; dried fruit; dried vegetables; decorative fruit or vegetables
- Fresh salsa or guacamole
- Some spices and herbs
- Added dips, sauces, herbs or spices
- Fruits and vegetables with added sugars, fats or oils

MILK — GALLONS OR HALF GALLONS GF

TYPE OF MILK LISTED ON YOUR FOOD BENEFITS **CHOOSE ANY BRAND**

Do Not Buy: Organic; Chocolate or Other Flavors; Almond, Cashew, Coconut, Oat or Rice Milk that are not listed below

For Children age 2-5 & Women

1% Low-fat or Nonfat Skim Milk

For Children 12-23 months

Whole Milk **2% Reduced Fat Milk*** *1 year old with medical condition as determined by child's doctor

SPECIALIZED MILK

TYPE OF MILK LISTED ON YOUR FOOD BENEFITS **CHOOSE ANY BRAND**

Lactose Free Milk – Half Gallon (64 ounces) **Dry Milk** – 25.6 oz box or bag (Makes 8 quarts)

Evaporated Milk – 12 oz can

SOY BEVERAGE GF, V

CHOOSE FROM THESE BRANDS ONLY:

8th Continent Soy Milk: Original —64 oz Refrigerated

Silk Soy Milk: Original – Refrigerated or 64 oz Shelf Stable ; Vanilla—64 oz Refrigerated

Pacific Ultra Soy: Original - 32 oz Shelf Stable

Better Goods Original—64 oz Refrigerated

EGGS—ONE DOZEN GF

Medium or Large White Eggs **CHOOSE ANY BRAND**

Cage Free Large Eggs: Clearly by Best Choice, Eggland's Best, Hy-Vee, Lucerne

Do Not Buy: Organic; Brown Eggs; Specialty Eggs such as DHA or Omega 3

CHEESE—8 and 16 oz Packages GF

Block or Sliced:

May choose any combination of the choices listed below (i.e. Cheddar Jack)

CHOOSE STORE BRAND ONLY

Cheddar Colby Jack Colby Provolone Monterey Jack Mozzarella Swiss Marble American Pasteurized Process Muenster

Shredded Cheese CHOOSE FROM THESE BRANDS ONLY

Best Choice Freedom's Choice Food Club Kroger Lucerne Our Family Fareway Good & Gather Great Value Hy-Vee Market Pantry

Mozzarella String Cheese CHOOSE FROM THESE BRANDS ONLY

Best Choice Food Club Lucerne Our Family Hy-Vee

Low Moisture Mozzarella Ball: Low Fat and Whole Milk

CHOOSE FROM THIS BRAND ONLY

Lucerne

Do Not Buy: cubes or individually wrapped **slices.** Cheese food products (like Velveeta), cheese spreads, imitation cheese, added ingredients or flavor added (like Pepper Jack), organic, imported, service deli cheese, or fresh mozzarella

Tofu 14 and 16 oz

Simple Truth Organic Firm, Extra Firm

House Foods Tofu Premium Firm, Extra Firm

Nasoya Organic Super Firm

Azumaya Tofu Extra Firm, Firm

HEALTHY FOOD
HEALTHY KID
HAPPY FAMILY

GLUTEN FREE AND VEGETARIAN WIC FOODS

Many WIC foods are naturally gluten free and/or vegetarian but they may not be labeled that way. It is important to read the ingredient label. If you need help, ask your WIC nutritionist, call the company that manufactured the food, or visit their website.

If you think you might have celiac disease or gluten sensitivity, talk to your doctor about testing before you eliminate gluten-containing foods from your meal plan. This is the only way to make sure you get an accurate medical diagnosis and protect your long-term health.

BREAKFAST CEREALS—8 OZ OR LARGER PACKAGES V

COLD CEREAL

CHOOSE FROM THESE BRANDS *** WHOLE GRAIN**

GREAT VALUE: Frosted Shredded Wheat*, Bran Flakes*, O's*, Multigrain O's*, Corn Squares, Corn Flakes, Rice Squares, Crispy Rice, Crunchy Honey Oats, Wheat Squares*

HY-VEE: Wheat Squares*, Frosted Shredded Wheat Plain*, Blueberry* or Strawberry*, Bran Flakes*, Tasteeos*, Multigrain Tasteeos*, Simple Living Oat Squares*, Nutty Nuggets*, Corn Squares, Corn Flakes, Crispy Hexagons, Rice Squares, Crispy Rice, Oats & More Almonds, Oats & More Honey, Essentially You, Toasted Corn, Toasted Rice, Balanced Living Multigrain, Fiber Nuts

KROGER: Frosted Shredded Wheat Plain*, Blueberry* or Strawberry*, Bran Flakes*, Toasted Oats*, Multigrain Toasted Oats*, Oat Squares*, Living Well*, Nutty Nuggets*, Corn Flakes, Rice Bitz, Crispy Rice, Honey Crisp Medley Almonds, Multigrain Honey Crisp Medley

OUR FAMILY: Wheat Biscuits*, Frosted Shredded Wheat Plain* or Strawberry*, Bran Flakes*, Multigrain Toasted Oats*, 4 Corner Crunch*, Nutty Nuggets*, Toasted Oats*, Corn Biscuits, Corn Flakes, Crunchy Corn & Rice, Crispy Rice, Honey Oats & Flakes Almonds, Oats & More with Honey, Crispy Hexagons, Rice Biscuits$_{GF}$, Essentially You

GRAIN BERRY: Toasted Oats, Apple Cinnamon Toasted Oats, Cinnamon Frosted Shredded Wheat

FAREWAY: Wheat Squares*, Frosted Shredded Wheat*, Bran Flakes*, Tasteeos*, Multigrain Tasteeos*, Oat Squares*, Corn Squares, Corn Flakes, Crispy Hexagons, Rice Squares, Crispy Rice

GENERAL MILLS: Kix*, Berry Berry Kix*, Honey Kix*, Whole Grain Total*, Wheaties*, Fiber One Honey Clusters*, Wheat Chex*, Blueberry Chex, Cinnamon Chex, Corn Chex,, Vanilla Chex, Rice Chex, Cheerios*, Multigrain Cheerios* Multigrain Strawberry Cheerios, Wheaties Protein: Maple Almond and Honey Pecan, Cheerios Veggie Blends: Apple Strawberry and Blueberry Banana

MALT O MEAL: Frosted Mini Spooners*, Strawberry Mini Spooners*, Crispy Rice

POST: Grape Nuts*, Grape Nuts Flakes*, Great Grains Banana Nut Crunch*, Great Grains Crunchy Pecan,* Honey Bunches of Oats: Whole Grain Honey Crunch*, Whole Grain Almond Crunch*, Vanilla Bunches*, Honey Roasted, Cinnamon Bunches, with Almonds

FOOD CLUB: Toasted Oats*, Wheat Squares*, Frosted Shredded Wheat*, Strawberry FSW*, Bran Flakes*, Corn Squares, Corn Flakes, Rice Squares Crisp Rice, Honey & Oats with Clusters, Honey & Oats with Almonds, Oat Squares*, Shredded Wheat*, Twin Grain Crisp

BEST CHOICE: Wheat Crisps*, Wheat Flakes*, Bite Size Frosted Shredded Wheat Plain*, BSFSW Maple Brown Sugar*, Strawberry*, Frosted Shredded Wheat (FSW), FSW Strawberry, Bran Flakes*, Happy O's*, Multigrain Happy O's*, Corn Crisps, Corn Flakes, Crispy Corn & Rice, Rice Crisps, Crisp Rice, Honey Oat Clusters (HOC), HOC Almonds, Live Life 100%, Nutty Nuggets

IGA: Bran Flakes*, Tasteeos*, Corn Flakes, Rice Squares, Rice Bisquits, Crispy Rice, Frosted Shredded Wheat, Shredded Wheat

MARKET PANTRY: Corn Flakes, Toasted Rice, Oat Squares, Toasted Oats

THAT'S SMART: Bran Flakes, Toasted Oats, Crisp Rice, Corn Flakes

KELLOGG'S: Special K Protein Honey Almond Ancient Grains*, Special K Protein Multigrain Cinnamon*, Special K Original, Rice Krispies, Corn Flakes, Crispix, Frosted Mini Wheats (FMW)*, Frosted Mini Wheats Little Bites (FMWLB)*, FMWLB Chocolate, FMW Touch of Fruit Raspberry*, Frosted Mini Wheats Bite Size (FMWBS) Blueberry*, FMWBS Strawberry*, FMWBS Cinnamon Roll*, FMWBS Pumpkin Spice*, FMWBS Filled Mixed Berry*, FMWBS Blueberry Muffin, All Bran Complete Wheat Bran Flakes*, Complete Bran, Unfrosted MW, FMW Blueberry Muffin

SUNBELT BAKERY: Simple Granola*

ALWAYS SAVE: Toasted Oats*, Crisp Rice, Corn Flakes, Frosted Shredded Wheat*

QUAKER: Life Original*, Oatmeal Squares: Brown Sugar*, Cinnamon*, Honey Nut

SIGNATURE SELECT/SIGNATURE KITCHENS: Bran Flakes*, Toasted Oats*, Nutty Nuggets*, Corn Pockets, Corn Flakes, Rice Pockets, Crispy Rice, Oats & More Almonds, Frosted Shredded Wheat, Shredded Wheat, Live It Up, Oats & More Honey

HOT CEREAL

INSTANT OATMEAL ORIGINAL PLAIN*
9 oz or Larger Packages

Quaker	**Hy-Vee**
Best Choice	**Our Family**
Kroger	**IGA**
Food Club	**Signature Kitchens**

*** Use Cereal benefits to buy box of Individual packets**

CREAM OF WHEAT: Instant, 1 minute, 2 ½ minute, 10 minutes or Whole Grain Instant*

COCO WHEATS: Original

QUAKER: Instant Grits: Original or Butter

MALT O MEAL: Original or Chocolate

Cream of Rice: Original or Instant

WHOLE WHEAT AND WHOLE GRAIN CHOICES

100% WHOLE WHEAT and WHOLE GRAIN BREAD 8 –48 OZ — Do Not Buy: any other brand or type of bread

Kroger: 100% WW 16 and 24 oz, 100% WW Hamburger Buns, 100% WW Sandwich Slims, 100% WW Slider Buns, Round Top 100% WW 16 and 24 oz,	**Our Family:** 100% WW 16 oz, Country Style 100% WW 24 oz	**Pepperidge Farm Swirl**: 100% WW Cinnamon Raisin 16 oz
Nature's Own : 100% WW 20 oz, 100% WW Sugar Free 16 oz, 100% WW with Honey 16 oz, 100% WW Hamburger Buns 15 oz, 100% Whole Grain 20 oz	**Village Hearth:** 100% WW Hamburger Buns 15 oz, 100% WW 16 and 20 oz	**Sam's Choice:** WW Greek Style Pita 17 oz, WW Pita Pocket 9 oz
Great Value: 100% WW Roundtop 20 oz, 100% WW 24 oz, 100% WW Hamburger Buns 14 oz, 100% WW Hot Dog Buns 14 oz, 100% WW Honey 24 oz	**Signature Select:** 100% WW English Muffin 12 oz, 100% WW 24 oz	**Franz:** 100% Thinwiches 12 oz
Kroger Market & Mill: 100% WW Bakery 20 oz, 100% WW Artisan Style 20 oz	**Thomas:** 100% WW Bagels 6 ct	**Hy-Vee, Wonder, Sara Lee**: 100% WW 16 and 20 oz

IGA, Best Choice, Family Choice, Ozark Hearth:, Fareway, Signature Kitchens: 100% WW 16 oz

Pepperidge Farm:100% WW Very Thin 16 oz, Light Style, 100% WW Farmhouse 24 oz,100% WW Deli Flats 12 oz, Light Style Soft Wheat 16 oz, WG 15 Grain 24 oz, WG Honey Wheat 24 oz, WG Oatmeal 24 oz, Thin Sliced WG 15 Grain 14 and 22 oz, Farmhouse WG White 24 oz

Private Selection: 100% WW 24 oz, 100% WW Wide Pan 24 oz, !00% WW Sugar Free Wide Pan 24 oz, 100% WW Sugar Free 24 oz

Orowheat: 100% Whole Wheat Hamburger Buns 16 oz, 100% Whole Wheat Hot Dog Buns 16oz, 100% Sandwich Thins 12 oz, 100% WW 24 oz

Brown Berry: 100% WW Hamburger Buns 16 oz, 100% Whole Wheat Wide Pan 24 oz, 100% WW Sandwich Thins 12 oz, 100% Small Slices 18 oz

SOFT CORN TORTILLAS GF 8 - 32 OZ

CHOOSE FROM THESE BRANDS White or Yellow Corn

Mama Lupes: 16 oz	**Hy-Vee** 16 oz	**La Banderita** 16 and 24 oz	**Mission** White 8 oz and Yellow Corn 16 oz
Candy's Corn 8 oz	**Guerrero** 16 oz	**Kroger** 24 oz	**Our Family** White and Yellow Corn 16 oz
Fareway 16 oz	**Best Choice** 16 oz	**Frescados** 16 oz and 27.5 oz	**Signature Select** White Corn 25 oz
La Favorita 8 oz	**Bueno** 8 oz	**Chi-Chi's** White Corn 16 oz	**IGA:** White Corn 16 oz
Great Value 25 oz	**La Burrita** 8 and 16 oz		

Do Not Buy: Tostadas or Taco Shells

100% WHOLE WHEAT TORTILLAS 8 - 32 OZ

CHOOSE FROM THESE BRANDS Can be any style such as Fajita, Soft Taco, etc.

Frescado's 16 oz	**Food Club** 16 oz	**Our Family** 16 oz
Chi-Chi's 16 oz	**Kroger** 16 oz	**Ortega** 16 oz
Mission 16 oz; Carb Balance 8 oz	**Hy-Vee** 16 oz	**Fareway** 16 oz
Great Value 16 oz	**Best Choice** 16 oz	**Mama Lupe's** 16 oz
La Banderita 16 oz	**Market Pantry** 16 oz	**Signature Select /Kitchens:** 16 oz
Mi Mama's Low Carb 8 oz		

Do Not Buy: White Flour Tortillas

BROWN RICE, WILD RICE , QUINOA and Oats 8 to 32 oz GF, V

Brown Rice CHOOSE ANY BRAND Bag or Box	**Quinoa**	**Oats** Mom's Best, Better Oats Organic, Quaker
Regular, Instant or Quick Cooking	Great Value Organic, O Organics	Quick, rolled or Old Fashioned oats
Do Not Buy: white rice or rice with added seasonings		*Use whole grain benefits to buy oats in box, bag or tub

100 % WHOLE WHEAT PASTA 16 OZ

CHOOSE FROM THESE BRANDS All shapes allowed

Barilla	Fareway	Kroger	Great Value
Ronzoni	Racconto	Our Family	Signature Select
Food Club	Good & Gather	Hodgson Mill	
Great Value	Signature Select	Hy-Vee	

Do Not Buy: Gluten Free or made from rice, corn, or vegetables, added sugars, fats, oils or salt

Nut and Seed Butters & Beans GF, V

NUT AND SEED BUTTERS 16-18 OZ JAR

Peanut Butter– Store Brand-Okay to buy: creamy, chunky, crunchy or smooth. Salted or unsalted; low-sugar or reduced sugar

Do Not Buy: peanut butter spread, natural or all-natural, reduced fat, organic. Added ingredients such as honey, jelly, or chocolate.

CANNED BEANS 15-16 OZ CAN

CHOOSE ANY BRAND *can buy 4 cans Any single variety, regular or low salt

Black beans	Black eye peas	Butter beans
Chickpeas	Garbanzos	Kidney bean
Red Beans	Navy Beans	Pinto Beans
Mayacoba	Cannellini	Pink beans
Great Northern Beans		FF Refried beans

Do Not Buy: baked beans or chili beans

DRIED BEANS 16 OZ BAG

CHOOSE ANY BRAND

Any single variety of dry peas, beans or lentils

Do Not Buy: mixed beans, soup mixes, beans with added seasonings or flavors.

INFANT FORMULA

Only the brand, size, type and number of cans as listed on your food benefits.

No substitutions at store. Call the WIC office if baby needs a different formula.

BABY FOOD FRUITS & VEGETABLES GF, V — 4 OZ JARS , TWO-PACKS , 8 AND 16 TWO-PACKS OF 4 OZ JARS, 16 4 OZ JARS

CHOOSE FROM THESE BRANDS: Any plain fruits or vegetables, Single flavor mixed varieties

Beech-Nut Naturals	Beech-Nut Classics	Gerber	Parent's Choice (just Two Packs)	Tippy Toes (just individual jars)
One 2 pack equals two jars	Eight 2 packs equals 16 jars		Sixteen 2 packs equals 32 jars	16 pack of 4 oz jars









INFANT CEREAL 8 OZ CONTAINER

CHOOSE FROM THESE BRANDS:

Gerber

Oatmeal Multigrain

Do Not Buy: Rice cereal, added fruit, yogurt, milk, formula; DHA/ARA, jars, pouches

INFANT MEATS

For fully breastfed babies

CHOOSE FROM THESE BRANDS: 2.5 oz jars - individual and 12 packs , Single meat with broth or gravy

Beech-Nut **Gerber** **Tippy Toes (**only individual jars)

Do Not Buy: meat sticks, dinners or graduates; added DHA; added sugar, salt, rice, fruit or vegetables

12 pack of 2.5 oz jars



YOGURT GF

For Children 1 year of age	WHOLE MILK YOGURT
CHOOSE FROM THESE BRANDS (32 oz Container):	
Great Value: Greek Plain	**Hy-Vee:** Greek Plain
Chobani Greek: Plain	**Lucerne:** Plain, Strawberry, Vanilla, Greek Plain
Dannon: Plain , Greek Plain	**Open Nature**: Greek Plain
Kroger: Plain, Greek Plain	**Good & Gather:** Greek Plain
Mountain High: Plain, Vanilla, Strawberry	**Simply Balanced:** Greek Plain, Greek Vanilla Honey
Better Goods: Plain	**Dannon Oikos:** Greek Plain

For Children ages 2-5 & Women	LOWFAT (LF) OR NONFAT YOGURT (NF)
CHOOSE FROM THESE BRANDS (32 oz container):	
Oikos Greek (NF): Plain, Vanilla	**Oikos Pro (LF):** Plain, Vanilla **Oikos Triple Zero (NF):** Vanilla, Strawberry
Oikos (NF): Plain	**Mountain High (NF/LF):** Plain, Vanilla **Too Good (LF):** Plain, Vanilla
Chobani Greek: Plain (NF/LF), Honey Vanilla (LF), Zero Sugar Vanilla (NF), Madagascar Vanilla and Cinnamon (LF), Zero Sugar Strawberry (NF), Vanilla (NF) Strawberry (NF)	**Food Club:** Vanilla (NF/LF), Strawberry (LF), Greek Plain (NF), Plain (NF/LF)
Dannon: Vanilla (LF), Plain (NF/LF)	**Light & Fit (NF):** Strawberry, Vanilla, Greek Plain, Greek Vanilla
Market Pantry: Plain (NF), Vanilla (NF/LF)	**Fareway (NF):** Greek Plain, Greek Vanilla
Best Choice: Vanilla (LF), Strawberry (LF), Greek Plain (NF), Greek Vanilla (NF), Plain (NF), Peach (LF), Strawberry Banana (LF)	**Great Value:** Greek Plain (NF), Vanilla (NF), Greek Vanilla (NF), Plain (NF)
Kroger: Plain (NF/LF) Vanilla (NF), Strawberry (NF), Greek Plain (NF), Greek Vanilla (NF)	**Kroger Carbmaster (LF):** Strawberry, Peach, Vanilla
Our Family: Peach (LF), Blueberry (LF), Strawberry (LF), Plain (NF), Greek Plain (NF), Greek Vanilla (NF), Vanilla (NF/LF),	**Lucerne:** Plain (NF/LF), Vanilla (NF), Greek Plain (NF), Greek Vanilla (NF) Strawberry (LF)
Simply Balanced (NF): Greek Plain, Greek Vanilla	**Open Nature Greek:** Plain (NF/LF), Vanilla (NF)
Good and Gather (NF): Greek Plain, Greek Vanilla	**Yoplait:** Plain (NF), Greek Plain (NF), Blueberry (LF), Harvest Peach (LF), Strawberry (LF), Strawberry Banana (LF), Vanilla (LF)

Do Not Buy: any other brand or size of yogurt, drinkable yogurt or yogurt with mix-in ingredients such as granola, candy or nuts

FISH GF

For Toddlers, Children and Women

CHOOSE ANY BRAND
Light Tuna (water or oil packed), Pink Salmon (with or without bones), Sardines, Mackerel (Atlantic and Chub)
2.5 to 30 oz cans, pouches, multipacks
Can be in water or oil; Can be plain or flavored

Do Not Buy: Albacore, Chunk White, Solid White Tuna; Red Salmon, Organic







CACFP MEAL PATTERN TRAINING GUIDE

Complete each statement as we work through the training. This handout is yours to keep and serves as a helful reference and reminder of key takeaways throughout the year.

Production Records and Meal Pattern

Every meal claimed for reimbursement must have either a _____ or _____.

Menu Production Records are completed at the time the meal is being _____.

Required **breakfast** components include:

1. _____
2. _____
3. _____

**A meat/meat alternate may be served in place of the grain component up to _____ times per week*

Required **lunch** components include:

1. _____
2. _____
3. _____
4. _____
5. _____

Required **snack** components include:

Choice to serve _____ of the _____ componenents

**Milk and Juice may not be served together as the only two components of a reimbursable snack*

Fluid Milk Requirements

1 Year Olds
Unflavored only

_____ and _____ are the only milk options that can be served to 1-year olds.

2-5 Year Olds
Unflavored Only

6-18 Year Olds
Unflavored or Flavored

Adults
Unflavored or Flavored



Operators have the option to serve any fat content of cow's milk including:

1._____ 2._____ 3._____ 4._____

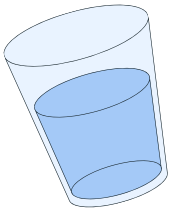
Must record the _____ and _____ prepared for all milk served.

Effective June 8, 2026

Special Diets

A _____ is recommended to have on file when the meal pattern can still be met with creditable substitutions.

A _____ is required if a disability is determined and the intolerance or allergy to a food component impedes the ability to meet meal pattern requirements. The sponsor is then required to provide the substitute and the meal can be claimed for reimbursement.



_____ must be made available throughout the day but is **not** considered a reimbursable meal component.



Meat/ Meat Alternates

Menu Ideas

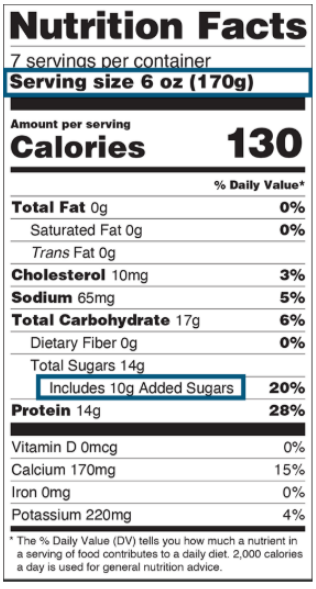
1. _____
2. _____
3. _____
4. _____

Processed meats like lunch meat, bologna, hot dogs, and sausage must be _____.

Items cannot contain fillers, extenders, or _____.

**ok, if less than _____ %*

All yogurt served in CACFP must contain no more than _____ grams of added sugar per _____ ounces (2 grams of added sugars per ounce).



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%

* 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.

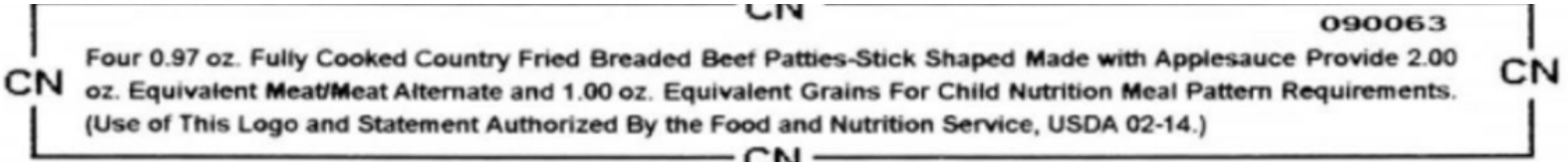
Serving Size* Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Added Sugars Grams (g)
If the serving size is:	If the serving size is:	Added sugars must not be more than
2.25 oz	64 g	4 g
3.5 oz	99 g	7 g
4 oz	113 g	8 g
5.3 oz	150 g	10 g
6 oz	170 g	12 g
8 oz	227 g	16 g

Access the full USDA Training Worksheet at:
https://www.fna.usda.gov/tn/cacfp/meal-pattern-training-worksheets/yogurts-lower-sugar

Commercially prepared combination foods or mixed dishes (e.g., pizza, burritos, meatballs, and breaded meat products such as chicken nuggets) must have a _____ or _____ on file **prior to serving.**

! Documentation must be updated annually.

CN Label Example


CN

090063

Four 0.97 oz. Fully Cooked Country Fried Breaded Beef Patties-Stick Shaped Made with Applesauce Provide 2.00 oz. Equivalent Meat/Meat Alternate and 1.00 oz. Equivalent Grains For Child Nutrition Meal Pattern Requirements. (Use of This Logo and Statement Authorized By the Food and Nutrition Service, USDA 02-14.)

CN

CN

How much does one beef stick credit as a meat/meat alternate?

2.0 oz eq M/MA ÷ 4 beef sticks = _____ oz eq M/MA per beef stick

Determine number of beef sticks needed for each age group:

1-2 year olds require 1.00 oz

(1.0 oz/0.5 beef stick)

Prepare _____ beef sticks

3-5 year olds require 1.50 oz

(1.50 oz/0.5 beef stick)

Prepare _____ beef sticks

6-12 year olds require 2.0 oz

(2.0 oz/0.5 beef stick)

Prepare _____ beef sticks

Product Formulation Statement (PFS) Example

Product name: Chicken Mini Corn Dog Manufacturer: Foster Farms Product code: 95145

Case: 21.97 lb Pack: 12/29.3 oz bags Count: about 40 per bag 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
Chicken Frankfurter	1.335 oz cooked frank	X		1.335oz
A. Total Creditable M/MA Amount	**1.25 oz.**			

How much does one mini corn dog credit as a meat/meat alternate?

1.25 oz eq M/MA ÷ mini corn dogs = _____ oz eq M/MA per beef stick

Determine number of mini corn dogs needed for each age group:

1-2 year olds require 1.00 oz

(1.0 oz/ 0.31 oz mini corn dog)

Prepare _____ mini corn dogs

3-5 year olds require 1.50 oz

(1.50 oz/0.31 oz mini corn dog)

Prepare _____ beef sticks

6-12 year olds require 2.0 oz

(2.0 oz/0.31 oz mini corn dog)

Prepare _____ beef sticks

The _____ helps identify non-creditable food items and which foods require additional documentation.



Crediting Handbook Hunt

Use the Crediting Handbook to investigate each food item and decide if it is a creditable meat/meat alternate.

Food Item	Page #	Creditable? (Yes/No)
Hummus	34/52	
Powdered Cheese	36	
Bacon	28	
Tofu	38	

Fruits and Vegetables

Acceptable Forms:

1. _____
2. _____
3. _____
4. _____
5. _____

**Use fruits canned in light syrup or juice.*

Juice must _____% fruit or vegetable juice and may be served only _____ time per day.

**Smoothies are considered a juice.*

Avoid These Errors

Do not serve _____ forms of the same vegetable or fruit.

Do not count cooked dried beans or peas as both a vegetable and a meat alternate at the same meal.

Do not withhold fruit as a dessert.



Use the _____ to determine the quantity of food needed based on the number of participants.

Grains

The three creditable grain categories in CACFP are:

1. _____ 2. _____ 3. _____

A grain is considered whole grain-rich (WGR) when at least _____% of the grain ingredients are whole grains.

At least _____ serving of grains per day must be whole grain-rich.

If only one meal or snack is served per day, the grain must be _____ grain.

Whole grain-rich foods can be identified by examining the first three grain ingredients listed on the ingredient statement. This method is known as the "Rule of Three." If the ingredient list contrains fewer than three grain ingredients, review only the grain ingredients that are present.

Step-by-Step Guide To Identifying Whole Grain-Rich Foods Using the *Rule of Three*



Whole grain–rich foods contain either 100% whole grains or list a whole grain as the first ingredient, with the next two grain ingredients being whole or enriched.

Access the full USDA guide to Using the *Rule of Three* at:
https://www.fna.usda.gov/tn/cacfp/identifying-whole-grain-rich-foods

Grains credit as

_____

_____

instead of servings.

Combination foods containing a grain component (e.g., pizza, burrito, chicken tenders) must have a:

_____ or

_____ or

_____.

Key Terms:

Ounce Equivalent =

_____

Ounce Equivalent (enriched) =

_____

Bread Alternate =

_____

All cereals served in CACFP must contain no more than _____ grams of added sugar per dry ounce. This includes ready-to-eat cereals, granola, and both instant and regular hot cereals.



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	
Vitamin D 2mcg	10%
Calcium 260mg	20%
Iron 6mg	35%
Potassium 240mg	6%

* 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*	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



Use the WIC- Approved Grains and Breakfast Cereals List to identify creditable cereals: http://dhhs.ne.gov/publichealth/Documents/WIC_Approved_Food_List.pdf

Access the full USDA Training Worksheet at:
https://www.fna.usda.gov/tn/cacfp/meal-pattern-training-worksheets/breakfast-cereals-lower-sugar

Grain-based _____ do **not** count toward a reimburseable meal or snack.
Examples: cookies, cereal/granola bars, homemade bars of any kind, cinnamon rolls, etc.

What labels are you required to keep?

1._____ 2._____ 3. _____ 4._____ 5. _____

Recipes for homemade foods must be kept on file and available for review.

Compliance Review

Meal Service Checklist

- ☐ Are any meal components missing?
- ☐ Have all prepared food quantities been recorded?
- ☐ Are all foods creditable and meal pattern compliant?
- ☐ Is supporting documentation on file (e.g., labels, CN labels, Product Formulation Statements, recipes, etc.)?
- ☐ Was the whole grain-rich requirement met (if applicable)?

Family Style Dining

Meal Service Checklist

- ☐ Are all meal components prepared in sufficient quanitites for each child to receive the minimum required CACFP serving size?
- ☐ Are all meal components placed on **each** table?
- ☐ Are children allowed to serve themselves (with assistance as needed)?
- ☐ Are all foods creditable and meal pattern compliant?
- ☐ Was the whole grain-rich requirement met (if applicable)?