## Child and Adult Care Food Program Monthly Milk Purchase Estimate

Complete this worksheet at the beginning of each month to help plan how much milk your center will need to purchase during the month. Read the instructions below and enter information in the yellow boxes, as applicable. The number of gallons of milk needed for the month will be reflected at the bottom of the page. Keep a copy of the completed form at your center. Child Care Resources monitors may request this form during reviews.

CACFP regulations require milk as a meal component for breakfast, lunch and supper. It is an optional component for snack. You must purchase enough milk for the number of meals you intend to serve with milk as a component.

1. CENTER NAME
$\square$

## 2. MONTH AND YEAR

3. Estimate the total number of meals served daily that require milk. Complete only those meal services applicable to your facility's operation.

## Breakfast

Age 1 yr - 24 months* (Whole Milk)
Age 3-5 (1\% or Fat Free Skim Milk)
Age 6 + (1\% or Fat Free Skim Milk)

## Lunch

Age 1 yr - 24 months (Whole Milk)
Age 3-5 (1\% or Fat Free Skim Milk)
Age $6+(1 \%$ or Fat Free Skim Milk
Supper
Age 1 yr-24 months (Whole Milk)
Age 3-5 (1\% or Fat Free Skim Milk)
Age 6 + (1\% or Fat Free Skim Milk)
*Children 2 years of age must be served 1\% or Fat Free Skim Milk
4.
total number of meals served that do not require milk but for which you may serve milk as one of the required components on your menu. Complete for each age group and meal service applicable to your center's operation.
AM Snack
Age $1 \mathrm{yr}-24$ months (Whole Milk)
Age 3-5 (1\% or Fat Free Skim Milk)
Age $6+(1 \%$ or Fat Free Skim Milk)

## PM Snack

Age 1 yr - 24 months (Whole Milk)
Age 3-5 (1\% or Fat Free Skim Milk)
Age $6+(1 \%$ or Fat Free Skim Milk)
Total Ounces of Milk Needed for the Month
Enter \# of days
in the month
snacks will be
served with
milk

| X | x | 4 | $=$ | 0 |
| :---: | :---: | :---: | :---: | :---: |
| X | X | 4 | $=$ | 0 |
| X | X | 8 | $=$ | 0 |
| X | X | 4 | $=$ | 0 |
| X | X | 4 | $=$ | 0 |
| X | X | 8 | $=$ | 0 |

CACFP
Required Total Ounces Ounces

Total Gallons of Milk Needed for the Month

## Enter \# of

Days in month meals will be served


Required Ounces

Total Ounces

$$
0
$$

| 4 | $=$ | 0 |
| :--- | :--- | :--- |
| 6 | $=$ | 0 |
| 8 | $=$ | 0 |
| 4 | $=$ | 0 |
| 6 | $=$ | 0 |
| 8 | $=$ | 0 |
| 4 | $=$ | 0 |
| 6 | $=$ | 0 |
| 8 | $=$ | 0 |

$$
\begin{equation*}
0 \tag{0}
\end{equation*}
$$0

$\square$

