

**Child and Adult Care Food Program (CACFP)**  
**Milk Self-Evaluation Tool**  
**Age: 1 Year Old**  
**Breakfast, Lunch, Supper, Snacks**

MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

*Note: For the purpose of the CACFP it is recommended, but not required, that children 12 through 23 months of age be served whole milk only.*

**Total Milk Required:**

1yr old \_\_\_\_\_ x 4 oz. = \_\_\_\_\_ oz.

Total Milk Required → \_\_\_\_\_ = \_\_\_\_\_ oz.

**Milk Calculations**

Number of 8 ounce cartons of milk purchased \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Number of gallons of milk purchased \_\_\_\_\_ x 128 oz. = \_\_\_\_\_ oz.

Number of 1/2 gallons of milk purchased \_\_\_\_\_ x 64 oz. = \_\_\_\_\_ oz.

Total Milk Purchased (ounces) → → \_\_\_\_\_ = \_\_\_\_\_ oz.

1. Total Milk Required (ounces) → \_\_\_\_\_ oz.

2. Total Milk Purchased (ounces) → \_\_\_\_\_ oz.

**Milk Comparison**

**Results:** Is the number on line 1 smaller than the number on line 2?

**Yes—GOOD!** Enough milk was purchased for the number of breakfast meals served.

**No—Action Needed!** You are not purchasing and serving children enough milk. Therefore, you are out of CACFP Compliance. You must resolve this problem immediately.

**Child and Adult Care Food Program (CACFP)  
Milk Self-Evaluation Tool  
Age: 2 through 12 Year Olds  
Breakfast, Lunch, Supper**

MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

*Note: Fluid milk served in CACFP to participants two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk.*

**Total Milk Required:**

2 yr. olds \_\_\_\_\_ x 4 oz. = \_\_\_\_\_ oz.

3 - 5 yr. olds \_\_\_\_\_ x 6 oz. = \_\_\_\_\_ oz.

6 -12 yr. olds \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Total Milk Required → = \_\_\_\_\_ oz.

**Milk Calculations**

Number of 8 ounce cartons of milk purchased \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Number of gallons of milk purchased \_\_\_\_\_ x 128 oz. = \_\_\_\_\_ oz.

Number of 1/2 gallons of milk purchased \_\_\_\_\_ x 64 oz. = \_\_\_\_\_ oz.

Total Milk Purchased (ounces) → → = \_\_\_\_\_ oz.

1. Total Milk Required (ounces) → \_\_\_\_\_ oz.

2. Total Milk Purchased (ounces) → \_\_\_\_\_ oz.

**Milk Comparison**

**Results:** Is the number on line 1 smaller than the number on line 2?

**Yes—GOOD!** Enough milk was purchased for the number of lunch meals served.

**No—Action Needed!** You are not purchasing and serving children enough milk. Therefore, you are out of CACFP Compliance. You must resolve this problem immediately.

**Child and Adult Care Food Program (CACFP)**  
**Milk Self-Evaluation Tool**  
**Age: 2 through 12 Year Olds**  
**Snacks**

MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

*Note: Fluid milk served in CACFP to participants two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk.*

**Total Milk Required:**

2 - 5 yr. olds \_\_\_\_\_ x 4 oz. = \_\_\_\_\_ oz.

6-12 yr. olds \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Total Milk Required → = \_\_\_\_\_ oz.

**Milk Calculations**

Number of 8 ounce cartons of milk purchased \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Number of gallons of milk purchased \_\_\_\_\_ x 128 oz. = \_\_\_\_\_ oz.

Number of 1/2 gallons of milk purchased \_\_\_\_\_ x 64 oz. = \_\_\_\_\_ oz.

Total Milk Purchased (ounces) → → = \_\_\_\_\_ oz.

1. Total Milk Required (ounces) → \_\_\_\_\_ oz.

2. Total Milk Purchased (ounces) → \_\_\_\_\_ oz.

**Milk Comparison**

**Results:** Is the number on line 1 smaller than the number on line 2?

**Yes—GOOD!** Enough milk was purchased for the number of dinner meals served.

**No—Action Needed!** You are not purchasing and serving children enough milk. Therefore, you are out of CACFP Compliance. You must resolve this problem immediately.

**Child and Adult Care Food Program (CACFP)**  
**Milk Self-Evaluation Tool**  
**Non-Dairy Beverage**  
**Age: 1 through 12 Year Olds**  
**Breakfast, Lunch, Supper**

MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

*Note: Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of Calcium, Protein, Vitamin A, Vitamin D, Magnesium, Phosphorus, Potassium, Riboflavin and Vitamin B-12. To ensure a beverage meets the requirements refer to the Non-Dairy Tool located at [www.nutritionnc.com](http://www.nutritionnc.com).*

**Total Milk Required:**

1 - 2 yr. olds \_\_\_\_\_ x 4 oz. = \_\_\_\_\_ oz.  
3 - 5 yr. olds \_\_\_\_\_ x 6 oz. = \_\_\_\_\_ oz.  
6 -12 yr. olds \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Total Milk Required → = \_\_\_\_\_ oz.

**Milk Calculations**

Number of 8 ounce cartons of milk purchased \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Number of gallons of milk purchased \_\_\_\_\_ x 128 oz. = \_\_\_\_\_ oz.

Number of 1/2 gallons of milk purchased \_\_\_\_\_ x 64 oz. = \_\_\_\_\_ oz.

Total Milk Purchased (ounces) → → = \_\_\_\_\_ oz.

1. Total Milk Required (ounces) → \_\_\_\_\_ oz.

2. Total Milk Purchased (ounces) → \_\_\_\_\_ oz.

**Milk Comparison**

**Results:** Is the number on line 1 smaller than the number on line 2?

**Yes—GOOD!** Enough milk was purchased for the number of snack meals served.

**No—Action Needed!** You are not purchasing and serving children enough milk. Therefore, you are out of CACFP Compliance. You must resolve this problem immediately.

**Child and Adult Care Food Program (CACFP)  
Milk Self-Evaluation Tool  
Non-Dairy Beverage  
Age: 1 through 12 Year Olds  
Snacks**

MONTH OF \_\_\_\_\_ YEAR \_\_\_\_\_

*Note: Non-dairy beverages must be nutritionally equivalent to milk and meet the nutritional standards for fortification of Calcium, Protein, Vitamin A, Vitamin D, Magnesium, Phosphorus, Potassium, Riboflavin and Vitamin B-12. To ensure a beverage meets the requirements refer to the Non-Dairy Tool located at [www.nutritionnc.com](http://www.nutritionnc.com).*

**Total Milk Required:**

1- 2 yr. olds \_\_\_\_\_ x 4 oz. = \_\_\_\_\_ oz.

3 - 5 yr. olds \_\_\_\_\_ x 4 oz. = \_\_\_\_\_ oz.

6-12 yr. olds \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Total Milk Required → = \_\_\_\_\_ oz.

**Milk Calculations**

Number of 8 ounce cartons of milk purchased \_\_\_\_\_ x 8 oz. = \_\_\_\_\_ oz.

Number of gallons of milk purchased \_\_\_\_\_ x 128 oz. = \_\_\_\_\_ oz.

Number of 1/2 gallons of milk purchased \_\_\_\_\_ x 64 oz. = \_\_\_\_\_ oz.

Total Milk Purchased (ounces) → → = \_\_\_\_\_ oz.

1. Total Milk Required (ounces) → \_\_\_\_\_ oz.

2. Total Milk Purchased (ounces) → \_\_\_\_\_ oz.

**Milk Comparison**

**Results:** Is the number on line 1 smaller than the number on line 2?

**Yes—GOOD!** Enough milk was purchased for the number of dinner meals served.

**No—Action Needed!** You are not purchasing and serving children enough milk. Therefore, you are out of CACFP Compliance. You must resolve this problem immediately.