



AA SLUSHIE, WATERMELON

Nutrition Facts

Serving Size: EACH
Serving per Container: 1

Amount Per Serving		Calories from Fat 0
		% Daily Value ²
Calories: 90		
Total Fat 0.0g		0%
Saturated Fat 0.0g		0%
Trans Fat ¹ 0.0g		
Cholesterol 0mg		0%
Sodium 10mg		0%
Total Carbohydrate 25.0g		8%
Dietary Fiber 3.0g		12%
Sugars 21.0g		
Protein 0.0g		0%
Vitamin A 10%	Vitamin C 100%	
Calcium 8%	Iron 0%	



¹ - Trans Fat value is provided for informational purposes only, not for monitoring purposes.
² - Percent Daily Values are based on a 2,000 calorie diet.
N/A - denotes a nutrient that is either missing or incomplete for an individual ingredient.

Allergens

Milk	Egg	Peanut	Tree Nut	Fish	Shellfish	Soy	Wheat
NO	NO	NO	NO	NO	NO	NO	NO

YES = Present NO = Absent ? = Undefined

NOTICE: The data contained within this report and the NUTRIKIDS® Menu Planning and Nutritional Analysis software should not be used for and does not provide menu planning for a child with a medical condition or food allergy. Ingredients and menu items are subject to change or substitution without notice. Please consult a medical professional for assistance in planning for or treating medical conditions.

Whole Fruit® 4.4 fl oz Watermelon Premium Frozen 100% Juice Cups - 96 ct

Manufacturer's
Product Code
23060015

Nutrition Facts

Serving Size: (4.4 FO)
Serving Per Container:

Ingredients:

Apple Juice from Concentrate (Micron Filtered Water and Concentrated Apple Juice), White Grape Juice from Concentrate (Micron Filtered Water and Concentrated White Grape Juice), Inulin (Vegetable Fiber), Natural Flavor, Citric Acid, Malic Acid, Guar and Xanthan Gums, Calcium Hydroxide, Ascorbic Acid (Vitamin C), Beet Juice Concentrate (for Color), and Beta Carotene.

Allergen Information:

OU - PAREVE

Child Nutrition Statement:

Each 4.4 fl. oz. cup meets 1/2 cup fruit equivalent based on the fluid volume prior to freezing. This meets the USDA guidance for frozen 100% juice meal contributions.

Calories	90		
Calories from Fat	0		
	Per Serving	% Daily Value*	
Total Fat	0g		0%
Saturated Fat	0g		0%
<i>Trans Fat</i>	0g		
Cholesterol	0mg		0%
Sodium	10mg		0%
Total Carbohydrate	25g		8%
Dietary Fiber	3g		11%
Sugars	21g		
Protein	0g		
Vitamin A	10%	Vitamin C	100%
Calcium	8%	Iron	0%

Storage/ Handling:

Keep frozen (0° F or below). Shelf Life of at least two year when stored properly.

	SCC/GTIN	Case	Pack
072586600158	10072586600155		96

Preparation Instruction:

N/A

Case Dimensions					
Case Length	Case Width	Case Height	Case Cube	Net Weight (Lbs)	Gross Weight (Lbs)
17	11.625	9.625	1.1008	27.1056	29

Pallet Dimensions		
Pallet Tier	Pallet High	Pallet Count
8	8	64

I certify that the nutritional information contained on this page is true and correct to the best of my knowledge.

**Ernest Fogle
QA/R&D**



**ANNE ARUNDEL
COUNTY PUBLIC SCHOOLS**

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**Allergen & Sensitive Ingredient
Attachment 3
(One form per supplied item)**

Product: Whole Fruit Frozen Juice Cup watermelon	Product Code Number: 23060015
Company: J+J Snack	Contact Name & Number:

Fill in the following chart for each product you supply to the Anne Arundel County Public Schools.

√ Yes or No.

Component	Present in Product?
Milk	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Egg	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Peanut	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Tree Nut	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Fish	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Shellfish	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Soy	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Wheat	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Is there a policy to prevent cross contamination? Yes No

Is this product produced in a peanut free facility? Yes No

Is this product produced in a tree nut free facility? Yes No *coconut only*

IF FOR ANY REASON, THERE ARE MODIFICATIONS TO THIS PRODUCT, YOU ARE RESPONSIBLE FOR UPDATING YOUR RECORDS AND NOTIFYING US IMMEDIATELY.

Form completed by:

[Signature]
Signature of Representative
[Signature]
Title

3-7-19
Date