

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2023-2024

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

CENTER NAME			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court. Attach documentation)	PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.	
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER					
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		Check type of benefit:	<input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)
1.			<input type="checkbox"/>	CASE NO.	_____
2.			<input type="checkbox"/>	CASE NO.	_____
3.			<input type="checkbox"/>	CASE NO.	_____
4.			<input type="checkbox"/>	CASE NO.	_____

PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

SIGNATURE OF ADULT HOUSEHOLD MEMBER	* _____ DATE	* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Check if applicable) <input type="checkbox"/> I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program. **State Distribution: July 2023**

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion : Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12	Application Certified/Categorized as: <input type="checkbox"/> FREE , based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child <input type="checkbox"/> REDUCED-PRICE , based on Household size and income <input type="checkbox"/> PAID , based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information
Total Household Size: _____ Total Household Income: \$ _____ Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year	

Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form	Effective Date (From the first of month of date signed)	Expiration Date (Valid until last day of month in which form was signed one year earlier)
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Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.
- SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.**

PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.

- Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- Check the box for any person listed as a household member (including children) that has no income.
- For each household member, list each type of income received during the last month and list how often the money was received.
 - Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
 - List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
 - List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
 - List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

- * All applications must have the signature of an adult household member.
- * The adult signing the application must also date the form.
- * Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed a food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES					
Effective from July 1, 2023 through June 30, 2024. Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.					
HOUSEHOLD SIZE	ANNUAL	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$26,973	2,248	1,124	1,038	519
2	\$36,482	3,041	1,521	1,404	702
3	\$45,991	3,833	1,917	1,769	885
4	\$55,500	4,625	2,313	2,135	1,068
5	\$65,009	5,418	2,709	2,501	1,251
6	\$74,518	6,210	3,105	2,867	1,434
7	\$84,027	7,003	3,502	3,232	1,616
8	\$93,536	7,795	3,898	3,598	1,799
Additional member	+9,509	+793	+397	+366	+183

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2021-2022

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

CENTER NAME ABC Childcare		CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)		PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.			
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER				Check type of benefit: <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)			
* NAME OF ENROLLED CHILD(REN)		AGE	BIRTH DATE	CASE NO.			
1. Jimmy Confused		2	05/01/2019	7 6 5 4 3 2 1			
2.				CASE NO.			
3.				CASE NO.			
4.				CASE NO.			
PART 3 – TOTAL members. List all household members including children listed above in Part 1				WHEN IT WAS RECEIVED: List names of all household members (amount earned before taxes & other deductions) and frequency. Every 2 Weeks, Twice Per Month, Monthly, Annually			
a. LIST NAME AND HOUSEHOLD INCOME INCLUDING CHILDREN LISTED ABOVE IN PART 1		NO/ZERO INCOME	1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income	
EXAMPLE: JANE SMITH		<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often	
1. Ima Confused		<input type="checkbox"/>	\$ 400 / weekly				
2. Jimmy Confused		<input type="checkbox"/>	\$ /				
3.		<input type="checkbox"/>	\$ /				
4.		<input type="checkbox"/>	\$ /				
5.		<input type="checkbox"/>	\$ /				
6.		<input type="checkbox"/>	\$ /				
PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box. I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.							
* <u>Ima Confused</u> SIGNATURE OF ADULT HOUSEHOLD MEMBER		* 01/05/2021 DATE		* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="checkbox"/> (Check if applicable) I do not have a Social Security Number <input type="checkbox"/>			
Print Name: Ima Confused		Daytime Phone Number: 555-555-5555		Work Phone Number: 555-555-5555			
Street / Apt: 111 Main St		City / State / Zip: Columbus, OH 22222		County: Franklin			
PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).							
<input type="checkbox"/> American Indian or Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black or African American			
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		<input checked="" type="checkbox"/> White		<input type="checkbox"/> Other			
Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino							

If the child has a Food Assistance (Snap) or OWF case number, enter it here. This number is 7 digits long. The parent may now move to Part 4, sign, date and complete parent information section

If the child does not have a Food Assistance or OWF 7 digit case number, enter income for all household members listed. Make sure to include how often. Lastly, the parent must provide the last 4-digits of their Social Security number.

Encourage parents to complete section 5 of the application.

Child Care Resources will complete this section

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot apply for free or reduced-price meals, and for administration and enforcement of the Program. State Distribution: July 2021

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.			
Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion Table: Weekly x 52, Every 2 Weeks x 26		Application Certified/Categorized as:	
		<input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child	
Total Household Size: _____		Household size and income _____	
Total Per: _____		Income too high _____	
		Incomplete _____	
		Invalid case number or information _____	
Signature of Sponsor / Center Representative _____		Date Sponsor Certified/Categorized Form _____	
Effective Date _____		Expiration Date _____	
Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.		(Valid until last day of month in which form was signed one year earlier)	

Ohio Department of Education - Office of Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

CHILD'S NAME
(please print)

AGE

BIRTHDATE

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

**SIGNATURE OF
PARENT/GUARDIAN**

DATE

**DAY PHONE
NUMBER**

**MAILING ADDRESS:
STREET /APT.**

CITY

ZIP CODE

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, audiotope, 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;

(2) fax: (833) 256-1665 or (202)690-7448; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 8/2022

CHILD AND ADULT CARE FOOD PROGRAM INFANT MEALS – PARENT PREFERENCE LETTER

TO: Parents and Guardians of Infants under one year of age

FROM:

NAME OF CENTER/PROVIDER	
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TOPIC: Who will provide food for your infant’s meals?

Due to participation on the Child and Adult Care Food Program (CACFP), all children enrolled at this child care center or family child care (FCC) home receive meals free of charge. The CACFP is a U.S. Department of Agriculture (USDA) child nutrition program. Child care centers and family child care homes are reimbursed a meal rate to help with the cost of serving nutritious meals to enrolled children. These centers and FCC homes can be reimbursed daily for up to two meals and one snack served to each enrolled child, including infants. Emergency Shelters can be reimbursed for up to three meals. The meals must meet CACFP meal pattern requirements for children and infants.

To meet CACFP requirements, the center or FCC home is required to **offer** formula and other required infant food to all enrolled infants. The iron fortified infant formula we will provide for infants until they turn one year of age is:

NAME OF FORMULA	
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A parent or guardian may decline the formula offered by the center or home and supply the infant’s formula themselves. However, when an infant turns one year of age, the center or FCC home will begin to provide milk and the other required food items to meet the meal pattern requirements for toddler age children.

To assist us in your infant formula and food preferences, please complete preferences below by checking one item each in the formula and solid food section. **When a child is developmentally ready, parents can provide only one component (food or formula) as part of a reimbursable meal or snack.**

PARENT OR GUARDIAN: PLEASE CHECK YOUR PREFERENCES FOR FORMULA AND FOOD

Formula or Breast Milk: (check one)

- I want the center or FCC home provider to provide formula for my infant
- I will bring iron fortified infant formula for my infant
- I will bring expressed breast milk for my infant
- I will come to the center or FCC home to breast feed my infant

Parent/Guardian: List Name of Formula You Will Provide

Solid Food: (check one)

- I want the center or FCC home to provide all solid foods for my infant when he/she is developmentally ready
- I will bring one solid food item for my infant when he/she is developmentally ready for it and the center will provide all other required components including formula.

***Note: If your feeding preferences change, you will be asked to complete a new form.**

INFANT NAME:	INFANT BIRTHDATE:
PARENT/GUARDIAN SIGNATURE:	DATE:

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 **email:** Program.Intake@usda.gov

Grain-Based Desserts in the Child and Adult Care Food Program

Kids need the vitamins, minerals, and other nutrients in foods such as fruits, vegetables, whole grains, low-fat dairy, and lean protein foods. Too often, kids are filling up on foods high in added sugars and low in nutrients.

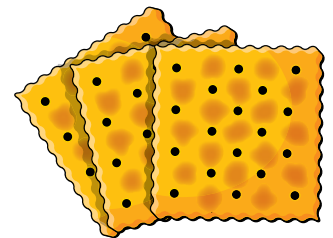


As of October 1, 2017, grain-based desserts no longer count toward the grain component of meals and snacks offered through the Child and Adult Care Food Program (CACFP). This small change helps reduce the amount of added sugars kids eat in child care.

What Are Grain-Based Desserts?

The chart below lists some common grain-based desserts:

Grain-Based Desserts (Not Reimbursable in the CACFP):	Not Grain-Based Desserts (Reimbursable in the CACFP):
<ul style="list-style-type: none"> • Brownies • Cakes, including coffee cake and cupcakes • Cereal bars, breakfast bars, and granola bars • Cookies, including vanilla wafers • Doughnuts, any kind • Fig rolls/bars/cookies and other fruit-filled rolls/bars/cookies • Gingerbread • Ice cream cones • Marshmallow cereal treats • Pie crusts of dessert pies, cobblers, and fruit turnovers • Sweet bread puddings • Sweet biscotti, such as those made with fruits, chocolate, icing, etc. • Sweet croissants, such as chocolate-filled • Sweet pita chips, such as cinnamon-sugar flavored • Sweet rice puddings • Sweet scones, such as those made with fruits, icing, etc. • Sweet rolls, such as cinnamon rolls • Toaster pastries 	<ul style="list-style-type: none"> • Banana bread, zucchini bread, and other quick breads • Cereals that meet the sugar limit and are whole grain-rich, enriched, and/or fortified • Cornbread • Crackers, all types • French Toast • Muffins • Pancakes • Pie crusts of savory pies, such as vegetable pot pie and quiche • Plain croissants • Plain or savory pita chips • Savory biscotti, such as those made with cheese, vegetables, herbs, etc. • Savory bread puddings, such as those made with cheese, vegetables, herbs, etc. • Savory rice puddings, such as those made with cheese, vegetables, etc. • Savory scones, such as those made with cheese, vegetables, herbs, etc. • Teething biscuits, crackers, and toasts • Tortillas and tortilla chips • Waffles



Whole grain-rich and homemade grain-based desserts are also not creditable in the CACFP.

More training, menu planning, and nutrition education materials for the CACFP can be found at <https://teammnutrition.usda.gov>.



Identifying Whole Grain-Rich

The USDA CACFP requires that at least one serving of grains each day contains a whole grain-rich component. Foods that meet the whole grain-rich criteria are foods that contain at least 50% whole grains and the remaining grains in the food are enriched, or are 100% whole grain.

Here are a few ways to help identify if a product is whole grain-rich. As long as the product meets **AT LEAST ONE OF THESE SIX METHODS**, described below, it is considered whole grain-rich.



#1 FOOD IS LABELED WHOLE WHEAT & MEETS FDA'S STANDARD OF IDENTITY

Certain bread and pasta products specifically labeled "Whole Wheat" on the package and which conform to an FDA Standard of Identity can be considered whole grain-rich. An FDA Standard of Identity is a set of rules for what a product must contain to legally be labeled with that product name. List available at cacfp.org.

#2 WIC

Women • Infants • Children

The product is found on **ANY** State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved whole grain food list. Any grain product found on a State agency's WIC-approved whole grain food list meets CACFP whole grain-rich criteria.



#3 FDA STATEMENT



One of the following FDA statements is included on the labeling:

"Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may reduce the risk of heart disease and some cancers."

"Diets rich in whole grain foods and other plant foods, and low in saturated fat and cholesterol, may help reduce the risk of heart disease."

#4 RULE OF THREE

The first ingredient (second if after water) must be whole grain, and the next two grain ingredients (if any) must be whole grains, enriched grains, bran, or germ. Any grain derivatives may be disregarded. Any non-creditable grain ingredients that are labeled 2% or less are considered insignificant and may also be disregarded.



Whole Grain #1 2nd Grain Ingredient

INGREDIENTS: Whole Wheat Flour, Enriched Wheat Flour (Flour, Niacin, Reduced Iron, Thiamine Mononitrate, Riboflavin, Folic Acid), Vegetable Oils (Canola And/ Or Sunflower), Cheddar Cheese ([Cultured Milk, Salt, Enzymes], Annatto), Salt, Contains 2 Percent Or Less Of: Yeast Extract, Natural Flavor, Paprika, Spices (Celery), Baking Soda, Monocalcium Phosphate, Dehydrated Onions, Annatto Extract For Color.

CONTAINS: WHEAT, MILK

#5 FOOD MEETS THE WHOLE GRAIN-RICH CRITERIA UNDER THE NSLP

Use of the National School Lunch Program whole grain-rich criteria may ease menu planning and purchasing for at-risk afterschool or CACFP child care programs. The NSLP whole grain-rich criteria apply for all grain products with the exception of grain-based desserts, which are not creditable under CACFP.

#6 MANUFACTURER DOCUMENTATION OR STANDARDIZED RECIPE

Proper documentation from a manufacturer or a standardized recipe can also demonstrate that whole grains are the primary grain ingredient by weight.

OUNCE EQUIVALENTS REFERENCE GUIDE

	6 months-11 months 1/4 to 1/2 oz eq	1-5 years 1/2 oz eq	6-18 years 1 oz eq	Adults 2 oz eq (1 oz eq for snack)
Bagel (56 g+)		1/4 bagel	1/2 bagel	1 bagel
Bagel, Mini (28 g+)		1/2 bagel	1 bagel	2 bagels
Biscuit	1/2 biscuit Snack Only	1/2 biscuit	1 biscuit	2 biscuits
Bread	1/2 slice Snack Only	1/2 slice	1 slice	2 slices
Bun or Roll (28 g+)	1/2 bun Snack Only	1/2 bun	1 bun	2 buns
Cereal, Ready to Eat Flakes or Rounds	4 Tablespoons Snack Only	1/2 cup	1 cup	2 cups
Cereal, Granola		1/8 cup	1/4 cup	1/2 cup
Cereal, Puffed	5 Tablespoons Snack Only	3/4 cup	1 1/4 cups	2 1/2 cups
Corn Muffin (34 g+)	1/2 muffin Snack Only	1/2 muffin	1 muffin	2 muffins
Cracker, Animal	4 crackers Snack Only	8 crackers	15 crackers	30 crackers
Cracker, Bear Shaped	6 crackers Snack Only No honey flavored	12 crackers	24 crackers	48 crackers
Cracker, Fish Shaped Cheddar (ex: Goldfish)	11 crackers Snack Only	21 crackers	41 crackers	81 crackers
Cracker, Graham	1/2 cracker sheet Snack Only No honey flavored	1 cracker sheet	2 cracker sheets	4 cracker sheets
Cracker, Round (ex: Ritz)	2 crackers Snack Only	4 crackers	7 crackers	14 crackers
Cracker, Square, Savory (ex: Cheez-Its)	2 crackers Snack Only	10 crackers	20 crackers	40 crackers

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Cracker, Saltine	2 crackers Snack Only	4 crackers	8 crackers	16 crackers
Cracker, Thin Wheat, Square, Savory	3 crackers Snack Only	6 crackers	12 crackers	23 crackers
Cracker, Woven, Whole Wheat		3 crackers	5 crackers	10 crackers
Cracker, Zwieback (not honey flavored)	1 cracker Snack Only			
Croissant (34 g+)	1/2 croissant Snack Only	1/2 croissant	1 croissant	2 croissants
English Muffin	1/4 muffin Snack Only	1/4 muffin	1/2 muffin	1 muffin
French Toast Stick		2 sticks	4 sticks	8 sticks
Grits, Cooked		1/4 cup	1/2 cup	1 cup
Iron-Fortified Infant Cereal (single and multi-grain)	4 Tablespoons Dry Breakfast, Lunch, Supper, Snack			
Melba Toast (3 1/2" x 1 1/2")		2 pieces	5 pieces	8 pieces
Muffin and Quick Bread (banana, etc.) (55 g+)		1/2 muffin/slice	1 muffin/slice	2 muffins/slices
Oatmeal, Cooked		1/4 cup	1/2 cup	1 cup
Pancake (34 g+)	1/2 pancake Snack Only	1/2 pancake	1 pancake	2 pancakes
Pasta, Cooked (Whole Grain-Rich or Enriched, All Shapes)		1/4 cup	1/2 cup	1 cup
Pita Bread/Round	1/4 pita Snack Only	1/4 pita	1/2 pita	1 pita
Popcorn, Plain		1 1/4 cups	2 1/2 cups	5 cups
Pretzel, Hard, Mini-Twist (~1 1/4" x 1 1/2")		7 twists	14 twists	27 twists

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Pretzel, Hard, Thin Stick (~2 1/2" long)		16 sticks	31 sticks	62 sticks
Pretzel, Soft		1/4 pretzel	1/2 pretzel	1 pretzel
Rice, Cooked (All Types)		1/4 cup	1/2 cup	1 cup
Rice Cake (8 g+)		1 1/2 cakes	3 cakes	5 1/2 cakes
Rice Cake, Mini		7 cakes	13 cakes	25 cakes
Taco or Tostada Shell, Hard	4 Tablespoons Snack Only	1 shell	2 shells	4 shells
Tortilla, Soft, Corn (5 1/2")	3/4 tortilla Snack Only	3/4 tortilla	1 1/4 tortillas	2 1/2 tortillas
Tortilla, Soft, Flour (6")	1/2 tortilla Snack Only	1/2 tortilla	1 tortilla	2 tortillas
Tortilla, Soft, Flour (8")	1/4 tortilla Snack Only	1/4 tortilla	1/2 tortilla	1 tortilla
Waffle (34 g+)	1/2 waffle Snack Only	1/2 waffle	1 waffle	2 waffles

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Choose Breakfast Cereals That Are Lower in Sugar

All breakfast cereals served in the Child and Adult Care Food Program (CACFP) must not have more than **6 grams of sugar** per dry ounce.

There are many types of cereal that meet this sugar 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 sugar 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 **Total Sugars** line. Look at the number of grams (g) next to Total Sugars.

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

Serving Size*	Total Sugars
If the serving size is:	Total 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 "Total Sugars" column.
If the cereal has that amount of sugar, or less, the cereal meets the sugar 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%
<i>Trans Fat</i> 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 sugar limit?
(Check your answer on the next page)

Serving Size: _____

Total Sugars: _____

Yes No

Try It Out!



Use the “Sugar Limits 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.

Sugar Limits in Cereal

Serving Size	Total Sugars	Serving Size	Total Sugars
If the serving size is:	Total sugars must not be more than:	If the serving size is:	Total 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	Total Sugars (g)
Healthy Food Company	Nutty Oats	28 grams	5 grams

*The amount of sugar 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 total 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 5 grams of total sugars per 30 grams. The maximum amount of total sugars allowed for 30 grams of cereal is 6 grams. 5 is less than 6, so this cereal meets the sugar limit.*

Child and Adult Care Food Program
cereals meeting new meal pattern requirements



Cheerios: Original or Multi-Grain



Kix



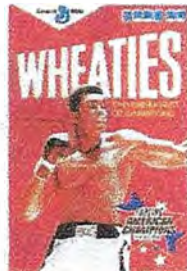
Corn Chex



Rice Chex



Wheat Chex



Wheaties



Rice Krispies



Kellogg's Corn Flakes



Crispix



Shredded Wheat: Original,
Wheat & Bran, or Honey Nut



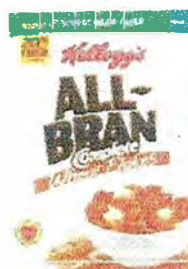
Mini Wheats Original:
Bite Size or Big Bites



Special K Original



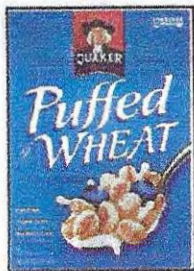
Grape-Nuts or
Grape-Nuts Flakes



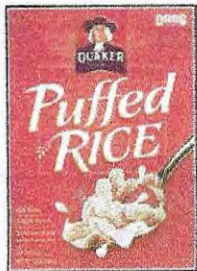
All-Bran Complete
Wheat Flakes



Honey Bunches of Oats: Vanilla
Bunches, Honey Roasted, Almond,
Pecan Bunches, or Cinnamon Bunches



Puffed Wheat



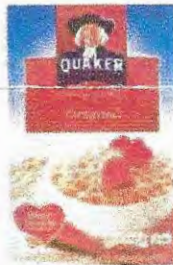
Puffed Rice



Quaker Oatmeal Squares:
Cinnamon or Brown Sugar



Life, Original Flavor



Oatmeal: Old Fashioned or
Instant, Original/Plain



Malt-O-Meal Crispy Rice



Malt-O-Meal Mini
Spooners: Strawberry
Cream, Frosted or
Blueberry



Malt-O-Meal Scooters



Malt-O-Meal Oat Blenders:
Honey or Honey & Almond



Cream of Wheat
Original Flavor:
Instant, 1 Minute
or 2 1/2 Minute



Kashi: Heart to
Heart or GoLean



Malt-O-Meal Corn Flakes



Malt-O-Meal
Creamy Hot Wheat

Note: This is not an all-inclusive list, and manufacturers may change products without notice. Other cereals or store-brand versions of these cereals may also meet the requirement: maximum of 6 grams of sugar per ounce of cereal (1 ounce = 28 grams). MSDE does not endorse any brand.

Choose Yogurts That Are Lower in Sugar

All yogurts served in the Child and Adult Care Food Program (CACFP) must not have more than **23 grams of sugar** per 6 ounces.

There are many types of yogurt that meet this sugar 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 **Total Sugars** line. Look at the number of grams (g) next to Total Sugars.

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

Nutrition Facts	
4 servings per container	
Serving size 8 oz (227g)	
Amount per serving	
Calories	130
% Daily Value*	
Total Fat 2g	3%
Saturated Fat 1.5g	8%
<i>Trans Fat</i> 0g	
Cholesterol 10mg	3%
Sodium 160mg	7%
Total Carbohydrate 21g	7%
Dietary Fiber 4g	17%
Total Sugars 9g	
Includes 0g Added Sugars 0%	
Protein 10g	
Vitamin D 2mcg	10%
Calcium 257mg	20%
Iron 0mg	0%
Potassium 344mg	8%

Serving Size* Ounces (oz)	Serving Size Grams (g) <small>(Use when the serving size is not listed in ounces)</small>	Total Sugars Grams (g)
If the serving size is:	If the serving size is:	Total sugars must not be more than:
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g
8 oz	227 g	31 g

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

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 sugar limit?
(Check your answer on the next page)

Serving Size: _____

Total Sugars: _____

Yes No



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





Try It Out!



Use the “Sugar Limits in Yogurt” table below to help find yogurts you can serve at your site. Write down your favorite brands and other information in the “Yogurts To Serve in the CACFP” list. You can use this as a shopping list when buying yogurts to serve in your program.

Sugar Limits in Yogurt

Serving Size Ounces (oz)	Serving Size Grams (g) <small>(Use when the serving size is not listed in ounces)</small>	Total Sugars Grams (g)	Serving Size Ounces (oz)	Serving Size Grams (g) <small>(Use when the serving size is not listed in ounces)</small>	Total Sugars Grams (g)
If the serving size is:	If the serving size is:	Total sugars must not be more than:	If the serving size is:	If the serving size is:	Total sugars must not be more than:
1 oz	28 g	4 g	4.75 oz	135 g	18 g
1.25 oz	35 g	5 g	5 oz	142 g	19 g
1.5 oz	43 g	6 g	5.25 oz	149 g	20 g
1.75 oz	50 g	7 g	5.3 oz	150 g	20 g
2 oz	57 g	8 g	5.5 oz	156 g	21 g
2.25 oz	64 g	9 g	5.75 oz	163 g	22 g
2.5 oz	71 g	10 g	6 oz	170 g	23 g
2.75 oz	78 g	11 g	6.25 oz	177 g	24 g
3 oz	85 g	11 g	6.5 oz	184 g	25 g
3.25 oz	92 g	12 g	6.75 oz	191 g	26 g
3.5 oz	99 g	13 g	7 oz	198 g	27 g
3.75 oz	106 g	14 g	7.25 oz	206 g	28 g
4 oz	113 g	15 g	7.5 oz	213 g	29 g
4.25 oz	120 g	16 g	7.75 oz	220 g	30 g
4.5 oz	128 g	17 g	8 oz	227 g	31 g

Yogurts To Serve in the CACFP*

Yogurt Brand	Flavor	Serving Size (oz or g)	Total Sugars (g):
<i>Yummy Yogurt</i>	<i>Vanilla</i>	<i>6 oz</i>	<i>13</i>

*The amount of sugar 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 total 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 9 grams of total sugars per 8 ounces (227 grams). The maximum amount of total sugars allowed in 8 ounces of yogurt is 31 grams. 9 is less than 31, so this yogurt meets the sugar limit.



The **Child Nutrition (CN) Label** is a product label which contains a statement from the USDA Food and Nutrition Service that clearly identifies the contribution that product makes towards the CN meal pattern requirements.

Nutrition Label

BREADED DINOSAUR

SHAPED CHICKEN NUGGETS WITH 100% RIB MEAT

INGREDIENTS: Contains Up To 20% Solution Of Water, Salt, And Sodium Phosphates. Breaded, Battered And Predusted With: Bleached Enriched Wheat Flour (Niacin, Reduced Iron, Thiamine Mononitrate, Riboflavin, Folic Acid), Water, Modified Corn Starch, Salt, Less Than 2% Of Each Of The Following: Yellow Corn Flour, Spices, Leavening, (Sodium Bicarbonate, Sodium Aluminum Phosphate, Monocalcium Phosphate), Flavor (Maltodextrin, Autolyzed Yeast Extract, Flavor, Hydrolyzed Corn Gluten), Soybean Oil, Dried Garlic, Dried Onion, Silicon Dioxide Added As An Anticaking Agent. Coated With: Wheat Flour. Breeding Set In Vegetable Oil.

CONTAINS: EGG, SOY, WHEAT

HEATING INSTRUCTIONS: From Frozen: Heat in Convection Oven for 5-8 minutes at 375°F. Convectional Oven for 7-10 minutes at 400°F. Appliances vary, adjust cook times accordingly.

Nutrition Facts

24 servings per container
Serving Size 5 Nuggets (125g)

Amount Per Serving	
Calories	230
% Daily Values **	
Total Fat 10g	15%
Saturated Fat 2.5g	13%
Trans Fat 0g	
Cholesterol 55mg	18%
Sodium 560mg	28%
Total Carbohydrate 16g	5%
Dietary Fiber 0g	0%
Sugars 0g	
Protein 16g	
% Daily Values **	
Vitamin D 1mcg	5%
Calcium 26mg	2%
Iron 4mg	10%
Potassium 120mg	3%

* Percent Daily Values are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

CN 0000

00 Five 0.88 oz. breaded fully cooked chicken nuggets (4.40 oz Total) 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 00-00.)

CN

CN Label

CN 000000

Five 0.88 oz. breaded fully cooked chicken nuggets (4.40 oz Total) 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 00-00.)

CN

Six Digit ID#

Assigned by the FNS USDA.

Month/Year

Date of approval. Valid for five years or until product formulation changes.

THE MATH

Equivalent Calculation Lunch/Supper*

Meat

1 & 2 year olds (1 oz) = 3 nuggets

3-5 year olds (1.5 oz) = 4 nuggets

6-12 year olds (2 oz) = 5 nuggets

Grain

1 & 2 year olds (1/2 oz) = 3 nuggets

3-5 year olds (1/2 oz) = 3 nuggets

6-12 year olds (1 oz) = 5 nuggets

Child Nutrition labels do NOT indicate that a product is healthy. CN labels are mainly used on processed meats and meat alternate products. If using CN labeled foods, always read the nutrition labels to choose the healthiest option.

*The crediting here is specific to the to the nuggets shown in the example above. Be sure to check the label or nutrition information for all foods you serve to make sure you are meeting minimum requirements.



Learn more at cacfp.org

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Child Nutrition (CN) Labels

Institute of Child Nutrition

(<https://cacfp.growthzonesites.com/partner-resources/>)

Back to Partner Resources
(<https://cacfp.growthzonesites.com/partner-resources/>)

February 21, 2023



Are you confused by child nutrition (CN) labels? Do you know when you need to get one? Which foods may have a CN label, or how to use them? You are not alone. CN labels can be intimidating but also highly useful. Our partners at the Institute of Child Nutrition (ICN) have some great resources to guide you through the basics of the CN label!

What are CN Labels?

CN labels tell us how a product contributes to the meal pattern. The manufacturer voluntarily submits their product to the USDA to get a CN label. The CACFP provides a warranty against audit claims for those who purchase CN labeled products. As a CN label statement clearly identifies the contribution of a product toward the meal pattern requirements, it protects programs from exaggerated claims about a product. CN labeling makes menu writing easier and gives peace of mind during audits.

Which Foods Are Eligible for a CN Label?

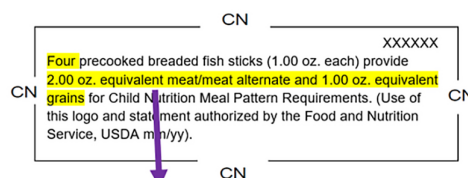
CN labels are available only for main dish entrées that contribute to the meats/meat alternates component of the meal pattern. They may also indicate the contribution of the grain and vegetable meal components that are part of these products. Examples include beef patties, cheese or meat pizzas, chicken nuggets, corn dogs, fish sticks, meatballs, lasagna, etc.

Where Do I Find CN Labels?

You will find CN labels on the product's package and, most often, on foods purchased through a large food distributor. Items purchased in grocery stores generally do not include a CN label, and not all commercially prepared combination food items will have one.

How Do I Use a CN Label?

Compare information from the CN label to the **CACFP Meal Pattern** (<https://www.cacfp.org/assets/pdf/2021+Meal+Pattern+Cards+cacfp.org/>) minimum requirements to know how much to serve each child. Refer to the graphic below that shows the number of fish sticks to serve to each child in each age group at lunch or supper based on the sample CN label.



Ages	Min. Meal Pattern Requirements	Crediting Info From CN Label	Serving Size at Lunch/Supper	Meal Component Amts per Serving	Amt Meets Meal Pattern Req
1&2 year olds	1 oz M/MA ½ oz eq Grains	4 fish sticks =	2 fish sticks	1 oz eq M/MA ½ oz eq Grains	✓
3-5 year olds	1.5 oz M/MA ½ oz eq Grains	2 oz eq M/MA 1 oz eq Grains	3 fish sticks	1.5 oz eq M/MA ¾ oz eq Grains	✓
6 years & older	2 oz M/MA 1 oz eq Grains		4 fish sticks	2 oz eq M/MA 1 oz eq Grains	✓

Do I Have to Keep CN Labels on File?

CACFP facilities must be able to document the meal pattern contribution of commercially processed foods served at meals and snacks. A CN label must be on file for all processed meats/meat alternates and commercially prepared combination food items to credit them to the meal pattern. There are three options for keeping documentation of CN labeled foods. However, check with your State agency or sponsor to determine if there are other acceptable methods.

- Original CN label cut from the product package
- Photograph of the CN label attached to the product packaging
- Photocopy of the CN label removed from the product package

CN labels must be visible and readable. The CN label for a specific product cannot be used for a different product. When re-purchasing a product, you must use the CN label from the exact product.

What if I Cannot Find a CN Labeled Product?

Option 1: Contact the manufacturer for a Product Formulation Statement (PFS). The PFS tells how the creditable ingredients in the product contribute to the meal pattern. Refer to **USDA's PFS Tip Sheet** (https://www.cacfp.org/assets/pdf/USDA_PFS_Tipsheet) for more information before adding items to your menu.

Option 2: Make the product from scratch! This is an easy way to make sure you are serving creditable CACFP foods. More importantly, you control what goes into the product and can make a healthy version of it.

Are CN Labeled Products More Nutritious or Higher Quality?

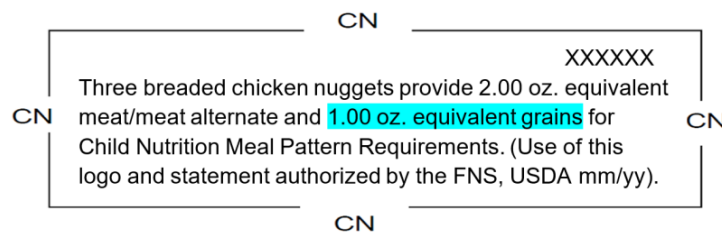
Not necessarily. A CN label does not mean the product is healthier, more nutritious, or higher quality than a similar product without a CN label. A CN label also does not mean the product is safer to eat or free of pathogens or allergens. CN labels are mainly used on processed meats and meat alternate products. To be sure you are serving high-quality, nutritious menu items, it is best to make meals from scratch.

Additionally, some CN labeled food products require a large portion size to meet minimum meat/meat alternate meal pattern serving sizes. For this reason, CN labeled products may not be good menu items for CACFP programs. Be sure to check CN labels for serving sizes to determine if the product is suitable for your program.

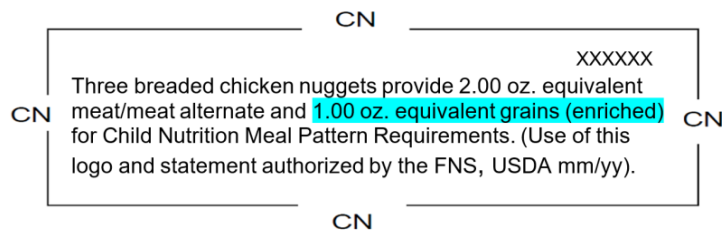
Are CN Labeled Products Whole Grain-Rich?

If the CN labeled main dish has a breading or grain, the CN label will tell you information about how the product counts as a grain and whether it is whole grain-rich or not.

Products that meet the whole grain-rich criteria will have the following language on the CN label:



Products that have mostly enriched grain ingredients (e.g., enriched wheat flour) and are NOT whole grain-rich will have the following language on the CN label:



To read more, check out ICN's **mealtime memo** (<https://theicn.org/mealtime-memo-feb-2023-child-nutrition-labels/>)! Also check out NCA's blog **All About Child Nutrition Labels** (<https://www.cacfp.org/2022/09/06/all-about-child-nutrition-labels/>) for more resources such as webinars, CN label verification reports, and free printable resources.

Product Formulation Statement

A manufacturer's product formulation statement (PFS) is a signed certified document that provides a way for a manufacturer to demonstrate how a product may contribute to the meal pattern requirements of the United States Department of Agriculture's (USDA), Child Nutrition (CN) programs. A PFS is typically provided for processed products that do not have a CN Label. A CN Labeled product provides an assurance that the food provides the stated contributions toward CN meal pattern requirements. Program operators may request a signed manufacturer's PFS when purchasing a processed product without a CN Label. USDA does not approve a manufacturer's PFS. Program operators are ultimately responsible for ensuring menu items meet meal pattern requirements; therefore, program operators should review and verify the crediting statement on a manufacturer's PFS before purchasing the product.



Tyson Product Formulation Statement

Product Name: Fully Cooked Chicken Nuggets Code No: 10146266910
 Manufacturer: Tyson Foods, INC Case/Pack/Count/Portion/Size: 17.6 LB / 7 (0.69 oz.) Nugget

I. Meat/Meat Alternate

Please fill out the chart below to determine the creditable amount of Meat/Meat Alternate

	Description of Food Buying Guide	Ounces per Raw Portion of Creditable Ingredient	Multiply	FBG Yield	Creditable Amount *
Chicken	BONELESS CHICKEN W/SKIN IN NATURAL PROPORTION	0.4217944	X	0.70	0.29525608
Total					0.29525608

* Creditable Amount - Multiply ounces per raw portion of creditable ingredient by the FBG Yield Information

Total weight (per portion) of product as purchased 4.83 oz.

Total creditable amount of product (per portion) 2.00 oz.

(Reminder: Total creditable amount cannot count for more than the total weight of product.)

I certify that the above information is true and correct and that a 4.83 ounce serving of the above product (ready for serving) contains 2.00 ounces of equivalent meat/meat alternate when prepared according to directions.

I further certify that any APP used in the product conforms to the Food and Nutrition Service Regulations (7 CFR Parts 210, 220, 225, 226, Appendix A) as demonstrated by the attached supplier documentation.

Signature

Nutrition Specialist

Title

Tammy Roughton

Printed Name

10/13/2020

Date

(479)290-4941

Phone Number

Tyson Foods, Inc. complies with all federal labeling and ingredient identification regulations and has prepared this statement to the best of its ability and knowledge in light of the regulations in effect as of the date this form was executed.

Products and ingredients do change. The user should always review Product Formulation Statements (PFS) for currency and request updated PFS as needed.



Product Information

FC BREADED CHICKEN NUGGETS - NP

Nutrition Facts	
26 Servings Per Container About	
Serving Size	4 PIECES (77g)
Amount Per Serving	
Calories	230
% Daily Value *	
Total Fat 15g	19%
Saturated Fat 3.5g	18%
Trans Fat 0g	
Polyunsaturated Fat 5g	
Monounsaturated Fat 6g	
Cholesterol 35mg	12%
Sodium 410mg	18%
Total Carbohydrate 13g	5%
Dietary Fiber 0g	0%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 12g	24%
Calcium 0mg	0%
Iron 0mg	0%
Potassium 120mg	2%
* The % Daily Value 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.	

Tyson Chicken Nuggets (Fully Cooked Chicken Nuggets)

UPC = 0 23700 01863 2

CACFP Credit:

1 ounce meat = 4 nuggets

1.5 ounces meat = 6 nuggets

2 ounces meat = 7 nuggets

Ingredient Statement

Chicken, water, wheat flour, contains 2% or less of the following: brown sugar, corn starch, dried garlic, dried onion, dried yeast, extractives of paprika, natural flavor, oat fiber, salt, spices, wheat starch, white whole wheat flour, yellow corn flour. Breading set in vegetable oil.

Allergens

Wheat

Equivalents

System ID	System Name	Equivalent
SAPMM	Old Tyson	014626-6910
SAP4MM	New Tyson	10146266910



Nutrition Facts

10 servings per container

Serving Size 90

Amount per serving

Calories 270

% Daily Value*

Total Fat 17g	22%
Saturated Fat 4g	20%
Trans Fat 0g	
Polyunsaturated Fat 6g	
Monounsaturated Fat 6g	
Cholesterol 40mg	13%
Sodium 470mg	20%
Total Carbohydrate 15g	5%
Dietary Fiber 0g	0%
Total Sugars 0g	
Includes 0g Added Sugars	0%
Protein 14g	
Vitamin D 0mcg	0%
Vitamin A	0%
Vitamin C 0mcg	0%
Calcium 0mg	0%
Iron 0mg	0%
Potassium 130mg	2%

* 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.

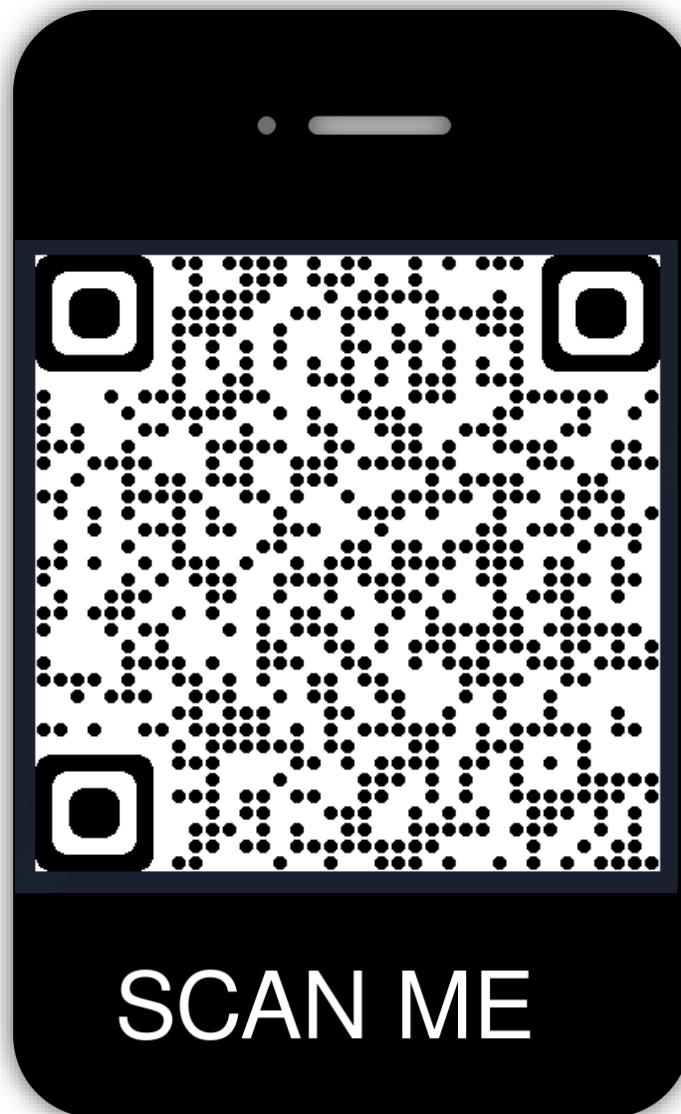
Chicken, water, wheat flour, contains 2% or less of the following: brown sugar, corn starch, dried garlic, dried onion, dried yeast, extractives of paprika, natural flavor, oat fiber, salt, spices, wheat starch, white whole wheat flour, yellow corn flour. Breading set in vegetable oil.

CACFP Product Calculator

QR Code

Want to know if your yogurt, breakfast cereal, or milk meets the requirements of the [CACFP](#) meal pattern? Need to find out if your milk is consistent with the CACFP best practices? Use this calculator to find out!

**Results from this calculator have been determined by the U.S. Department of Agriculture to be accurate in assessing product compliance with the Federal requirements for the Child and Adult Care Food Program (CACFP) meal pattern provided the information is not misrepresented when entered into the Calculator.*



SPECIAL DIET FORM

This center/facility participates in in the Child and Adult Care Food Program (CACFP) and any meals, snacks, or milk claimed for reimbursement must meet program requirements. Food accommodations must be made when the food accommodation is due to a disability (a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment). Reasonable food accommodations may be made for children/participants without disabilities who may have special medical or dietary needs. Food accommodations are to be supported by a statement signed by a recognized state medical authority which is defined as a state licensed health care professional who is authorized to write medical prescriptions under state law.

To be completed by parent, guardian or authorized representative

Child/Participant Name:		Birth Date:
Parent/Guardian/Authorized Representative Name:		
Email:		
Home Phone:	Work Phone:	Cell Phone:
Address:		
City:	State:	Zip:

To be completed by recognized state medical authority

Check and complete appropriate information. For the safety of the child, please be as specific as possible.

<input type="checkbox"/>	Yes, this child/participant has a disability that requires food accommodation?
Describe disability:	
What major life activity is affected?	
How does the disability restrict the diet?	

<input type="checkbox"/>	Child/Participant has no disability but requires a special diet
Describe the medical or other special dietary need that restricts diet:	

List food/type of food to be omitted.

List food/type of food to be substituted for omitted food(s). Please be specific regarding any needed food texture changes or detailed menu to be followed.

Signature of Recognized State Medical Authority:	Date:
Printed Name:	Phone:

Staff Time and Duty Worksheet

Employee Name _____

Instructions:

Position _____

Cross out days that you did not work.

Month/Year _____

Enter the times worked for food-preparation and food-service related duties for each meal period.

Center Name _____

Add up all hours and calculate total at bottom. Sign Form.

<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>
Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:
<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>
Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:
<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>
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<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>
Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:
<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>	<input type="checkbox"/> <u>Time/Duty</u>
Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:	Breakfast: AM Snack: Lunch: PM Snack: Dinner:

Total Hours _____ X Hourly Rate _____ = _____

Employee's Signature _____ Supervisor's Signature _____



PUTTING IT ALL TOGETHER

MONTHLY CLAIM PACKET CHECKLIST

Please email the following claim documents to claims@ccresourcesinc.org by the 10th of each month. Make sure to keep copies for your records.

Center Name _____

Claim Month/Year _____

- A **copy** of your menu that was served (even if you input your menu in KidKare). Please send the entire month's menus (even if some days might be in a week of a prior month...)
- **Copies** of receipts for any food and/or supplies that pertain to the Food Program. **Please be sure to include all receipts showing milk purchases** – the USDA requires these to receive a reimbursement check. You must meet the milk quantity requirements each month to potentially receive your full reimbursement.
- All receipts **must** include: printed date, store name, legible items and prices, totals & method of payment.
- **Copies** of staff time sheets (**these must be calculated at the bottom and signed/dated by the staff member**).

Please contact us with any questions.

Thank You!

Child Care Resources / USDA Food Program

5 E 2nd Street

Richmond, VA 23224

CACFP Requirements

Please complete the following:

1. Insert the full nondiscrimination statement (found on page 2) in the center's handbook.
2. Include the abridged nondiscrimination statement below on menus:

"This institution is an equal opportunity provider."
3. Include the Women, Infants, and Children (WIC) flyer (found on pages 5-6) in the annual enrollment packet.
4. Hang the following on your parent board:
 - a. 11"X17" Justice for All poster-a monitor will deliver this poster
 - b. Building for the Future flyer (found on pages 3-4)
 - c. WIC brochure
 - d. Dated Child Menus with serving sizes.
 - e. Dated Infant Menus with serving sizes.

USDA NONDISCRIMINATION STATEMENT

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.

AND JUSTICE FOR ALL



In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, and 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.ascr.usda.gov/sites/default/files/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:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:
(833) 256-1665 or (202) 690-7442;

email:
program.intake@usda.gov.

This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al **(202) 720-2600** (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al **(800) 877-8339**.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, en cualquier oficina del USDA, llamando al **(866) 632-9992**, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

correo postal:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; o´

fax:
(833) 256-1665 o´ (202) 690-7442;

correo electrónico:
program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

Good nutrition today means a stronger tomorrow!

Building for the Future with CACFP

This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

Meals served here must meet USDA's nutrition standards.



Questions? Concerns?

Child Care Resources
5 East 2nd St
Richmond, VA 23224
855-427-2888

CACFP Program Specialist
25 S Front St
Columbus, OH 43215
877-644-6388

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

United States Department of Agriculture
Food and Nutrition Service FNS-317
November 2019

¡Buena nutrición hoy significa un mañana más saludable!

Construyendo para el Futuro con CACFP

Esta guardería infantil recibe ayuda del Child and Adult Care Food Program para servir comidas nutritivas a sus niños.



Comidas servidas aquí deben de seguir los requisitos nutricionales establecidos por USDA.

¿Preguntas? ¿Inquietudes?

Child Care Resources
5 East 2nd St
Richmond, VA 23224
804-339-2022

CACFP Program Specialist
25 S Front St
Columbus, OH 43215
877-644-6388

Aprenda más información sobre CACFP en el sitio web del USDA: <https://www.fns.usda.gov/>

USDA es un proveedor, empleador y prestamista que ofrece igualdad de oportunidades.

United States Department of Agriculture
Food and Nutrition Service FNS-317
Noviembre 2019

What Do I Bring to My First Visit?

- ♥ Proof of income (current pay stubs, approval letter for Healthy Start, Ohio Works First, Food Stamps or current Medicaid card)
- ♥ Proof of address (utility or credit bill, or Ohio driver's license)
- ♥ Proof of identity for you and any other applicants (birth certificate, driver's license, Medicaid card, crib card or shot record)
- ♥ All family members applying for WIC services
- ♥ If pregnant, a doctor's statement showing due date
- ♥ Children's shot records



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

This institution is an equal opportunity provider.

Healthy **Ohio**
The State of Living Well.



The mission of the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants and children.

Visit our Web site: <http://www.odh.ohio.gov>

0700.13

Women,
Infants &
Children



Eat Smart,
Play Hard



Ohio **WIC**



What is WIC?

WIC is a nutrition education program. WIC provides nutritious foods that promote good health for pregnant women, women who just had a baby, breastfeeding moms, infants and children up to age 5.



What Does WIC Provide?

- ♥ Nutrition education and support
- ♥ Breastfeeding education and support
- ♥ Referral for health care
- ♥ Immunization screening and referral
- ♥ Supplemental foods such as:

Cereal
Eggs
Milk
Whole-grain foods
Fruits and Vegetables
Infant formula



Who is Eligible for WIC?



Women who are pregnant, breastfeeding or have a baby less than 6 months old, and infants and children up to 5 years old are eligible to apply for WIC. Fathers are welcome to apply for WIC for their children up to age 5.

To qualify for services you must:

- ♥ Live in Ohio
- ♥ Meet WIC income guidelines
- ♥ Have certain nutritional or health risks



How Do I Apply?

Make an appointment

Call your local clinic to schedule an appointment to meet with a WIC staff member or call **1-800-755-GROW (4769)** for locations and more information.

See if you qualify

All it takes is a visit to your local WIC clinic to see if you qualify for services.



Receive WIC coupons

If you are eligible, you will receive coupons to buy healthy foods at local WIC-approved grocery stores.

