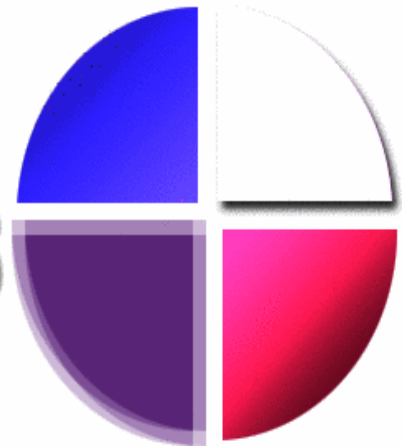


Child Care Resources, Inc.

# Ohio Child Care Center CACFP Manual

*USDA Child and Adult Care  
Food Program Sponsoring  
Organization*

**CHILD CARE  
RESOURCES**  
*Nourishing the Future*



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**Child Care Resources, Inc.**

5 East 2nd Street  
Richmond, Virginia 23224

Phone: 855-427-2888  
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[www.ccreourcesinc.org](http://www.ccreourcesinc.org)

By providing good nutrition, we're improving academic success, as well as the physical, intellectual, and emotional well-being of our most vulnerable population--children living in under-resourced neighborhoods.





## Welcome

This manual will take you step-by-step through the process of submitting a claim for reimbursement.

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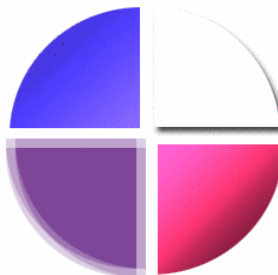
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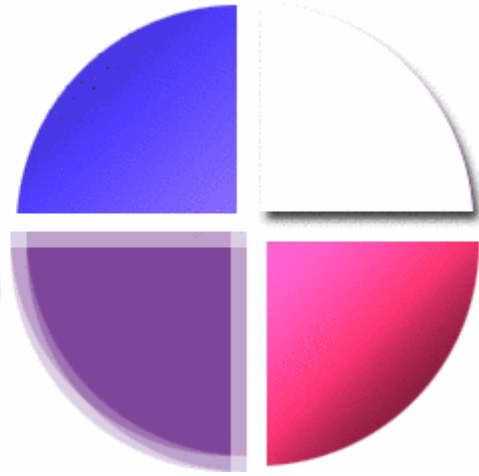
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**CHILD CARE  
RESOURCES**  
*Nourishing the Future*



# CHILD CARE RESOURCES

*Nourishing the Future*



## CHILD CARE RESOURCES CONTACT INFORMATION

Mailing Address: 5 East 2nd Street  
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Claims Submission: [claims@ccresourcesinc.org](mailto:claims@ccresourcesinc.org)

Questions or Technical Support: [Support@ccresourcesinc.org](mailto:Support@ccresourcesinc.org)

## What is the CACFP?

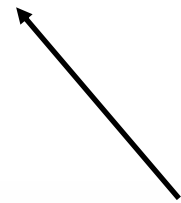
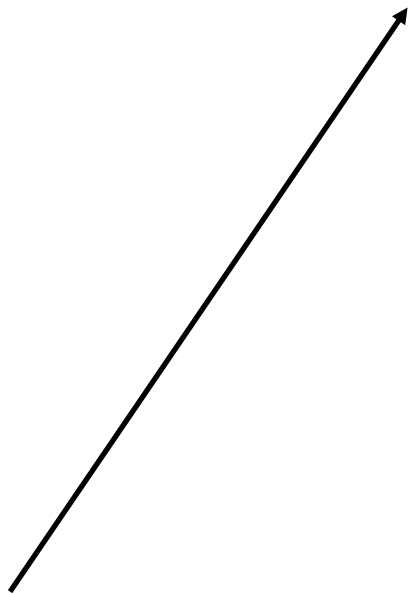
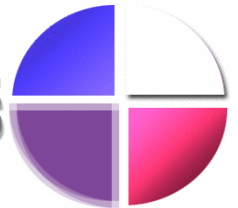
The Child and Adult Care Food Program (CACFP) was started by Congress in 1968. This federal program is an expansion of the National School Lunch Program. It was created in response to the need for sound nutrition for children in economically depressed areas. The CACFP has grown to include the provision of meals to children in most child care settings.





**Ohio** | Department  
of Education

**CHILD CARE  
RESOURCES**  
*Nourishing the Future*



Independent Child Care Center



Sponsored Child Care Center

## What's the Difference Between an Independent Center and a Sponsored Center?

### Independent Center

As a child care center, you can participate in the Food Program by signing an agreement directly with the USDA. This makes you an independent center. The nice thing about this arrangement is that you get to keep 100% of the reimbursement rates. But there are also some key responsibilities. You are legally responsible for following every CACFP rule—no matter what—so that means you must have someone on staff that knows all of the Food Program regulations and requirements, and is an expert at handling paperwork and bureaucracy. The State Agency will come out and audit your center once every three years (and sometimes more often), and if they find you've made any mistakes, they will demand that you repay a portion of the funds you've received from the Food Program over the years. This could amount to tens of thousands of dollars, and is unfortunately not as rare as it should be. Also, if the State Agency views the mistake as serious, they can take steps to bar your center from receiving other federal funds.

### Sponsored Center

Alternatively, you can participate in the CACFP by signing up with Child Care Resources. As a USDA Sponsoring Organization, we will assume all of your liability, so you don't have to worry about paying funds back or about any other potential liability introduced by paperwork mistakes. We will also visit your center relatively frequently, both to help train your staff and to make sure you're following the proper procedures. In exchange, we retain 15% of your center's reimbursement for administrative purposes. Regardless of whether you sign up independently or participate through Child Care Resources, you must keep daily attendance and counts of children served at individual meals, must get specific food program enrollments filled out for each child at your center, and must note on a daily basis what foods are being served and that they meet Federal Nutritional Guidelines. Child Care Resources makes this much easier by providing a very easy software interface to ensure that all of your Food Program records are kept properly, archived, and submitted to the USDA electronically.

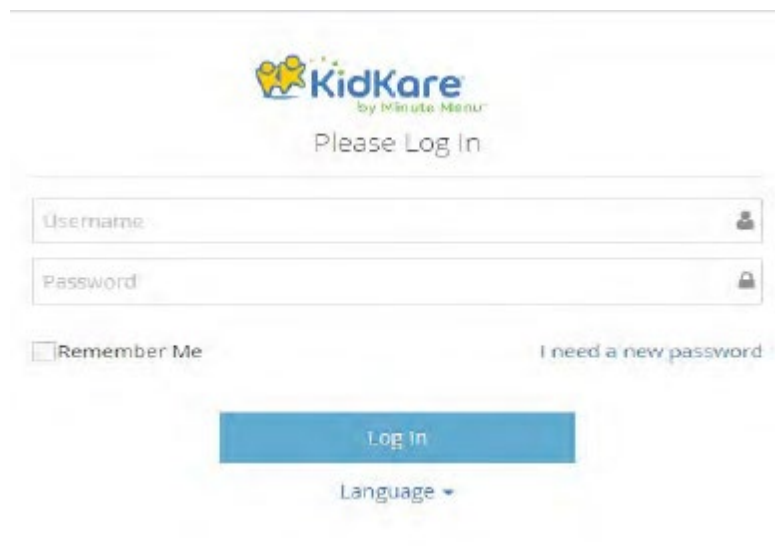
Child Care Resources will provide you with ongoing training, details of the Food Program, meal requirements, how to do your paperwork, and more. We walk you through the start-up process and have fast-track approval. Once your center is up and running on the program, we are there to check your paperwork to help ensure your center receives the maximum amount of reimbursement that it is entitled to. Child Care Resources protects your center from liability of mistakes—ensuring your center's long-term fiscal longevity on this Federal Program.



# KidKare

KidKare keeps your records organized and it allows you to: view center's roster, record Attendance and Meal Counts, add and withdraw children, change children's classrooms, create and print menus, and print pre-populated child forms.

1. Open web browser with your PC, Tablet, or Smart Phone
2. Go to [app.kidkare.com/#/login](http://app.kidkare.com/#/login)
3. Type in your Username and Password



The screenshot shows the login interface for KidKare. At the top center is the KidKare logo, which consists of two stylized figures in blue and yellow, followed by the text "KidKare" in blue and "by Minute Menu" in a smaller green font. Below the logo, the text "Please Log In" is displayed. There are two input fields: "Username" with a user icon on the right, and "Password" with a lock icon on the right. Below the "Username" field is a checkbox labeled "Remember Me". To the right of the "Password" field is a link that says "I need a new password". At the bottom center is a large blue button labeled "Log In". Below the button is a "Language" dropdown menu with a downward arrow.

# KIDKARE

After logging in, your centers Dashboard will be shown. The dashboard shows if you have any pending children, forms that are either expired or will be expiring, and missing infant forms.

To view a list of your currently enrolled children, select the Children tab on left side of the page and then select List Children.

The screenshot displays the KidKare dashboard interface. The top navigation bar includes the KidKare logo, a 'Center' dropdown menu, and an 'Administrator Center (TEST)' dropdown. The left sidebar contains several navigation icons, with the 'Children' tab highlighted by a red circle. Below the sidebar, the main content area is divided into four panels:

- Children:** A table listing currently enrolled children with columns for Enrollment Date, Last Name, First Name, and a 'Withdraw' button. The data is as follows:

| Enrollment Date | Last Name | First Name | Withdraw |
|-----------------|-----------|------------|----------|
| 08/01/2022      | Batman    | Man        | Withdraw |
| 05/01/2023      | Bunny     | Bugs       | Withdraw |
| 06/17/2022      | Cricket   | Jiminy     | Withdraw |
| 06/01/2023      | Man       | Super      | Withdraw |
| 04/01/2022      | Newbie    | Tom        | Withdraw |
| 07/01/2022      | Test      | Tom        | Withdraw |
- Missing Infant Feeding Forms (1):** A table listing missing forms with columns for Enrollment Date, Last Name, and First Name. The data is as follows:

| Enrollment Date | Last Name | First Name |
|-----------------|-----------|------------|
| 05/01/2023      | Bunny     | Bugs       |
- Expired/Expiring Enrollments (8):** A table listing expired or expiring enrollments with columns for Expiration Date, Last Name, First Name, and a 'Withdraw' button. The data is as follows:

| Expiration Date | Last Name | First Name | Withdraw |
|-----------------|-----------|------------|----------|
| 05/31/2022      | Forrester | Andy       | Withdraw |
| 01/31/2023      | Goins     | Drew       | Withdraw |
| 01/31/2021      | Gonzalez  | Ava        | Withdraw |
| 11/30/2018      | Simpson   | Bart       | Withdraw |
| 11/30/2018      | Simpson   | Lisa       | Withdraw |
- Expired/Expiring Income Eligibility Forms (0):** A panel displaying the message 'Disabled By Sponsor'.



# Setting up Users in KidKare

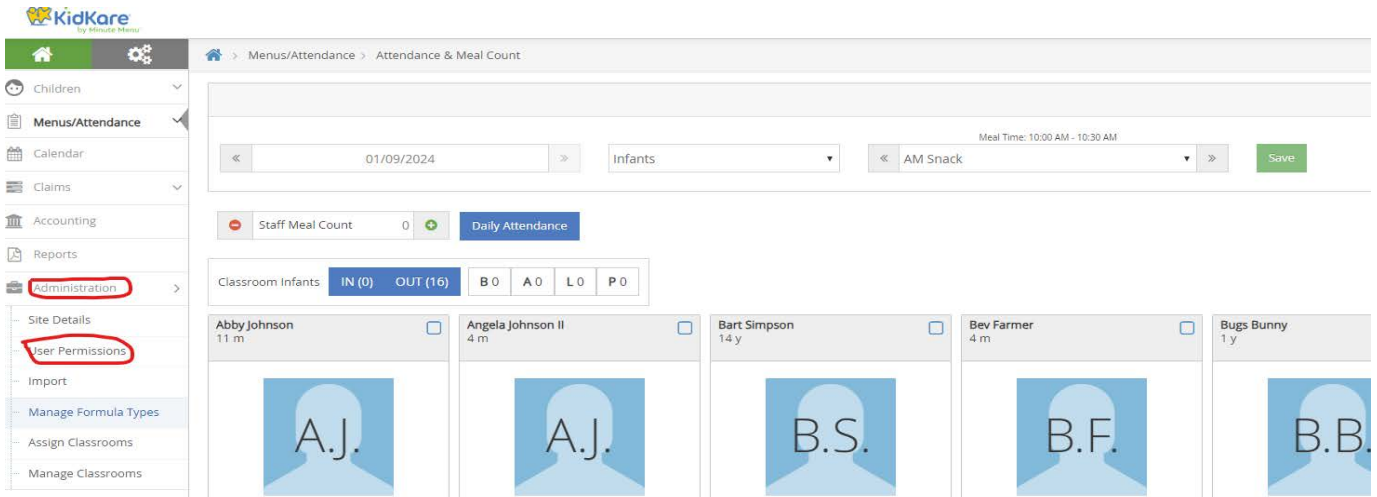
## Add Users

Select Administration

Select User Permissions

Select Add User in the upper right corner of the the page

Complete First name, Last name, email and select Add User (do not change role)



## Set User Permissions

Select pencil (blue) next to user

Choose User Permissions (most Common)

Record Attendance

Enroll Children

Assign Classrooms

Maybe Modify Child info

Select Save (green box in the upper right corner of the page)

# Income and Enrollment Forms

All children must have original income and enrollment forms on file in the center. Keep the original forms on file for three years plus the current year.

Be sure that each parent receives the following:

- Parent letter
- Enrollment form
- Income Eligibility form - This form must be filled out by parents who may qualify for Free or Reduced categories
- Infant form/Parent Preference letter - This form must be filled out by parents of children under 12 months of age

When submitting forms to Child Care Resources:

- Be sure the child's classroom and birth date are filled in on the Enrollment form
- Make sure that parent/guardian has signed and dated both Enrollment and Income forms
- If a parent has a TANF (Social Services) or SNAP (Food Stamp) case number-it must be 7 digits long
- Part 5 of the Income form, Ethnic and Racial Identity, is encouraged to be completed, but not required
- Leave the section of the Income form titled, "This Section to be completed by Center" blank

**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.

|   |     |            |   |   |  |
|---|-----|------------|---|---|--|
| <b>CENTER NAME</b>  |     |            | <b>CHECK IF A FOSTER CHILD</b><br>(The legal responsibility of a welfare agency or court. Attach documentation) | <b>PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.</b> |  |
| <b>PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER</b> |     |            |   | Check type of benefit:  | <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or |
| * NAME OF ENROLLED CHILD(REN)   | AGE | BIRTH DATE |   | CASE NO.  | _____  |
| 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="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
|                                       |                       | <input type="checkbox"/> (Check if applicable) 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 :<br>Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12 | Application Certified/Categorized as:<br><input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No.<br><input type="checkbox"/> Household size and income<br><input type="checkbox"/> Foster Child<br><input type="checkbox"/> REDUCED-PRICE, based on Household size and income<br><input type="checkbox"/> PAID, based on <input type="checkbox"/> Income too high<br><input type="checkbox"/> Incomplete<br><input type="checkbox"/> Invalid case number or information |
| <b>Total Household Size:</b> _____  | <b>Total Household Income:</b> \$ _____<br>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) |
|--|---|---|---|

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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

| <b>REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES</b>   |               |              |                        |                        |             |
|--|---------------|--------------|------------------------|------------------------|-------------|
| <b>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.</b> |               |              |                        |                        |             |
| <b>HOUSEHOLD SIZE</b>  | <b>ANNUAL</b> | <b>MONTH</b> | <b>TWICE PER MONTH</b> | <b>EVERY TWO WEEKS</b> | <b>WEEK</b> |
| 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.

|   |  |   |   |   |   |                       |  |
|---|--|---|---|---|---|-----------------------|--|
| <b>CENTER NAME</b><br>ABC Childcare   |  | <b>CHECK IF A FOSTER CHILD</b><br>(The legal responsibility of a welfare agency or court) |   | <b>PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.</b>   |   |                       |  |
| <b>PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER</b>   |  |   |   | 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. <u>7 6 5 4 3 2 1</u>   |   |                       |  |
| 1. Jimmy Confused   |  | 2   | 05/01/2019                              | CASE NO. _____  |   |                       |  |
| 2. _____  |  | _____   | _____                                   | CASE NO. _____  |   |                       |  |
| 3. _____  |  | _____   | _____                                   | CASE NO. _____  |   |                       |  |
| 4. _____  |  | _____   | _____                                   | CASE NO. _____  |   |                       |  |
| <b>PART 3 – TOTAL members. List all household members including children listed above in Part 1</b>   |  |   |   | <b>WHEN IT WAS RECEIVED:</b> 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"/>  | \$ _____ / _____                        | \$ _____  | \$ _____  | \$ _____              |  |
| <b>PART 4 – SIGNATURE &amp; LAST 4 DIGITS OF SOCIAL SECURITY NUMBER:</b> 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><br>SIGNATURE OF ADULT HOUSEHOLD MEMBER  |  | * <u>01/05/2021</u><br>DATE   |   | * If Part 3 is completed, insert last 4 digits of Social Security Number <u>1 2 3 4</u><br>(Check if applicable) <input type="checkbox"/> I do not have a Social Security Number  |   |                       |  |
| Print Name: <u>Ima Confused</u>   |  | Daytime Phone Number: <u>555-555-5555</u>   |   | Work Phone Number: <u>555-555-5555</u>  |   |                       |  |
| Street / Apt: <u>111 Main St</u>  |  | City / State / Zip: <u>Columbus, OH 22222</u>   |   | County: <u>Franklin</u>   |   |                       |  |
| <b>PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).</b>   |  |   |   |   |   |                       |  |
| <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

|   |  |  |  |
|---|--|--|--|
| <b>THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.</b>   |  | Application Certified/Categorized as:  |  |
| 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 |  | <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 _____<br>Incomplete _____<br>Invalid case number or information _____  |  |
| Signature of Sponsor / Center Representative _____  |  | Date Sponsor Certified/Categorized Form _____  |  |
| Effective Date _____  |  | Expiration Date _____  |  |

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 (✓)<br>Days Child<br>Normally in<br>Care | List hours child normally in care |        |        |        | Check (✓) meals child normally receives while in care |             |       |             |        |                  |
|--|-----------------------------------|--------|--------|--------|---|-------------|-------|-------------|--------|------------------|
|  | Arrive                            | Depart | Arrive | Depart | Breakfast   | AM<br>Snack | Lunch | PM<br>Snack | Supper | Evening<br>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

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

EXAMPLE

**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 for Completion**

- 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.

|   |  |
|---|--|
| <b>CENTER NAME</b> <span style="color: blue; font-size: 1.2em;">ABC Child Care</span>                 | <b>CHILD'S CLASSROOM</b> <span style="color: blue;">Red</span> |
| <b>CHILD'S NAME</b> <span style="color: blue;">Jimmy Confused</span><br><small>(please print)</small> | <b>AGE</b> <span style="color: blue;">2</span>                 |
| <b>BIRTHDATE</b> <span style="color: blue;">09 / 05 / 17</span><br><small>month / day / year</small>  |  |

**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 ✓                              | 8:00                              | 5:30   |        |        | ✓   |          | ✓     | ✓        |        |               |
| Tuesday ✓                             | 8:00                              | 5:30   |        |        | ✓   |          | ✓     | ✓        |        |               |
| Wednesday ✓                           | 8:00                              | 5:30   |        |        | ✓   |          | ✓     | ✓        |        |               |
| Thursday ✓                            | 8:00                              | 5:30   |        |        | ✓   |          | ✓     | ✓        |        |               |
| Friday ✓                              | 8:00                              | 5:30   |        |        | ✓   |          | ✓     | ✓        |        |               |
| Saturday                              |                                   |        |        |        |   |          |       |          |        |               |
| Sunday                                |                                   |        |        |        |   |          |       |          |        |               |

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

|   |   |  |
|---|---|--|
| <b>SIGNATURE OF PARENT/GUARDIAN</b> <span style="color: red; font-size: 1.2em;">X</span> <span style="color: blue;">Ima Confused</span> | <b>DATE</b> <span style="color: blue;">11/3/17</span> | <b>DAY PHONE NUMBER</b> <span style="color: blue;">555-555-5555</span> |
|---|---|--|

**EMAIL ADDRESS:** iconfused@gmail.com

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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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

(rev. 12/3/2015)

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

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

**FROM:**

|                                |  |
|--------------------------------|--|
| <b>NAME OF CENTER/PROVIDER</b> |  |
|--------------------------------|--|

**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:

|                        |  |
|------------------------|--|
| <b>NAME OF FORMULA</b> |  |
|------------------------|--|

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

|   |
|---|
| <b>Parent/Guardian: List Name of Formula You Will Provide</b> |
|---|

**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.**

|                                   |                          |
|-----------------------------------|--------------------------|
| <b>INFANT NAME:</b>               | <b>INFANT BIRTHDATE:</b> |
| <b>PARENT/GUARDIAN SIGNATURE:</b> | <b>DATE:</b>             |

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](mailto:Program.Intake@usda.gov)



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

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

**FROM:**

|                                |                      |
|--------------------------------|----------------------|
| <b>NAME OF CENTER/PROVIDER</b> | ABC Childcare Center |
|--------------------------------|----------------------|

**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:

|                        |  |
|------------------------|--|
| <b>NAME OF FORMULA</b> | Sam's Club Member's Mark Iron Fortified Infant Formula |
|------------------------|--|

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

|  |
|--|
| <b>Parent/Guardian: List Name of Formula You Will Provide</b><br>Similac |
|--|

**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.**

|                                   |                                     |
|-----------------------------------|-------------------------------------|
| <b>INFANT NAME:</b> Abby Jones    | <b>INFANT BIRTHDATE:</b> 10/28/2022 |
| <b>PARENT/GUARDIAN SIGNATURE:</b> | <b>DATE:</b> 1/16/2023              |

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# Printing Income and Enrollment Forms

Select the Children Tab on the left side of the page.

Select List Children.

Select the specific child.

Select Enrollment/IEF form.

Print Enrollment and Income form.

Have parent complete forms.

Submit forms to Child Care Resources.

The screenshot displays the KidKare software interface. At the top left is the KidKare logo. The top right shows a 'Center' button and a dropdown menu for 'Administrator Center (TESTC)'. A left sidebar contains navigation icons and a 'Children' dropdown menu. The main content area shows a child's profile for 'D.A.' with the following details: Date of Birth: 10/12/2020, Original Enrollment Date: 10/01/2022, Enrollment Date: 10/01/2022, Enrollment Expiration: 10/31/2023, and Status: Active. A red circle highlights the 'Enrollment/IEF Form' link in the sidebar. To the right, there is a 'Schedule' section with a table for 'Day' and 'Schedule', and two toggle buttons for 'Times Vary' (set to 'Yes') and 'At-Risk After School' (set to 'No'). At the bottom, there is a navigation bar with buttons for 'Contacts', 'CACFP', 'Forms', 'School', 'Allergies/Conditions', and 'Demographics'.

# Attendance and Meal Counts

## **What is Point of Service Recordkeeping?**

The person responsible for serving meals, most often the teachers, must complete the Attendance and Meal Counts at the “Point-of-Service”, or while the children are eating. These records may not be recorded at nap time, the end of the day, or ahead of time.”



## IMPORTANT

Each day, you must record Attendance and Point of Service Meal Counts during the meal time in KidKare.

# Recording Attendance

Select Menu/Attendance tab on the left side.

Select Attendance and Meal Counts.

Verify Today's date on top of page.

Select Classroom from pull-down.

Select Daily Attendance (red circle), or select small blue box in the right corner of the box with the Child's name.

Select Save.

The screenshot displays the KidKare software interface for recording attendance and meal counts. The left sidebar shows the 'Menus/Attendance' tab selected. The main content area includes a date selector (06/01/2023), a classroom dropdown (All Classrooms), and a meal time dropdown (Lunch). A 'Staff Meal Count' of 0 is visible, and the 'Daily Attendance' button is highlighted with a red circle. Below this, a grid of child profiles is shown, with a small blue box circled in red in the top right corner of the 'Bunny, Bugs' profile.

| Child Name      | Age  | Initials |
|-----------------|------|----------|
| Batman, Man     | 1 y  | M.B.     |
| Bunny, Bugs     | 5 m  | B.B.     |
| Cricket, Jiminy | 1 y  | J.C.     |
| Forrester, Andy | 2 y  | A.F.     |
| Newbie, Tom     | 2 y  | T.N.     |
| Simpson, Bart   | 13 y | B.S.     |

# Recording Meal Counts at Point of Service

Select Menus/Attendance tab on the left side.

Select Attendance and Meal Counts.

Verify Today's date on top of page.

Select Classroom from pull-down.

Select Meal from pull-down.

Click on fork and knife in lower right of each child - The fork and knife will only appear if the child has been marked in attendance for the day.

Record Staff meal counts if staff ate meal.

Click on the Green Save button, just right of the pull-downs on the top of the page.

The screenshot shows the KidKare software interface for recording meal counts. The sidebar on the left has a 'Menus/Attendance' menu item circled in red. The main area displays the 'Attendance & Meal Count' screen for the date 06/01/2023. The classroom is set to 'All Classrooms' and the meal time is 'AM Snack'. There are buttons for 'Staff Meal Count' (0), 'Daily Attendance', and 'Select All'. Below this, a table of children is shown with columns for name, age, and attendance status. The first child, Batman, Man (1 y), is marked as 'ATT' with a checked box. Below his name is a blue silhouette icon with 'M.B.' and a fork and knife icon circled in red. Other children listed are Bunny, Bugs (5 m), Cricket, Jiminy (1 y), Forrester, Andy (2 y), Newbie, Tom (2 y), and Simpson, Bart (13 y).

### Electronic Meal Count Contingency Form

Center Name: \_\_\_\_\_

Date: \_\_\_\_\_

Classroom: \_\_\_\_\_

Meal: \_\_\_\_\_

Time: \_\_\_\_\_

List children's names in attendance and served. Use additional page(s) if needed.

When Internet is unavailable, please record this meal service. Retain this document for auditing purposes.

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Staff Signature \_\_\_\_\_



## USDA MEAL PATTERN

**The USDA Meal Pattern consist of 5 Meal Components:**

- Milk
- Vegetables
- Fruit
- Grain
- Meat/Meat Alternate

# **Child and Adult** **Meal Pattern**



| <b>Child and Adult Care Food Program Breakfast</b>          |                           |                    |                    |   |                               |
|---|---------------------------|--------------------|--------------------|---|-------------------------------|
| [Select the appropriate components for a reimbursable meal] |                           |                    |                    |   |                               |
| <b>Food components and food items<sup>1</sup></b>           | <b>Minimum quantities</b> |                    |                    |   |                               |
|   | <b>Ages 1-2</b>           | <b>Ages 3-5</b>    | <b>Ages 6-12</b>   | <b>Ages 13-18<sup>2</sup><br/>(at-risk<br/>afterschool<br/>programs<br/>and<br/>emergency<br/>shelters)</b> | <b>Adult<br/>participants</b> |
| Fluid Milk <sup>3</sup>                                     | 4 fluid ounces            | 6 fluid ounces     | 8 fluid ounces     | 8 fluid ounces  | 8 fluid ounces                |
| Vegetables, fruits, or portions of both <sup>4</sup>        | ¼ cup                     | ½ cup              | ½ cup              | ½ cup   | ½ cup                         |
| Grains (oz. eq.) <sup>5 6 7 8</sup>                         | ½ ounce equivalent        | ½ ounce equivalent | 1 ounce equivalent | 1 ounce equivalent  | 2 ounce equivalents           |

**Endnotes:**

<sup>1</sup> Must serve all three components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool participants.

<sup>2</sup> Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

<sup>3</sup> Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>4</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>5</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.

<sup>6</sup> Meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains.

<sup>7</sup> Refer to FNS guidance for additional information on crediting different types of grains.

<sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

## Child and Adult Care Food Program Lunch and Supper

[Select the appropriate components for a reimbursable meal]

| Food components and food items <sup>1</sup>   | Minimum quantities |                    |                    |  |                             |
|---|--------------------|--------------------|--------------------|--|-----------------------------|
|   | Ages 1-2           | Ages 3-5           | Ages 6-12          | Ages 13-18 <sup>2</sup><br>(at-risk afterschool programs and emergency shelters) | Adult participants          |
| Fluid Milk <sup>3</sup>   | 4 fluid ounces     | 6 fluid ounces     | 8 fluid ounces     | 8 fluid ounces   | 8 fluid ounces <sup>4</sup> |
| Meat/meat alternates (edible portion as served):  |                    |                    |                    |  |                             |
| Lean meat, poultry, or fish   | 1 ounce            | 1 ½ ounces         | 2 ounces           | 2 ounces   | 2 ounces                    |
| Tofu, soy products, or alternate protein products <sup>5</sup>  | 1 ounce            | 1 ½ ounces         | 2 ounces           | 2 ounces   | 2 ounces                    |
| Cheese  | 1 ounce            | 1 ½ ounces         | 2 ounces           | 2 ounces   | 2 ounces                    |
| Large egg   | ½                  | ¾                  | 1                  | 1  | 1                           |
| Cooked dry beans or peas  | ¼ cup              | ⅜ cup              | ½ cup              | ½ cup  | ½ cup                       |
| Peanut butter or soy nut butter or other nut or seed butters  | 2 Tbsp             | 3 Tbsp             | 4 Tbsp             | 4 Tbsp   | 4 Tbsp                      |
| Yogurt, plain or flavored unsweetened or sweetened <sup>6</sup>   | 4 ounces or ½ cup  | 6 ounces or ¾ cup  | 8 ounces or 1 cup  | 8 ounces or 1 cup  | 8 ounces or 1 cup           |
| The following may be used to meet no more than 50% of the requirement:  |                    |                    |                    |  |                             |
| Peanuts, soy nuts, tree nuts, or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/meat alternates (1 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish) | ½ ounce = 50%      | ¾ ounce = 50%      | 1 ounce = 50%      | 1 ounce = 50%  | 1 ounce = 50%               |
| Vegetables <sup>7 8</sup>   | ⅛ cup              | ¼ cup              | ½ cup              | ½ cup  | ½ cup                       |
| Fruits <sup>7 8</sup>   | ⅛ cup              | ¼ cup              | ¼ cup              | ¼ cup  | ½ cup                       |
| Grains (oz eq) <sup>9 10 11</sup>   | ½ ounce equivalent | ½ ounce equivalent | 1 ounce equivalent | 1 ounce equivalent   | 2 ounce equivalents         |

**Endnotes:**

<sup>1</sup> Must serve all five components for a reimbursable meal. Offer versus serve is an option for at-risk afterschool and adult participants.

<sup>2</sup> Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

<sup>3</sup> Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or  $\frac{3}{4}$  cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>4</sup> A serving of fluid milk is optional for suppers served to adult participants.

<sup>5</sup> Alternate protein products must meet the requirements in Appendix A to Part 226 of this chapter.

<sup>6</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>7</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>8</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.

<sup>9</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

<sup>10</sup> Refer to FNS guidance for additional information on crediting different types of grains.

<sup>11</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

| <b>Child and Adult Care Food Program Snack</b>                  |                           |                    |                    |   |                           |
|---|---------------------------|--------------------|--------------------|---|---------------------------|
| [Select two of the five components for a reimbursable meal]     |                           |                    |                    |   |                           |
| <b>Food components and food items<sup>1</sup></b>               | <b>Minimum quantities</b> |                    |                    |   |                           |
|   | <b>Ages 1-2</b>           | <b>Ages 3-5</b>    | <b>Ages 6-12</b>   | <b>Ages 13-18<sup>2</sup><br/>(at-risk afterschool programs and emergency shelters)</b> | <b>Adult participants</b> |
| Fluid Milk <sup>3</sup>   | 4 fluid ounces            | 4 fluid ounces     | 8 fluid ounces     | 8 fluid ounces  | 8 fluid ounces            |
| Meat/meat alternates (edible portion as served):                |                           |                    |                    |   |                           |
| Lean meat, poultry, or fish                                     | ½ ounce                   | ½ ounce            | 1 ounce            | 1 ounce   | 1 ounce                   |
| Tofu, soy products, or alternate protein products <sup>4</sup>  | ½ ounce                   | ½ ounce            | 1 ounce            | 1 ounce   | 1 ounce                   |
| Cheese  | ½ ounce                   | ½ ounce            | 1 ounce            | 1 ounce   | 1 ounce                   |
| Large egg   | ½                         | ½                  | ½                  | ½   | ½                         |
| Cooked dry beans or peas  | ⅛ cup                     | ⅛ cup              | ¼ cup              | ¼ cup   | ¼ cup                     |
| Peanut butter or soy nut butter or other nut or seed butters    | 1 Tbsp                    | 1 Tbsp             | 2 Tbsp             | 2 Tbsp  | 2 Tbsp                    |
| Yogurt, plain or flavored unsweetened or sweetened <sup>5</sup> | 2 ounces or ¼ cup         | 2 ounces or ¼ cup  | 4 ounces or ½ cup  | 4 ounces or ½ cup   | 4 ounces or ½ cup         |
| Peanuts, soy nuts, tree nuts, or seeds                          | ½ ounce                   | ½ ounce            | 1 ounce            | 1 ounce   | 1 ounce                   |
| Vegetables <sup>6</sup>   | ½ cup                     | ½ cup              | ¾ cup              | ¾ cup   | ½ cup                     |
| Fruits <sup>6</sup>   | ½ cup                     | ½ cup              | ¾ cup              | ¾ cup   | ½ cup                     |
| Grains (oz. eq.) <sup>7 8 9</sup>                               | ½ ounce equivalent        | ½ ounce equivalent | 1 ounce equivalent | 1 ounce equivalent  | 1 ounce equivalent        |

**Endnotes:**

<sup>1</sup> Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.

<sup>2</sup> Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.

<sup>3</sup> Must be unflavored whole milk for children age one. Must be unflavored low-fat (1 percent fat or less) or unflavored fat-free (skim) milk for children two through five years old. Must be unflavored or flavored fat-free (skim) or low-fat (1 percent fat or less) milk for children 6 years old and older and adults. For adult participants, 6 ounces (weight) or ¾ cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk once per day when yogurt is not served as a meat alternate in the same meal.

<sup>4</sup> Alternate protein products must meet the requirements in Appendix A to part 226 of this chapter.

<sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>7</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards the grains requirement.

<sup>8</sup> Refer to FNS guidance for additional information on crediting different types of grains.

<sup>9</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).



# MILK Guidelines



Effective October 1, 2017

## 0-12 Months

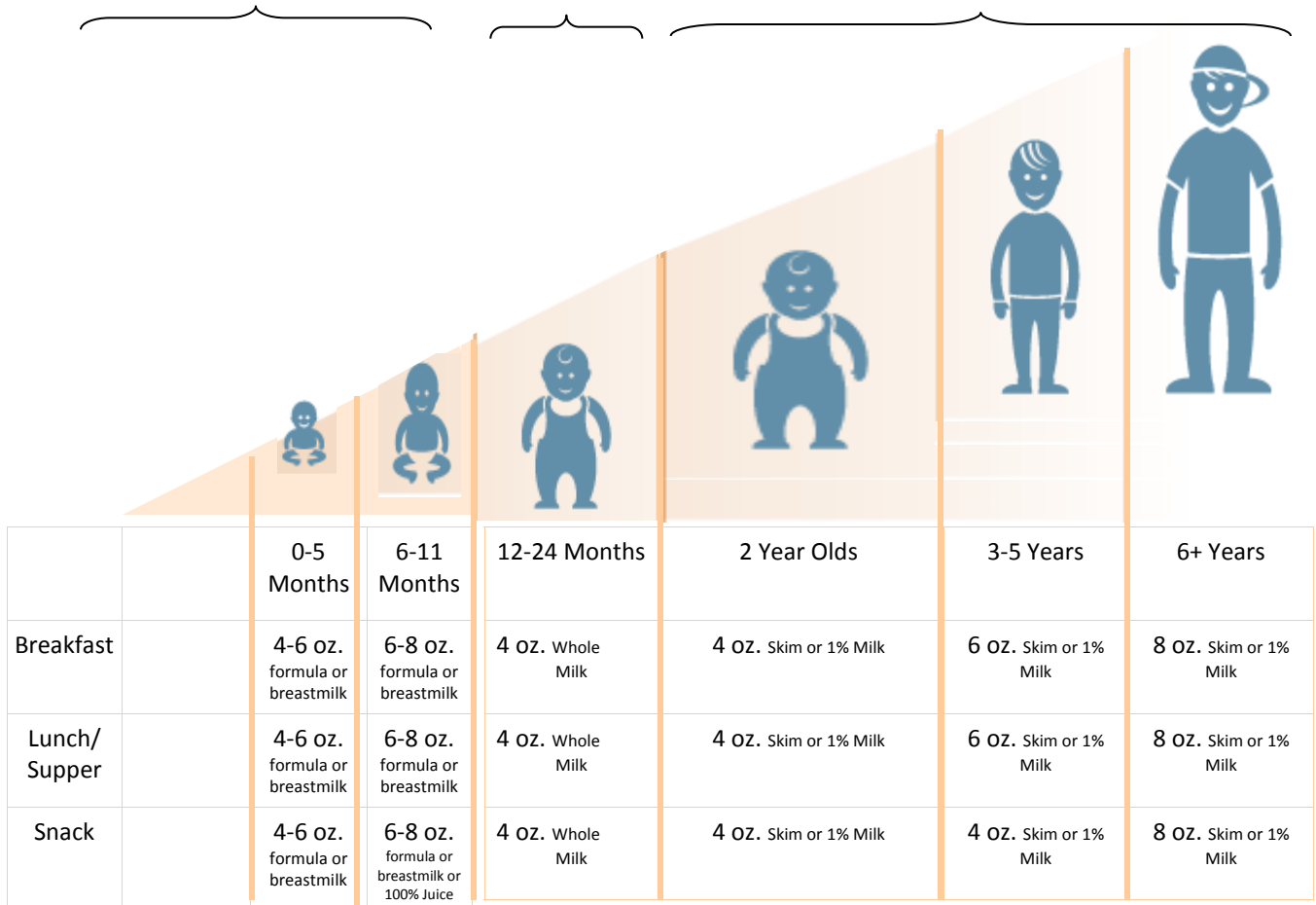
Iron-fortified  
Infant Formula  
Or  
Breastmilk

## 12-24 Months

Whole Milk

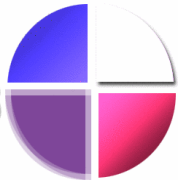
## 24+ Months

Skim Milk  
Or  
1% Milk



Babies 0-12 months must be served Iron-fortified Infant Formula or Breastmilk. Children ages 12 months to 24 months must be served Whole Milk. All children two years of age and older must receive either fat-free (Skim) or low-fat (1%) fluid milk. **Whole milk may not be served to CACFP participants over two years of age.**

If a child has a documented medical disability, the center must provide the substitute.



# Milk Guidelines



## Age 1 year

Whole Milk

- Unflavored



## Age 2 - 5 years

Low Fat (1%) or Fat Free Skim Milk

- Unflavored



## Age 6 +

Low Fat (1%) or Fat Free Skim Milk

- Flavored Fat Free Skim (ONLY)

## CACFP Milk Purchasing Estimator

In the CACFP, it is required to serve milk at Breakfast, Lunch or Supper each day. Below is a tool to help estimate how much milk needs to be purchased each week. To get the best estimation, put the average number of children that receive Breakfast, Lunch and Supper in the respective cells. Since milk is not required at snack, it is not recommended to serve it as a component for this meal type.

[Milk requirements can be found here](#)

### Breakfast

| Age Groups     | Type of Milk Required | Portion Size   | Average Daily # of Children who receive this meal | Ounces per day |
|----------------|-----------------------|----------------|---|----------------|
| 1 year olds    | Whole                 | 4 fluid ounces | 0   | 0              |
| 2 years olds   | 1% or Skim            | 4 fluid ounces | 0   | 0              |
| 3-5 year olds  | 1% or Skim            | 6 fluid ounces | 0   | 0              |
| 6 years and up | 1% or Skim            | 8 fluid ounces | 0   | 0              |

### Lunch

| Age Groups    | Type of Milk Required | Portion Size   | Average Daily # of Children who receive this meal | Ounces per day |
|---------------|-----------------------|----------------|---|----------------|
| 1 year olds   | Whole                 | 4 fluid ounces | 0   | 0              |
| 2 year olds   | 1% or Skim            | 4 fluid ounces | 0   | 0              |
| 3-5 year olds | 1% or Skim            | 6 fluid ounces | 0   | 0              |
| 6 and up:     | 1% or Skim            | 8 fluid ounces | 0   | 0              |

### Supper

| Age Groups    | Type of Milk Required | Portion Size   | Average Daily # of Children who receive this meal | Ounces per day |
|---------------|-----------------------|----------------|---|----------------|
| 1 year olds   | Whole                 | 4 fluid ounces | 0   | 0              |
| 2 year olds   | 1% or Skim            | 4 fluid ounces | 0   | 0              |
| 3-5 year olds | 1% or Skim            | 6 fluid ounces | 0   | 0              |
| 6 and up:     | 1% or Skim            | 8 fluid ounces | 0   | 0              |

### Snack

| Age Groups    | Type of Milk Required | Portion Size   | Average Daily # of Children who receive this meal | Ounces per day |
|---------------|-----------------------|----------------|---|----------------|
| 1 year olds   | Whole                 | 4 fluid ounces | 0   | 0              |
| 2 year olds   | 1% or Skim            | 4 fluid ounces | 0   | 0              |
| 3-5 year olds | 1% or Skim            | 4 ounces       | 0   | 0              |
| 6 and up:     | 1% or Skim            | 8 fluid ounces | 0   | 0              |



Remember: the below numbers are estimations based on the numbers you provided in this spreadsheet. As your enrollment changes, the amount of milk you need to purchase will change as well. This number is the bare minimum you need. Child Care Resources recommends buying an extra gallon or two of milk every week to ensure there is never a shortage.

| Type of milk | Daily Average Gallons | Weekly Average Gallons |
|--------------|-----------------------|------------------------|
| Whole        | 0.0                   | 0.0                    |
| 1% or Skim   | 0.0                   | 0.0                    |

## Child Meal Planning Guide

Center Name: \_\_\_\_\_

Week of: \_\_\_\_\_

| Meal Component  | Min. Serving Size     |                       |                       | Day of Week |         |           |          |        |
|---|-----------------------|-----------------------|-----------------------|-------------|---------|-----------|----------|--------|
|   | Ages 1-2              | Ages 3-5              | Ages 6-12             | Monday      | Tuesday | Wednesday | Thursday | Friday |
| <b>Breakfast</b>  |                       |                       |                       |             |         |           |          |        |
| Fluid Milk *  | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) | 1 C.<br>(8 fl. OZ.)   |             |         |           |          |        |
| Grain/Bread Alt.  | 1/2 oz                | 1/2 oz                | 1 oz                  | WG          | WG      | WG        | WG       | WG     |
| Fruit, Vegetable, or both   | 1/4 C.<br>(2 fl. OZ)  | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) |             |         |           |          |        |
| Meat/Meat Alt. (can replace Grain/bread up to 3 times a week)               | 1/2 oz eq             | 1/2 oz eq             | 1 oz eq               |             |         |           |          |        |
| <b>Lunch/Supper</b>   |                       |                       |                       |             |         |           |          |        |
| Fluid Milk *  | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) | 1 C.<br>(8 fl. OZ.)   |             |         |           |          |        |
| Grain/Bread Alt.  | 1/2 oz eq             | 1/2 oz eq             | 1 oz eq               | WG          | WG      | WG        | WG       | WG     |
| Meat/ Meat Alt  | 1 OZ **               | 1.5 OZ. **            | 2 OZ **               | CN          | CN      | CN        | CN       | CN     |
| Additional Full Serving of Meat/Meat Alt if CN label has not been submitted | 1 OZ **               | 1.5 OZ. **            | 2 OZ **               |             |         |           |          |        |
| Vegetable   | 1/8 cup               | 1/4 cup               | 1/2 cup               |             |         |           |          |        |
| Vegetable or Fruit  | 1/8 cup               | 1/4 cup               | 1/4 cup               |             |         |           |          |        |
| <b>Snack (Must contain 2</b>  |                       |                       |                       |             |         |           |          |        |
| Fluid Milk *  | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) | 1 C.<br>(8 fl. OZ.)   |             |         |           |          |        |
| Grain/Bread Alt.  | 1/2 oz eq             | 1/2 oz eq             | 1 oz eq               | WG          | WG      | WG        | WG       | WG     |
| Meat/Meat Alt.  | 1/2 OZ **             | 1/2 OZ **             | 1 OZ **               |             |         |           |          |        |
| Vegetable   | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) |             |         |           |          |        |
| Fruit   | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) |             |         |           |          |        |

\* Specify the type(s) of milk served. Serve only whole milk to children between the ages of 1 and 2. Serve only low-fat or fat-free milk to children ages 2 and older.

\*\* Meat and cheese, 1oz = 1 oz; eggs, 1/2 egg = 1 oz; cooked beans/ peas, 1/2 cup = 1 oz; peanut/nut/seed butters, 2 tbsp = 1oz; nuts/seeds, 1 oz = 1oz; yogurt, 4 oz (1/2 cup) = 1 oz

WG =Whole Grains: Check box next to WG, if item is a whole grain item. Remember at least one item a day MUST be whole grain.

CN = Child Nutrition Label, if item requires CN label box must be checked to receive credit for item served.

oz eq = ounce equivalents

**This institution is an equal opportunity provider**

### Child Meal Planning Guide

Center Name: \_\_\_\_\_

Happy Day Child Development

Week of : \_\_\_\_\_

July 1, 2023

| Meal Component  | Min. Serving Size     |                       |                       | Day of Week                                       |  |  |  |  |
|---|-----------------------|-----------------------|-----------------------|---|--|--|--|--|
|   | Ages 1-2              | Ages 3-5              | Ages 6-12             | Monday  | Tuesday  | Wednesday                                    | Thursday   | Friday   |
| <b>Breakfast</b>  |                       |                       |                       |   |  |  |  |  |
| Fluid Milk *  | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) | 1 C.<br>(8 fl. OZ.)   | Milk  | Milk   | Milk   | Milk   | Milk   |
| Grain/Bread Alt.  | 1/2 oz eq             | 1/2 oz eq             | 1 oz eq               | Cheerios <b>WG</b> <input type="checkbox"/>       | Toast <b>WG</b> <input type="checkbox"/>           | <b>WG</b> <input type="checkbox"/>           | Oatmeal <b>WG</b> <input type="checkbox"/>         | <b>WG</b> <input type="checkbox"/>             |
| Fruit, Vegetable, or both   | 1/4 C.<br>(2 fl. OZ)  | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) | Applesauce  | Bananas  | Hash Browns                                  | Strawberries                                       | Mixed Berries                                  |
| Meat/Meat Alt. (can replace Grain/bread up to 3 times a week)   | 1/2 oz                | 1/2 oz                | 1 oz                  |   |  | Scrambled Eggs                               |  | Yogurt   |
| <b>Lunch/Supper</b>   |                       |                       |                       |   |  |  |  |  |
| Fluid Milk *  | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) | 1 C.<br>(8 fl. OZ.)   | Milk  | Milk   | Milk   | Milk   | Milk   |
| Grain/Bread Alt.  | 1/2 oz                | 1/2 oz                | 1 oz                  | Breading <b>WG</b> <input type="checkbox"/>       | Rice <b>WG</b> <input type="checkbox"/>            | WG Bun <b>WG</b> <input type="checkbox"/>    | Pizza Crust <b>WG</b> <input type="checkbox"/>     | Bread <b>WG</b> <input type="checkbox"/>       |
| Meat/ Meat Alt<br><br><i>Additional Full Serving of Meat/Meat Alt if CN label or PFS Has not been submitted</i> | 1 OZ **               | 1.5 OZ. **            | 2 OZ **               | Chicken Nugget <b>CN</b> <input type="checkbox"/> | Chicken HM <b>CN</b> <input type="checkbox"/>      | Hamburger <b>CN</b> <input type="checkbox"/> | Sausage HM <b>CN</b> <input type="checkbox"/>      | Fish Sticks <b>CN</b> <input type="checkbox"/> |
|   | 1 OZ**                | 1.5 OZ**              | 2 OZ ***              |   |  |  |  | Yogurt 4OZ                                     |
| Vegetable   | 1/8 cup               | 1/4 cup               | 1/2 cup               | Lettuce   | Green Peas   | French Fries                                 | Broccoli   | Carrots  |
| Vegetable or Fruit  | 1/8 cup               | 1/4 cup               | 1/4 cup               | range   | Mixed Fruit  | Apple  | Strawberries                                       | Banana   |
| <b>Snack (Must contain 2</b>  |                       |                       |                       |   |  |  |  |  |
| Fluid Milk *  | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) | 1 C.<br>(8 fl. OZ.)   |   | Milk   |  |  |  |
| Grain/Bread Alt.  | 1/2 oz                | 1/2 oz                | 1 oz                  | Gold Fish <b>WG</b> <input type="checkbox"/>      | Graham Crackers <b>WG</b> <input type="checkbox"/> | <b>WG</b> <input type="checkbox"/>           | Animal Crackers <b>WG</b> <input type="checkbox"/> | Wheat Thins <b>WG</b> <input type="checkbox"/> |
| Meat/Meat Alt.  | 1/2 OZ **             | 1/2 OZ **             | 1 OZ **               |   |  |  |  | Cheese   |
| Vegetable   | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) |   |  | Carrots                                      |  |  |
| Fruit   | 1/2 C.<br>(4 fl. OZ.) | 1/2 C.<br>(4 fl. OZ.) | 3/4 C.<br>(6 fl. OZ.) | 100% Grape Juice                                  |  | 100% Apple Jucie                             | Apples   |  |

\* Specify the type(s) of milk served. Serve only whole milk to children between the ages of 1 and 2. Serve only low-fat or fat-free milk to children ages 2 and older.

\*\* Meat and cheese, 1oz = 1 oz; eggs, 1/2 egg = 1 oz; cooked beans/ peas, 1/2 cup = 1 oz; peanut/nut/seed butters, 2 tbsp = 1oz; nuts/seeds, 1 oz =1oz; yogurt, 4 oz (1/2 cup) = 1 oz

**WG** =Whole Grains: Check box next to WG, if item is a whole grain item. Remember at least one item a day MUST be whole grain.

**CN** = Child Nutrition Label, if item requires CN label box must be checked to receive credit for item served.

This institution is an equal opportunity provider.

# Infant Meal Pattern

### (CACFP) Infant Meal Patterns

| Infants                     | Birth through 5 months   | 6 through 11 months  |
|-----------------------------|--|--|
| Breakfast, Lunch, or Supper | 4-6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup> | 6-8 fluid ounces breastmilk <sup>1</sup> or formula; <sup>2</sup> and<br><br>0-½ ounce equivalent infant cereal; <sup>2,3</sup> or<br>0-4 tablespoons<br>meat,<br>fish,<br>poultry,<br>whole egg,<br>cooked dry beans, or<br>cooked dry peas; or<br>0-2 ounces of cheese; or<br>0-4 ounces (volume) of cottage cheese; or<br>0-4 ounces or ½ cup of yogurt; <sup>4</sup> or<br>a combination of the above; <sup>5</sup> and<br><br>0-2 tablespoons vegetable or<br>fruit, or a combination of both. <sup>5,6</sup> |
| Snack                       | 4-6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup> | 2-4 fluid ounces breastmilk <sup>1</sup> or formula; <sup>2</sup> and<br><br>0-½ ounce equivalent bread; <sup>3,7</sup> or<br>0-¼ ounce equivalent crackers; <sup>3,7</sup> or<br>0-½ ounce equivalent infant cereal; <sup>2,3</sup> or<br>0-¼ ounce equivalent ready-to-eat<br>breakfast cereal; <sup>3,5,7,8</sup> and<br><br>0-2 tablespoons vegetable or<br>fruit, or a combination of both. <sup>5,6</sup>  |

<sup>1</sup> Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> Refer to FNS guidance for additional information on crediting different types of grains.

<sup>4</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

<sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>6</sup> Fruit and vegetable juices must not be served.

<sup>7</sup> A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

<sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

Site/Room: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Ohio Department of Education  
Child and Adult Care Food Program  
Individual Infant Feeding Record  
Infants 0 through 5 Months**

Infant's Full Name: \_\_\_\_\_

Infant's DOB: \_\_\_\_\_

Please record specific food items offered to infant each day  
**Note: Iron-fortified infant formula or breast milk are the only required food components for infants age 0 through five months of age  
Other food items may be introduced to the infant as developmentally appropriate**

| Required Components  | DATE | DATE | DATE | DATE | DATE |
|--|------|------|------|------|------|
| <b>Breakfast</b><br>4 to 6 fluid ounces of IFIF or breast milk*  |      |      |      |      |      |
| <b>A.M. Snack</b><br>4 to 6 fluid ounces of IFIF or breast milk* |      |      |      |      |      |
| <b>Lunch</b><br>4 to 6 fluid ounces of IFIF or breast milk*      |      |      |      |      |      |
| <b>P.M. Snack</b><br>4 to 6 fluid ounces of IFIF or breast milk* |      |      |      |      |      |
| <b>Supper</b><br>4 to 6 fluid ounces of IFIF or breast milk*     |      |      |      |      |      |

\*IFIF: Iron-fortified Infant Formula. Use "BF" if mother breastfed infant onsite.  
An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if you are not providing all required meal components  
An Infant Menu Record is required for all infants claimed  
**Note:** Juice is not allowed for infants under age one

## Ohio Department of Education Child and Adult Care Food Program Individual Infant Feeding Record for Infants 6 - 11 Months

**Site/Room:** \_\_\_\_\_

**Infant Full Name:** \_\_\_\_\_

**Month/Year:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Please record specific food items offered to infant each day.**

| Required Components  | Date: | Date: | Date: | Date: | Date: |
|--|-------|-------|-------|-------|-------|
| <b>Breakfast</b><br>6-8 fluid ounces of IFIF* or breast milk** <b>AND</b><br><br>0-4 Tbsp. iron-fortified dry infant cereal (0-½ oz.eq.), meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas, <b>OR</b> 0-2 ounces of cheese <b>OR</b> 0-4 ounces of cottage cheese <b>or</b> 0-4 ounces yogurt or a combination of the above <b>AND</b><br><br>0-2 Tbsp. vegetable, or fruit or a combination of both  |       |       |       |       |       |
| <b>A.M. Snack</b><br>2-4 fluid ounces of IFIF* or breast milk** <b>AND</b><br>0-½ bread slice (0-½ oz.eq.); crackers (0-¼ oz.eq.); 0-4 tbsp. infant cereal (0-1/2 oz.eq) or ready-to-eat breakfast cereal (0-¼ oz.eq.), <b>AND</b><br><br>0-1 tbsp. vegetable, fruit or a combination of both  |       |       |       |       |       |
| <b>Lunch</b><br>6-8 fluid ounces of IFIF* or breast milk** <b>AND</b><br><br>0-4 Tbsp. iron-fortified dry infant cereal (0-½ oz.eq.), meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas, <b>OR</b> 0-2 ounces of cheese <b>OR</b> 0-4 ounces of cottage cheese <b>or</b> 0-4 ounces yogurt or a combination of the above <b>AND</b><br><br>0-2 Tbsp. vegetable, or fruit or a combination of both  |       |       |       |       |       |
| <b>P.M. Snack</b><br>2-4 fluid ounces of IFIF* or breast milk** <b>AND</b><br>0-½ bread slice (0-½ oz.eq.); crackers (0-¼ oz.eq.); 0-4 tbsp. infant cereal (0-1/2 oz.eq) or ready-to-eat breakfast cereal (0-¼ oz.eq.), <b>AND</b><br><br>1-2 tbsp. vegetable, fruit or a combination of both  |       |       |       |       |       |
| <b>Supper</b><br>6-8 fluid ounces of IFIF* or breast milk**<br>6-8 fluid ounces of IFIF* or breast milk** <b>AND</b><br><br>0-4 Tbsp. iron-fortified dry infant cereal (0-½ oz.eq.), meat, fish, poultry, whole egg, cooked dry beans or cooked dry peas, <b>OR</b> 0-2 ounces of cheese <b>OR</b> 0-4 ounces of cottage cheese <b>or</b> 0-4 ounces yogurt or a combination of the above <b>AND</b><br><br>0-2 Tbsp. vegetable, or fruit or a combination of both |       |       |       |       |       |

\*IFIF: Iron-fortified Infant Formula. Use "BF" if mother breastfed infant onsite. An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if you are not providing all required meal components

**Note:** Juice is not allowed for infants under age one

oz eq = ounce equivalent

**This institution is an equal opportunity provider.**

Month: \_\_\_\_\_ Year: \_\_\_\_\_

| Infant Meal Pattern Components & Requirements  |               | Monday | Tuesday | Wednesday | Thursday | Friday |
|--|---------------|--------|---------|-----------|----------|--------|
| <b>Breakfast</b>   |               |        |         |           |          |        |
| Breastmilk <sup>1</sup> or Formula <sup>2</sup> (4-6 fl oz)<br>indicate brand/type if formula  | 0 - 5 months  |        |         |           |          |        |
| Breastmilk <sup>1</sup> or Formula <sup>2</sup> (6-8 fl oz)<br>indicate brand/type if formula  | 6 - 11 months |        |         |           |          |        |
| 0-4 tablespoon of infant cereal <sup>2,3</sup> , meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 oz of cheese; or 0-4 oz (volume) of cottage cheese; or 0-8 oz or 1 cup of yogurt <sup>4</sup> ; or a combination of the above <sup>5</sup> |               |        |         |           |          |        |
| Vegetable or Fruit or Both <sup>5,6</sup> (0-2 tablespoons)  |               |        |         |           |          |        |
| <b>Lunch</b>   |               |        |         |           |          |        |
| Breastmilk <sup>1</sup> or Formula <sup>2</sup> (4-6 fl oz)<br>indicate brand/type if formula  | 0 - 5 months  |        |         |           |          |        |
| Breastmilk <sup>1</sup> or Formula <sup>2</sup> (6-8 fl oz)<br>indicate brand/type if formula  | 6 - 11 months |        |         |           |          |        |
| 0-4 tablespoon of infant cereal <sup>2,3</sup> , meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 oz of cheese; or 0-4 oz (volume) of cottage cheese; or 0-8 oz or 1 cup of yogurt <sup>4</sup> ; or a combination of the above <sup>5</sup> |               |        |         |           |          |        |
| Vegetable or Fruit or Both <sup>5,6</sup> (0-2 tablespoons)  |               |        |         |           |          |        |
| <b>Snack</b>   |               |        |         |           |          |        |
| Breastmilk <sup>1</sup> or Formula <sup>2</sup> (4-6 fl oz)<br>indicate brand/type if formula  | 0 - 5 months  |        |         |           |          |        |
| Breastmilk <sup>1</sup> or Formula <sup>2</sup> (2-4 fl oz)<br>indicate brand/type if formula  | 6 - 11 months |        |         |           |          |        |
| 0-1/2 slice bread <sup>3,7</sup> ; or 0-2 crackers <sup>3,7</sup> ; or 0-4 tablespoons infant cereal <sup>2,3,7</sup> ; or ready-to-eat breakfast cereal <sup>3,5,7,8</sup>  |               |        |         |           |          |        |
| Vegetable or Fruit or Both <sup>5,6</sup> (0-2 tablespoons)  |               |        |         |           |          |        |

<sup>1</sup> Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more. <sup>2</sup> Infant formula and dry infant cereal must be iron-fortified. <sup>3</sup> Ounce equivalents are used to determine the quantity of creditable grains. <sup>4</sup> Yogurt must contain no more than 23 grams of total sugars per 6 oz. <sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it. <sup>6</sup> Fruit and vegetable juices must not be served as part of a reimbursable meal. <sup>7</sup> A serving of grains must be whole grain-rich, enriched meal, or enriched flour. <sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).



## **Combination Foods**

A single serving of a food item that contains two or more of the required meal components. Common examples of combination foods are chicken nuggets, fish sticks, spaghetti, chili, and pizza. Combination dishes require one of the following documents to be submitted in order to be considered a reimbursable meal:

### **CN Label**

The Child Nutrition (CN) label provides information on how the food contributes to the meal pattern. You must use the information to determine how much to prepare for a specific meal and how much to serve to each child. NOTE: An additional full serving of a Meat/Meat Alternate must be served if a CN label is not available.

### **Product Formulation Statement**

The Product Formulation Statement (PFS) provides crediting information for processed products that do not have a CN Label.

### **Standardized Recipe**

Standardized Recipes ensure that enough of each planned meal pattern component is provided.



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

FULLY COOKED • KEEP FROZEN  
PACKED 120 - .88OZ. (25G) • NET WT 6.6 LB

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.



# 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?

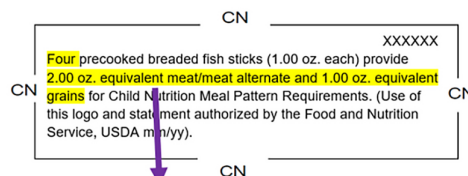
CN labels are available only for main dish entrées that contribute to the meats/meat alternates component of the meal pattern. They may also indicate the contribution of the grain and vegetable meal components that are part of these products. Examples include beef patties, cheese or meat pizzas, chicken 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<br>½ oz eq Grains    | 4 fish sticks =                | 2 fish sticks                | 1 oz eq M/MA<br>½ oz eq Grains   | ✓                          |
| 3-5 year olds   | 1.5 oz M/MA<br>½ oz eq Grains  | 2 oz eq M/MA<br>1 oz eq Grains | 3 fish sticks                | 1.5 oz eq M/MA<br>¾ oz eq Grains | ✓                          |
| 6 years & older | 2 oz M/MA<br>1 oz eq Grains    |                                | 4 fish sticks                | 2 oz eq M/MA<br>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](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?

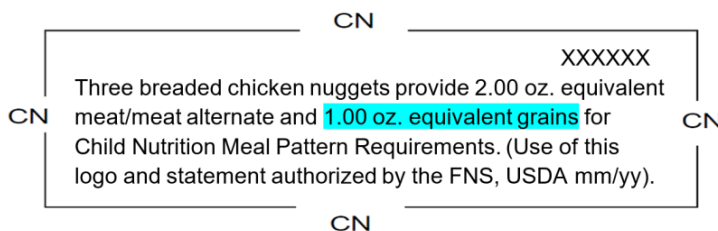
Not necessarily. A CN label does not mean the product is healthier, more nutritious, or higher quality than a similar product without a CN label. A CN label also does not mean the product is safer to eat or free of pathogens or allergens. CN labels are mainly used on processed meats and meat alternate 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.

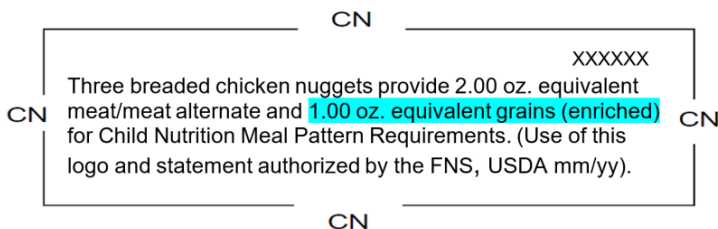
# Are CN Labeled Products Whole Grain-Rich?

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          |
| <b>Total</b> |   |   |          |           | 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   |                |
| <b>Calories</b>  | <b>230</b>     |
| % Daily Value *  |                |
| <b>Total Fat</b> 15g   | 19%            |
| Saturated Fat 3.5g   | 18%            |
| Trans Fat 0g   |                |
| Polyunsaturated Fat 5g   |                |
| Monounsaturated Fat 6g   |                |
| <b>Cholesterol</b> 35mg  | 12%            |
| <b>Sodium</b> 410mg  | 18%            |
| <b>Total Carbohydrate</b> 13g  | 5%             |
| Dietary Fiber 0g   | 0%             |
| Total Sugars 0g  |                |
| Includes 0g Added Sugars   | 0%             |
| <b>Protein</b> 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\*

|                               |     |
|-------------------------------|-----|
| <b>Total Fat</b> 17g          | 22% |
| Saturated Fat 4g              | 20% |
| Trans Fat 0g                  |     |
| Polyunsaturated Fat 6g        |     |
| Monounsaturated Fat 6g        |     |
| <b>Cholesterol</b> 40mg       | 13% |
| <b>Sodium</b> 470mg           | 20% |
| <b>Total Carbohydrate</b> 15g | 5%  |
| Dietary Fiber 0g              | 0%  |
| Total Sugars 0g               |     |
| Includes 0g Added Sugars      | 0%  |
| <b>Protein</b> 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.





# Formulation Statement for Documenting Grains in School

Product Name: FC, WG, Portioned Golden Crispy, Breaded Chicken Tenders with Rib Meat Code No: 070332-0928  
Manufacturer: Tyson Foods, INC Case/Pack/Count/Portion/Size: / 351 / 3 (1.41 oz.) Tender

I. Does the product meet the Whole Grain-Rich Criteria?: Yes  No

(Refer to SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program)

II. Does the product contain non-creditable grains?: Yes  No  How many grams: \_\_\_\_\_

III. Use Policy Memorandum SP 30-2012 Grain Requirements for the National School Lunch Program and School Breakfast Program: Exhibit A to determine if the product fits into Groups A-G, Group H or Group I. (Please be aware that different methodologies are applied to calculate servings of grain component based on creditable grains. Groups A-G use the standard of 16 grains creditable grain per oz eq; Group H uses the standard of 28 grams creditable grain per oz eq; and Group I is reported by volume or weight).

Indicate which Exhibit A Group (A-I) the Product Belongs: \_\_\_\_\_

|                                | Description of Food Buying Guide | Portion Size of Product as Purchased | Weight of one ounce equivalent as listed in SP 30-2012 | Creditable Amount * |
|--------------------------------|----------------------------------|--------------------------------------|--|---------------------|
| Grains                         | Batter Type Coating              | 0.02                                 | 1  | 1                   |
| <b>Total Creditable Amount</b> |                                  |                                      |  | <b>1.0000000</b>    |

<sup>1</sup> (Portion Size) ÷ (Exhibit A weight for one oz eq)

<sup>2</sup> Total Creditable Amount must be rounded down to the nearest quarter (0.25) oz eq. Do not round up.

Total weight (per portion) of product as purchased 4.23 oz.

Total creditable amount of product (per portion) 1.00 oz.

I further certify that the above information is true and correct and that a 4.23 ounce portion of this product (ready for serving) provides 1.00 oz equivalent Grains. I further certify that non-creditable grains are not above the 0.24 oz eq. per portion.

*Karen Shank, MS, RDN*

Director-Nutrition

Signature

Title

Karen Shank, MS, RDN

3/21/2018

(479) 290-3659

Printed Name

Date

Phone Number

# Standardized Recipe Template

Center Name \_\_\_\_\_

Recipe Name \_\_\_\_\_

Entrée

Side



Please Check One

Age Range

|              | 1-2 | 3-5 | 6-18 | Adults | Total |
|--------------|-----|-----|------|--------|-------|
| Recipe Yield |     |     |      |        | 0     |

Recipe Yield

(The total amount of portions the recipe provides per age group)

| Meat/Meat Alt. | 0    | 0      | 0    | 0      | Total ounces |
|----------------|------|--------|------|--------|--------------|
|                | 1 oz | 1.5 oz | 2 oz | 1.5 oz | 0            |

Select Meat/Meat Alt.

| Vegetables | 0         | 0        | 0       | 0        | Total cups |
|------------|-----------|----------|---------|----------|------------|
|            | 0.125 cup | 0.25 cup | 0.5 cup | 0.25 cup | 0          |

Select Vegetable

| Fruits/Vegetables | 0         | 0        | 0        | 0        | Total cups |
|-------------------|-----------|----------|----------|----------|------------|
|                   | 0.125 cup | 0.25 cup | 0.25 cup | 0.25 cup | 0          |

Select Fruit/Vegetable

| Grains | 0        | 0        | 0       | 0        | Total cups |
|--------|----------|----------|---------|----------|------------|
|        | 0.25 cup | 0.25 cup | 0.5 cup | 0.25 cup | 0          |

Select Grain

Other Ingredients:

Preparation Instructions:

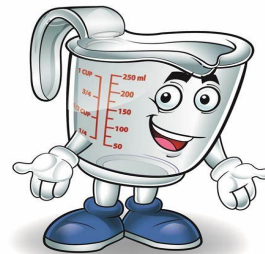
1 \_\_\_\_\_ at \_\_\_\_\_ for \_\_\_\_\_

2 \_\_\_\_\_

## Recipe Conversions

|               | Ounces | Pounds |
|---------------|--------|--------|
| Meat/Meat Alt | 0.00   | 0.00   |

|            | Cups | fl oz | Tbsp | Tsp  |
|------------|------|-------|------|------|
| Vegetables | 0.00 | 0.00  | 0.00 | 0.00 |
| Fruits     | 0.00 | 0.00  | 0.00 | 0.00 |
| Grains     | 0.00 | 0.00  | 0.00 | 0.00 |



# Menu Creation Best Practices

- Dated menus must be in a calendar format and include what specifically is being served each day.
- A copy of your dated menu must be posted in an area where children, parents, and guardians can see it.
- Minimum serving sizes must be on the menu or posted next to it.
- Whole Grain-Rich items must be served at least once per day. Indicate your Whole Grain-Rich (WG) items by placing an X in the WG box or writing WG next to the grain item.
- The menu must be very specific and list out each component required for the meal/snack.
  - Common menu issues:
    - Combination Dishes do not have CN labels on file.
    - Pizza does not have CN label, Smart Slice/School Pizza recipe.
    - List hamburger/hot dog buns as a separate item in the grain section.
    - Specify name of cereals.
    - Specify type of 100% juices-Apple, Grape, etc.
- If you make a substitution on the menu, scratch out the item you are substituting and handwrite the substitution.
- The condensed Nondiscrimination Statement must be on the bottom of your menu. "This Institution is an equal opportunity provider."

## CHILDREN WITH SPECIAL DIETS

### Physical Disability or Medical Condition

If a child has a physical disability or medical condition that requires a special diet, the parents should have a Statement for Special Diet Prescription filled out by a doctor. The center can follow the directions on the prescription and still receive reimbursement for the meal.

### Child Brings Lunch from Home

If a child brings a lunch/snack from home, you CANNOT claim that meal for that child.

### Vegetarian Diet

If a vegetarian substitution is made using a creditable meat alternate, the meal can be claimed. The center can claim the meal if it provides the meat alternate or if the parent supplies the substituted meat alternate and the center supplies the rest of the components.

### Vegan Diet

Soy milk can be served to vegan-diet children under 12 months without a doctor's note. Meals for children over one year old cannot be claimed since soy milk is not reimbursable.

### Religious and Cultural Diets

A note from a religious person is NOT needed. If the substitutions meet meal pattern guidelines, then the substituted items and reasons for the substitutions must be noted in the child's file. If the substitutions will not meet the meal pattern guidelines, then Child Care Resources must be contacted for an exemption.

### Personal Preferences

If a parent declines food for their child due to personal preferences, the meal can ONLY be claimed if it still meets meal patterns by offering creditable substitutions. If the meal no longer meets requirements, it cannot be claimed—even with a note from the parent.

### Lactose Intolerance

The use of acidophilus, lactose free, or reduced milks are permitted and do not require a doctor's note or a waiver.

# SPECIAL DIET FORM

This center/facility participates 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

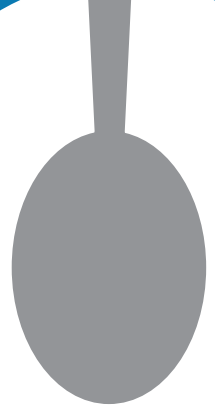
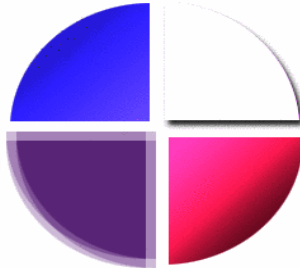
*Check and complete appropriate information. For the safety of the child, please be as specific as possible.*

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

|   |  |
|---|--|
| <input type="checkbox"/>  | <b>Child/Participant has no disability but requires a special diet</b> |
| 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: |

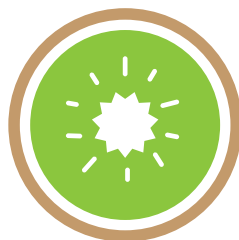
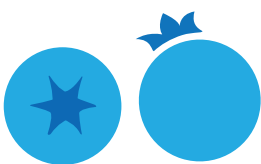


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# Child Care Center Food Guide

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Use this handbook as a guide to assist your center with shopping for the right foods. If an item is listed under "Maybe" contact Child Care Resources before purchasing item.



| <b>CHILD CARE RESOURCES, INC.</b>                     |                  |                  |
|---|------------------|------------------|
|   |                  |                  |
| <b>MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS</b> |                  |                  |
| <b>SORTED BY CATEGORY</b>                             |                  |                  |
|   |                  |                  |
| <b>Name</b>   | <b>Category</b>  | <b>Food Type</b> |
| Baked Beans   | Beans or Legumes | MeatAlt          |
| Bean Soup   | Beans or Legumes | MeatAlt          |
| Black Beans   | Beans or Legumes | MeatAlt          |
| Butter Beans  | Beans or Legumes | MeatAlt          |
| Garbanzo Beans / Chick Peas                           | Beans or Legumes | MeatAlt          |
| Great Northern Beans                                  | Beans or Legumes | MeatAlt          |
| Kidney Beans  | Beans or Legumes | MeatAlt          |
| Lima Beans  | Beans or Legumes | MeatAlt          |
| Navy Beans  | Beans or Legumes | MeatAlt          |
| Other Beans   | Beans or Legumes | MeatAlt          |
| Pinto Beans   | Beans or Legumes | MeatAlt          |
| Refried Beans   | Beans or Legumes | MeatAlt          |
| Baked Beans   | Beans or Legumes | Veg              |
| Beans - Vegetarian                                    | Beans or Legumes | Veg              |
| Black Beans   | Beans or Legumes | Veg              |
| Butter Beans  | Beans or Legumes | Veg              |
| Chili Beans   | Beans or Legumes | Veg              |
| Garbanzo Beans / Chick Peas                           | Beans or Legumes | Veg              |
| Great Northern Beans                                  | Beans or Legumes | Veg              |
| Green Beans   | Beans or Legumes | Veg              |
| Kidney / Red Beans                                    | Beans or Legumes | Veg              |
| Lima Beans  | Beans or Legumes | Veg              |
| Navy Beans  | Beans or Legumes | Veg              |
| Other Beans   | Beans or Legumes | Veg              |
| Refried Beans   | Beans or Legumes | Veg              |
| Wax / Yellow Beans                                    | Beans or Legumes | Veg              |
| Beef Franks (100% meat)                               | Beef             | MeatAlt          |
| Beef Ground   | Beef             | MeatAlt          |
| Beef Liver  | Beef             | MeatAlt          |
| Beef Lunchmeat  | Beef             | MeatAlt          |
| Beef Patty  | Beef             | MeatAlt          |
| Beef Ribs   | Beef             | MeatAlt          |
| Beef Tripe  | Beef             | MeatAlt          |
| Brisket   | Beef             | MeatAlt          |
| Chuck Roast   | Beef             | MeatAlt          |
| Corn Dog  | Beef             | MeatAlt          |
| Corned Beef   | Beef             | MeatAlt          |
| Hamburger Patty                                       | Beef             | MeatAlt          |
| Meatballs (Beef)                                      | Beef             | MeatAlt          |

| <b>MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS</b> |                 |                  |
|---|-----------------|------------------|
| <b>SORTED BY CATEGORY</b>                             |                 |                  |
| <b>Name</b>   | <b>Category</b> | <b>Food Type</b> |
| Meatloaf (Beef)                                       | Beef            | MeatAlt          |
| Pot Roast   | Beef            | MeatAlt          |
| Roast Beef  | Beef            | MeatAlt          |
| Round Steak   | Beef            | MeatAlt          |
| Salisbury Steak                                       | Beef            | MeatAlt          |
| Sausage - Beef  | Beef            | MeatAlt          |
| Sloppy Joes (Beef)                                    | Beef            | MeatAlt          |
| Stew Meat - Beef                                      | Beef            | MeatAlt          |
| Veal  | Beef            | MeatAlt          |
| Vienna Sausage  | Beef            | MeatAlt          |
| Bagel   | Breads          | BrdAlt           |
| Bagel-100% Whole Wheat                                | Breads          | BrdAlt           |
| Bagel-Whole Grain (WG)                                | Breads          | BrdAlt           |
| Biscuit - 100% Whole Wheat                            | Breads          | BrdAlt           |
| Biscuit - WGR   | Breads          | BrdAlt           |
| Biscuits  | Breads          | BrdAlt           |
| Bread - 100% Whole Wheat                              | Breads          | BrdAlt           |
| Bread - Whole Grain (WG)                              | Breads          | BrdAlt           |
| Bread Sticks  | Breads          | BrdAlt           |
| Buns  | Breads          | BrdAlt           |
| Buns - Whole Grain (WG)                               | Breads          | BrdAlt           |
| Buns - Whole Wheat                                    | Breads          | BrdAlt           |
| Chow Mein Noodles                                     | Breads          | BrdAlt           |
| Cinnamon Toast  | Breads          | BrdAlt           |
| Corn Dog Wrap   | Breads          | BrdAlt           |
| Cornbread   | Breads          | BrdAlt           |
| Crepes  | Breads          | BrdAlt           |
| Croissants  | Breads          | BrdAlt           |
| Dumplings   | Breads          | BrdAlt           |
| English Muffin  | Breads          | BrdAlt           |
| English Muffin (WG)                                   | Breads          | BrdAlt           |
| Flat Bread  | Breads          | BrdAlt           |
| French Bread  | Breads          | BrdAlt           |
| French Toast  | Breads          | BrdAlt           |
| Garlic Bread  | Breads          | BrdAlt           |
| Hamburger / Hot Dog Buns                              | Breads          | BrdAlt           |
| Hawaiian Bread  | Breads          | BrdAlt           |
| Hush Puppies  | Breads          | BrdAlt           |
| Italian Bread   | Breads          | BrdAlt           |
| Oatmeal Bread   | Breads          | BrdAlt           |
| Pancakes - Plain                                      | Breads          | BrdAlt           |
| Pancakes - WGR  | Breads          | BrdAlt           |



| <b>MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS</b> |                 |                  |
|---|-----------------|------------------|
| <b>SORTED BY CATEGORY</b>                             |                 |                  |
| <b>Name</b>   | <b>Category</b> | <b>Food Type</b> |
| Pita Bread  | Breads          | BrdAlt           |
| Popovers  | Breads          | BrdAlt           |
| Potato Bread  | Breads          | BrdAlt           |
| Pretzels  | Breads          | BrdAlt           |
| Pretzels-WG   | Breads          | BrdAlt           |
| Pumpernickel Bread                                    | Breads          | BrdAlt           |
| Rolls   | Breads          | BrdAlt           |
| Rolls-100% Whole Wheat                                | Breads          | BrdAlt           |
| Rolls-WGR   | Breads          | BrdAlt           |
| Rye Bread   | Breads          | BrdAlt           |
| Scones  | Breads          | BrdAlt           |
| Sourdough Bread                                       | Breads          | BrdAlt           |
| Spoonbread  | Breads          | BrdAlt           |
| Stuffing/Dressing- Homemade                           | Breads          | BrdAlt           |
| Waffles - Plain                                       | Breads          | BrdAlt           |
| Waffles - Whole Grain (WG)                            | Breads          | BrdAlt           |
| Wheat Bread   | Breads          | BrdAlt           |
| White Bread   | Breads          | BrdAlt           |
| White Bread-Whole Grain                               | Breads          | BrdAlt           |
| Wonton Wrappers                                       | Breads          | BrdAlt           |
| American Cheese (100% cheese)                         | Cheeses         | MeatAlt          |
| Cheddar Cheese  | Cheeses         | MeatAlt          |
| Colby Cheese (double portion req'd)                   | Cheeses         | MeatAlt          |
| Cottage Cheese (dbl portion req'd)                    | Cheeses         | MeatAlt          |
| Extra Cheese / Meat for Pizza                         | Cheeses         | MeatAlt          |
| Extra Cheese for boxed Macaroni & Cheese              | Cheeses         | MeatAlt          |
| Fried Cheese Sticks                                   | Cheeses         | MeatAlt          |
| Mozzarella Cheese                                     | Cheeses         | MeatAlt          |
| Pimento Cheese  | Cheeses         | MeatAlt          |
| Pizza Topping -HM                                     | Cheeses         | MeatAlt          |
| Pizza Topping-Delivery                                | Cheeses         | MeatAlt          |
| String Cheese (100% cheese)                           | Cheeses         | MeatAlt          |
| Swiss Cheese  | Cheeses         | MeatAlt          |
| Chicken Breasts                                       | Chicken         | MeatAlt          |
| Chicken Franks (100% meat)                            | Chicken         | MeatAlt          |
| Chicken Gizzards                                      | Chicken         | MeatAlt          |
| Chicken Ground  | Chicken         | MeatAlt          |
| Chicken Legs  | Chicken         | MeatAlt          |
| Chicken Liver   | Chicken         | MeatAlt          |
| Chicken Lunchmeat                                     | Chicken         | MeatAlt          |
| Chicken Noodle Soup - HM                              | Chicken         | MeatAlt          |
| Chicken Nuggets                                       | Chicken         | MeatAlt          |

**MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS****SORTED BY CATEGORY**

| <b>Name</b>                     | <b>Category</b> | <b>Food Type</b> |
|---------------------------------|-----------------|------------------|
| Chicken Patty                   | Chicken         | MeatAlt          |
| Chicken Tenders (Grilled)       | Chicken         | MeatAlt          |
| Chicken Thighs                  | Chicken         | MeatAlt          |
| Chicken Wings                   | Chicken         | MeatAlt          |
| Popcorn Chicken                 | Chicken         | MeatAlt          |
| Cheetos (no substitutes)        | Chips           | BrdAlt           |
| Doritos (no substitutes)        | Chips           | BrdAlt           |
| Sun Chips                       | Chips           | BrdAlt           |
| Whole Grain Chips               | Chips           | BrdAlt           |
| All Bran                        | Cold Cereal     | BrdAlt           |
| Almond Delight                  | Cold Cereal     | BrdAlt           |
| Basic 4                         | Cold Cereal     | BrdAlt           |
| Bran Chex-WGR                   | Cold Cereal     | BrdAlt           |
| Bran Flakes                     | Cold Cereal     | BrdAlt           |
| Bran'nola                       | Cold Cereal     | BrdAlt           |
| Cascadian Farms - Various       | Cold Cereal     | BrdAlt           |
| Cascadian Farms - WGR           | Cold Cereal     | BrdAlt           |
| Cheerios-Multi Grain            | Cold Cereal     | BrdAlt           |
| Cheerios-WGR                    | Cold Cereal     | BrdAlt           |
| Clusters                        | Cold Cereal     | BrdAlt           |
| Cocoa Cereal                    | Cold Cereal     | BrdAlt           |
| Corn Chex-WGR                   | Cold Cereal     | BrdAlt           |
| Corn Flakes                     | Cold Cereal     | BrdAlt           |
| Cracklin Oat Bran               | Cold Cereal     | BrdAlt           |
| Crispix                         | Cold Cereal     | BrdAlt           |
| Crispy Critters                 | Cold Cereal     | BrdAlt           |
| Erewhon                         | Cold Cereal     | BrdAlt           |
| Fiber One                       | Cold Cereal     | BrdAlt           |
| Frosted Bran                    | Cold Cereal     | BrdAlt           |
| Frosted Mini Wheat              | Cold Cereal     | BrdAlt           |
| Frosted Wheat Squares           | Cold Cereal     | BrdAlt           |
| Fruit & Fiber / Variety         | Cold Cereal     | BrdAlt           |
| Fruit Wheats                    | Cold Cereal     | BrdAlt           |
| Fruitful Bran                   | Cold Cereal     | BrdAlt           |
| Granola (cereal only)           | Cold Cereal     | BrdAlt           |
| Grapenuts / Flakes              | Cold Cereal     | BrdAlt           |
| Great Grains-WGR                | Cold Cereal     | BrdAlt           |
| Honey & Nut Toasty O's          | Cold Cereal     | BrdAlt           |
| Honey Bunches of Oats / Variety | Cold Cereal     | BrdAlt           |
| Just Right / Variety            | Cold Cereal     | BrdAlt           |
| King Vitamin                    | Cold Cereal     | BrdAlt           |
| Kix-WGR                         | Cold Cereal     | BrdAlt           |

| <b>MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS</b> |                 |                  |
|---|-----------------|------------------|
| <b>SORTED BY CATEGORY</b>                             |                 |                  |
| <b>Name</b>   | <b>Category</b> | <b>Food Type</b> |
| Life (WG)   | Cold Cereal     | BrdAlt           |
| Life / Variety  | Cold Cereal     | BrdAlt           |
| Malt-O-Meal/Variety                                   | Cold Cereal     | BrdAlt           |
| Mini Wheats-WGR                                       | Cold Cereal     | BrdAlt           |
| Muesli / Variety                                      | Cold Cereal     | BrdAlt           |
| Multi Bran Chex                                       | Cold Cereal     | BrdAlt           |
| Nut & Honey Crunch                                    | Cold Cereal     | BrdAlt           |
| Nutri Grain / Variety                                 | Cold Cereal     | BrdAlt           |
| Oat Bran  | Cold Cereal     | BrdAlt           |
| Oat Flakes  | Cold Cereal     | BrdAlt           |
| Oat Squares   | Cold Cereal     | BrdAlt           |
| Oatmeal Crisp / Variety                               | Cold Cereal     | BrdAlt           |
| Oh's / Variety  | Cold Cereal     | BrdAlt           |
| Product 19  | Cold Cereal     | BrdAlt           |
| Puffed Rice   | Cold Cereal     | BrdAlt           |
| Puffed Wheat  | Cold Cereal     | BrdAlt           |
| Quaker Oatmeal Squares-WGR                            | Cold Cereal     | BrdAlt           |
| Rice Chex-WGR   | Cold Cereal     | BrdAlt           |
| Rice Crispies   | Cold Cereal     | BrdAlt           |
| Rice Crispies / Variety                               | Cold Cereal     | BrdAlt           |
| Ripple Crisp Bran                                     | Cold Cereal     | BrdAlt           |
| Ripple Crisp Corn                                     | Cold Cereal     | BrdAlt           |
| Shredded Wheat/Frosted-Bite Size                      | Cold Cereal     | BrdAlt           |
| Shredded Wheat-WGR                                    | Cold Cereal     | BrdAlt           |
| Special K   | Cold Cereal     | BrdAlt           |
| Team Flakes   | Cold Cereal     | BrdAlt           |
| Total - WGR   | Cold Cereal     | BrdAlt           |
| Total / Variety                                       | Cold Cereal     | BrdAlt           |
| Triples   | Cold Cereal     | BrdAlt           |
| Wheat Chex-WGR  | Cold Cereal     | BrdAlt           |
| Wheaties Honey Gold                                   | Cold Cereal     | BrdAlt           |
| Wheaties-WGR  | Cold Cereal     | BrdAlt           |
| Animal Crackers                                       | Cookies         | BrdAlt           |
| Animal Crackers-WG                                    | Cookies         | BrdAlt           |
| Cheese Crackers                                       | Crackers        | BrdAlt           |
| Cheese-Its (WG)                                       | Crackers        | BrdAlt           |
| Chex Mix  | Crackers        | BrdAlt           |
| Club Crackers   | Crackers        | BrdAlt           |
| Goldfish  | Crackers        | BrdAlt           |
| Goldfish-WG   | Crackers        | BrdAlt           |
| Graham Crackers                                       | Crackers        | BrdAlt           |
| Graham Crackers-WG                                    | Crackers        | BrdAlt           |

| <b>MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS</b> |                 |                  |
|---|-----------------|------------------|
| <b>SORTED BY CATEGORY</b>                             |                 |                  |
| <b>Name</b>   | <b>Category</b> | <b>Food Type</b> |
| Harvest Crisp   | Crackers        | BrdAlt           |
| Infant Puffs  | Crackers        | BrdAlt           |
| Melba Toast   | Crackers        | BrdAlt           |
| Oyster Crackers                                       | Crackers        | BrdAlt           |
| Ritz Crackers / Hi-Ho                                 | Crackers        | BrdAlt           |
| Rye Crisps  | Crackers        | BrdAlt           |
| Saltine Crackers                                      | Crackers        | BrdAlt           |
| Soda Crackers   | Crackers        | BrdAlt           |
| Teething Biscuit                                      | Crackers        | BrdAlt           |
| Trail Mix   | Crackers        | BrdAlt           |
| Triscuits   | Crackers        | BrdAlt           |
| Wheat Crackers  | Crackers        | BrdAlt           |
| Wheat Crackers (WG)                                   | Crackers        | BrdAlt           |
| Wheat Thins (WGR)                                     | Crackers        | BrdAlt           |
| Zwieback  | Crackers        | BrdAlt           |
| Pie Crust, Meat Pies Only                             | Crusts          | BrdAlt           |
| Pizza Crust   | Crusts          | BrdAlt           |
| Pizza Crust (WG)                                      | Crusts          | BrdAlt           |
| Egg   | Eggs            | MeatAlt          |
| Apples  | Fruits          | Frnt             |
| Applesauce  | Fruits          | Frnt             |
| Apricots  | Fruits          | Frnt             |
| Bananas   | Fruits          | Frnt             |
| Blackberries  | Fruits          | Frnt             |
| Blueberries   | Fruits          | Frnt             |
| Boysenberries   | Fruits          | Frnt             |
| Cantaloupe  | Fruits          | Frnt             |
| Cherries  | Fruits          | Frnt             |
| Cranberries (Relish / Sauce)                          | Fruits          | Frnt             |
| Dates / Figs  | Fruits          | Frnt             |
| Dried Mixed Fruit                                     | Fruits          | Frnt             |
| Fruit / Jello (Must Mix in Fruit)                     | Fruits          | Frnt             |
| Fruit Cocktail  | Fruits          | Frnt             |
| Fruit Pie (Homemade ONLY)                             | Fruits          | Frnt             |
| Fruit Salad   | Fruits          | Frnt             |
| Grapefruit  | Fruits          | Frnt             |
| Grapes  | Fruits          | Frnt             |
| Honeydew Melon  | Fruits          | Frnt             |
| Kiwi  | Fruits          | Frnt             |
| Mandarin Oranges                                      | Fruits          | Frnt             |
| Mangoes / Papaya / Guava                              | Fruits          | Frnt             |
| Mixed Fruit   | Fruits          | Frnt             |

## MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS

### SORTED BY CATEGORY

| Name                            | Category            | Food Type    |
|---------------------------------|---------------------|--------------|
| Oranges / Tangerines / Tangelos | Fruits              | Frnt         |
| Peaches / Nectarines            | Fruits              | Frnt         |
| Pears                           | Fruits              | Frnt         |
| Pineapple                       | Fruits              | Frnt         |
| Plums                           | Fruits              | Frnt         |
| Prunes                          | Fruits              | Frnt         |
| Raisins/Dried Fruit             | Fruits              | Frnt         |
| Raspberries                     | Fruits              | Frnt         |
| Rhubarb                         | Fruits              | Frnt         |
| Star fruit                      | Fruits              | Frnt         |
| Strawberries                    | Fruits              | Frnt         |
| Tropical Fruit                  | Fruits              | Frnt         |
| Ugli Fruit                      | Fruits              | Frnt         |
| Watermelon                      | Fruits              | Frnt         |
| Zucchini Squash                 | Fruits              | Veg          |
| Duck                            | Game / Duck / Lamb  | MeatAlt      |
| Game Hen                        | Game / Duck / Lamb  | MeatAlt      |
| Lamb                            | Game / Duck / Lamb  | MeatAlt      |
| Bulgur                          | Hot Cereal          | BrdAlt       |
| Cream of Rice                   | Hot Cereal          | BrdAlt       |
| Cream of Wheat                  | Hot Cereal          | BrdAlt       |
| Cream of Wheat / Coco           | Hot Cereal          | BrdAlt       |
| Grits (Iron Fortified)          | Hot Cereal          | BrdAlt       |
| Malt-o-Meal                     | Hot Cereal          | BrdAlt       |
| Millet                          | Hot Cereal          | BrdAlt       |
| Oatmeal (WG)                    | Hot Cereal          | BrdAlt       |
| Oatmeal / Oats (Plain)          | Hot Cereal          | BrdAlt       |
| Ralston                         | Hot Cereal          | BrdAlt       |
| Wheat                           | Hot Cereal          | BrdAlt       |
| Infant Barley Cereal            | Infant Cereals      | BrdAlt       |
| Infant High-Protein Cereal      | Infant Cereals      | BrdAlt       |
| Infant Mixed Cereal             | Infant Cereals      | BrdAlt       |
| Infant Oatmeal Cereal           | Infant Cereals      | BrdAlt       |
| Infant Rice Cereal              | Infant Cereals      | BrdAlt       |
| Infant Barley Cereal            | Infant Cereals      | InfantCereal |
| Infant High-Protein Cereal      | Infant Cereals      | InfantCereal |
| Infant Mixed Cereal             | Infant Cereals      | InfantCereal |
| Infant Multi-Grain Cereal       | Infant Cereals      | InfantCereal |
| Infant Oatmeal Cereal           | Infant Cereals      | InfantCereal |
| Infant Rice Cereal              | Infant Cereals      | InfantCereal |
| Infant Whole Wheat Cereal       | Infant Cereals      | InfantCereal |
| Cooked Dry Beans / Peas         | Infant Eggs / Meats | MeatAlt      |

## MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS

**SORTED BY CATEGORY**

| Name                                    | Category              | Food Type |
|---|-----------------------|-----------|
| Infant Beef                             | Infant Eggs / Meats   | MeatAlt   |
| Infant Chicken                          | Infant Eggs / Meats   | MeatAlt   |
| Infant Egg Yolk                         | Infant Eggs / Meats   | MeatAlt   |
| Infant Ham                              | Infant Eggs / Meats   | MeatAlt   |
| Infant Lamb                             | Infant Eggs / Meats   | MeatAlt   |
| Infant Liver                            | Infant Eggs / Meats   | MeatAlt   |
| Infant Turkey                           | Infant Eggs / Meats   | MeatAlt   |
| Infant Veal                             | Infant Eggs / Meats   | MeatAlt   |
| Breast Milk / Iron Fort. Infant Formula | Infant Milk / Formula | Milk      |
| Parent Supplied Formula                 | Infant Milk / Formula | Milk      |
| Special Provision (Dr's statement reqd) | Infant Milk / Formula | Milk      |
| Apple Juice / Blend                     | Juices                | Frnt      |
| Apple Juice 100%-Once Per Day           | Juices                | Frnt      |
| Berry Juicy Juice-Once Per Day          | Juices                | Frnt      |
| Cherry / Mountain Cherry Juice          | Juices                | Frnt      |
| Cranberry Juice 100%-Once Per Day       | Juices                | Frnt      |
| Grape Juice-Once Per Day                | Juices                | Frnt      |
| Grapefruit Juice-Once Per Day           | Juices                | Frnt      |
| Mandarin / Tangerine Juice              | Juices                | Frnt      |
| Orange Juice / Blends                   | Juices                | Frnt      |
| Orange Juice 100%-Once Per Day          | Juices                | Frnt      |
| Orange-Pineapple Juice                  | Juices                | Frnt      |
| Pear Juice / Blends 100% Juice          | Juices                | Frnt      |
| Pineapple Juice-Once Per Day            | Juices                | Frnt      |
| Pomegranate Juice                       | Juices                | Frnt      |
| Strawberry/Kiwi Juice                   | Juices                | Frnt      |
| Tomato Juice / V8 (100% Juice)          | Juices                | Frnt      |
| Tropical Fruit Juice-once per day       | Juices                | Frnt      |
| Fruit Milkshakes (Homemade)             | Milk                  | Milk      |
| Lowfat Milk - 1%                        | Milk                  | Milk      |
| Milk Alternate: Almond/Soy/Etc          | Milk                  | Milk      |
| Skim Milk - 1/2%                        | Milk                  | Milk      |
| Special Provision (Dr's Statement Reqd) | Milk                  | Milk      |
| Whole Milk                              | Milk                  | Milk      |
| Almonds                                 | Nuts                  | MeatAlt   |
| Cashews                                 | Nuts                  | MeatAlt   |
| Macadamia Nuts                          | Nuts                  | MeatAlt   |
| Peanuts                                 | Nuts                  | MeatAlt   |
| Pecans                                  | Nuts                  | MeatAlt   |
| Walnuts                                 | Nuts                  | MeatAlt   |
| Egg Noodles                             | Pasta                 | BrdAlt    |
| Lasagna Noodles                         | Pasta                 | BrdAlt    |

| <b>MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS</b> |                 |                  |
|---|-----------------|------------------|
| <b>SORTED BY CATEGORY</b>                             |                 |                  |
| <b>Name</b>   | <b>Category</b> | <b>Food Type</b> |
| Macaroni Noodles                                      | Pasta           | BrdAlt           |
| Noodles - Other                                       | Pasta           | BrdAlt           |
| Noodles-100% Whole Wheat                              | Pasta           | BrdAlt           |
| Pasta - 100% Whole Wheat                              | Pasta           | BrdAlt           |
| Ravioli   | Pasta           | BrdAlt           |
| Spaghetti / Vermicelli                                | Pasta           | BrdAlt           |
| Peanut Butter - Snack                                 | Peanut Butter   | MeatAlt          |
| Peanut Butter (3 Tbls minimum for meals)              | Peanut Butter   | MeatAlt          |
| Seed/Nut Butter (3 Tbls minimum for meals)            | Peanut Butter   | MeatAlt          |
| Soy Nut Butter (3 Tbls minimum for meals)             | Peanut Butter   | MeatAlt          |
| Wow Butter (peanut free) (3 Tbls minimum for meals)   | Peanut Butter   | MeatAlt          |
| Blackeyed Peas  | Peas            | MeatAlt          |
| Dried Green / Yellow Peas                             | Peas            | MeatAlt          |
| Lentils   | Peas            | MeatAlt          |
| Split Pea Soup  | Peas            | MeatAlt          |
| Canadian Bacon  | Pork            | MeatAlt          |
| Ham   | Pork            | MeatAlt          |
| Pepperoni (must have CN label)                        | Pork            | MeatAlt          |
| Pork Chops  | Pork            | MeatAlt          |
| Pork Franks (100% meat)                               | Pork            | MeatAlt          |
| Pork Ground   | Pork            | MeatAlt          |
| Pork Kielbasa   | Pork            | MeatAlt          |
| Pork Lunchmeat  | Pork            | MeatAlt          |
| Pork Roast  | Pork            | MeatAlt          |
| Sausage - Pork  | Pork            | MeatAlt          |
| Spam  | Pork            | MeatAlt          |
| Spare Ribs  | Pork            | MeatAlt          |
| Bread Puddings (w/ cheese)                            | Puddings        | BrdAlt           |
| Rice Pudding  | Puddings        | BrdAlt           |
| Barley  | Rice            | BrdAlt           |
| Brown Rice  | Rice            | BrdAlt           |
| Brown Rice (WG)                                       | Rice            | BrdAlt           |
| White Rice (enriched)                                 | Rice            | BrdAlt           |
| Catfish   | Seafood         | MeatAlt          |
| Clams   | Seafood         | MeatAlt          |
| Crab  | Seafood         | MeatAlt          |
| Fish Fillets  | Seafood         | MeatAlt          |
| Fish Sticks   | Seafood         | MeatAlt          |
| Salmon  | Seafood         | MeatAlt          |
| Scallops, Oysters                                     | Seafood         | MeatAlt          |
| Shrimp  | Seafood         | MeatAlt          |

| <b>MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS</b> |                     |                  |
|---|---------------------|------------------|
| <b>SORTED BY CATEGORY</b>                             |                     |                  |
| <b>Name</b>   | <b>Category</b>     | <b>Food Type</b> |
| Tuna Salad  | Seafood             | MeatAlt          |
| Tuna Steak/Filet                                      | Seafood             | MeatAlt          |
| Tuna-Chunk Light in Water                             | Seafood             | MeatAlt          |
| Pumpkin Seeds   | Seeds               | MeatAlt          |
| Sesame Seeds  | Seeds               | MeatAlt          |
| Sunflower Seeds                                       | Seeds               | MeatAlt          |
| Bean Soup   | Soups               | Veg              |
| Chicken Vegetable Soup                                | Soups               | Veg              |
| Chowder (any kind)                                    | Soups               | Veg              |
| Chunky Vegetable Soup                                 | Soups               | Veg              |
| Minestrone Soup                                       | Soups               | Veg              |
| Potato Soup   | Soups               | Veg              |
| Split Pea Soup  | Soups               | Veg              |
| Stew Vegetables                                       | Soups               | Veg              |
| Tomato Soup   | Soups               | Veg              |
| Turkey Vegetable Soup                                 | Soups               | Veg              |
| Beef Noodle Soup - Canned                             | Soups or Noodles    | BrdAlt           |
| Chicken Noodle Soup - Canned                          | Soups or Noodles    | BrdAlt           |
| Ramen Noodles (Packaged)                              | Soups or Noodles    | BrdAlt           |
| Turkey Noodle Soup - Canned                           | Soups or Noodles    | BrdAlt           |
| Corn Tortillas  | Tortillas           | BrdAlt           |
| Flour Tortillas                                       | Tortillas           | BrdAlt           |
| Taco Shell  | Tortillas           | BrdAlt           |
| Tortilla Chips  | Tortillas           | BrdAlt           |
| Tortilla Chips - WGR                                  | Tortillas           | BrdAlt           |
| Tortillas - 100% Whole Wheat                          | Tortillas           | BrdAlt           |
| Meatballs (Turkey)                                    | Turkey              | MeatAlt          |
| Meatloaf (Turkey)                                     | Turkey              | MeatAlt          |
| Sloppy Joes (Turkey)                                  | Turkey              | MeatAlt          |
| Turkey Bacon  | Turkey              | MeatAlt          |
| Turkey Breast   | Turkey              | MeatAlt          |
| Turkey Burger   | Turkey              | MeatAlt          |
| Turkey Franks (100% meat)                             | Turkey              | MeatAlt          |
| Turkey Ground   | Turkey              | MeatAlt          |
| Turkey Ham  | Turkey              | MeatAlt          |
| Turkey Leg  | Turkey              | MeatAlt          |
| Turkey Lunchmeat                                      | Turkey              | MeatAlt          |
| Turkey Pepperoni (CN label req'd)                     | Turkey              | MeatAlt          |
| Turkey Roast  | Turkey              | MeatAlt          |
| Turkey Sausage  | Turkey              | MeatAlt          |
| Apple Bread   | Veg or Fruit Breads | BrdAlt           |



**MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS****SORTED BY CATEGORY**

| <b>Name</b>                      | <b>Category</b>     | <b>Food Type</b> |
|----------------------------------|---------------------|------------------|
| Banana Bread                     | Veg or Fruit Breads | BrdAlt           |
| Carrot Bread                     | Veg or Fruit Breads | BrdAlt           |
| Date Nut Bread                   | Veg or Fruit Breads | BrdAlt           |
| Muffins (low sugar)              | Veg or Fruit Breads | BrdAlt           |
| Other Bread/Alternate            | Veg or Fruit Breads | BrdAlt           |
| Pumpkin Bread                    | Veg or Fruit Breads | BrdAlt           |
| Raisin Bread                     | Veg or Fruit Breads | BrdAlt           |
| Veg / Fruit Breads - WGR         | Veg or Fruit Breads | BrdAlt           |
| Zucchini Bread                   | Veg or Fruit Breads | BrdAlt           |
| Acorn Squash                     | Vegetables          | Veg              |
| Alfalfa Sprouts                  | Vegetables          | Veg              |
| Artichokes                       | Vegetables          | Veg              |
| Asparagus                        | Vegetables          | Veg              |
| Avocado                          | Vegetables          | Veg              |
| Bamboo Shoots                    | Vegetables          | Veg              |
| Bean Sprouts                     | Vegetables          | Veg              |
| Beets                            | Vegetables          | Veg              |
| Blackeyed Peas                   | Vegetables          | Veg              |
| Broccoli                         | Vegetables          | Veg              |
| Brussels Sprouts                 | Vegetables          | Veg              |
| Butternut Squash                 | Vegetables          | Veg              |
| Cabbage, Red / White / Cole Slaw | Vegetables          | Veg              |
| Carrots                          | Vegetables          | Veg              |
| Cauliflower                      | Vegetables          | Veg              |
| Celery                           | Vegetables          | Veg              |
| Cole Slaw                        | Vegetables          | Veg              |
| Corn                             | Vegetables          | Veg              |
| Cucumbers                        | Vegetables          | Veg              |
| Dried Green / Yellow Peas        | Vegetables          | Veg              |
| Eggplant                         | Vegetables          | Veg              |
| French Fries                     | Vegetables          | Veg              |
| Greens                           | Vegetables          | Veg              |
| Hash Browns                      | Vegetables          | Veg              |
| Hummus (chickpeas)               | Vegetables          | Veg              |
| Leeks                            | Vegetables          | Veg              |
| Lentils                          | Vegetables          | Veg              |
| Lettuce / Salad                  | Vegetables          | Veg              |
| Lettuce And Tomato               | Vegetables          | Veg              |
| Marinara Sauce                   | Vegetables          | Veg              |
| Mashed Potatoes (must be HM)     | Vegetables          | Veg              |
| Mixed Vegetables                 | Vegetables          | Veg              |
| Mushrooms                        | Vegetables          | Veg              |

**MINUTE MENU LIST OF CREDITABLE FOOD COMPONENTS****SORTED BY CATEGORY**

| <b>Name</b>  | <b>Category</b> | <b>Food Type</b> |
|--|-----------------|------------------|
| Okra   | Vegetables      | Veg              |
| Onions / Onion Rings                               | Vegetables      | Veg              |
| Parsnip  | Vegetables      | Veg              |
| Peas   | Vegetables      | Veg              |
| Peas and Carrots                                   | Vegetables      | Veg              |
| Peppers, Green                                     | Vegetables      | Veg              |
| Peppers, Red                                       | Vegetables      | Veg              |
| Pickles  | Vegetables      | Veg              |
| Pinto Beans  | Vegetables      | Veg              |
| Pizza Topping (Green Peppers / Onions / Mushrooms) | Vegetables      | Veg              |
| Pork 'N Beans                                      | Vegetables      | Veg              |
| Potato Salad                                       | Vegetables      | Veg              |
| Potatoes, Red/White                                | Vegetables      | Veg              |
| Pumpkin  | Vegetables      | Veg              |
| Radishes   | Vegetables      | Veg              |
| Salsa  | Vegetables      | Veg              |
| Sauerkraut   | Vegetables      | Veg              |
| Spaghetti Sauce                                    | Vegetables      | Veg              |
| Spinach  | Vegetables      | Veg              |
| Squash: White/Yellow                               | Vegetables      | Veg              |
| Squash: Yellow                                     | Vegetables      | Veg              |
| Succotash  | Vegetables      | Veg              |
| Sweet Potato Fries                                 | Vegetables      | Veg              |
| Sweet Potatoes/Yams (not as fries)                 | Vegetables      | Veg              |
| Tater Tots   | Vegetables      | Veg              |
| Tomato Sauce / Paste                               | Vegetables      | Veg              |
| Tomatoes Fresh, Stewed                             | Vegetables      | Veg              |
| Turnips  | Vegetables      | Veg              |
| Zucchini Squash                                    | Vegetables      | Veg              |
| Tofu   | Yogurt          | MeatAlt          |
| Yogurt   | Yogurt          | MeatAlt          |
| Yogurt - Low Sugar                                 | Yogurt          | MeatAlt          |



## **CACFP COST DOCUMENTATION**

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By the 10th of the month, documentation must be submitted with your monthly claim to show the amount of funds spent on the Food Program. Cost is documented by:

- Receipts and Invoices
- Staff Time and Duty Worksheets
- Meal Count Records



## RECEIPTS

Copies of your food receipts must be submitted with your monthly claim by the 10th of the month. All receipts must be dated and itemized.

Higher Standards  
**meijer**  
 Lower Prices  
 Meijer Way  
 Lexington, KY - # 184  
 (859) 219-3700 meijer.com

The Meijer Team appreciates your business  
 11/04/09  
 Your fast and friendly checkout was  
 provided by MELINDA

\*\*\*\*\*SAVINGS TODAY\*\*\*\*\*  
 \* TOTAL NON-COUPON SAVINGS .84 \*  
 \*SAVINGS TOTAL .84\*

**GROCERY**  
 70882039307 TOMATO SAUCE  
 3 @ .75 2.25 F  
 4608 GARLIC 1.00 F  
 3 @ 3 / 1.00 1.00 F  
 0.49 lb @ 1 lb / 1.29  
 4067 ZUCCHINI .63 F  
 4125094763 MJ VINEGAR  
 2 @ 2.79 5.58 F  
 1121000015 TABASCO 2.99 F  
 7577931116 SUGAR 2LB 2.99 F  
 4125095231 PIE SHELLS  
 1 @ 2 / 3.00 1.50 F  
 5260306570 DRINK 3.79 F  
 2550000392 COFFEE 7.33 F  
 \*70882039313 TOMATO PASTE  
 2 @ .51  
 was 1.14 now 1.02 F  
 \*3320001110 AH BAKE SODA  
 was .61 now .59 F  
 \*4125003620 SPAGHETTI  
 2 @ 1.09  
 was 2.38 now 2.18 F  
 \*2670011513 COCONUT OIL  
 was 4.99 now 4.49 F

**TOTAL** TOTAL TAX .00  
 TOTAL 36.34

**PAYMENTS**  
 CASH TENDER 40.00  
 CASH CHANGE 3.66

NUMBER OF ITEMS 20

  
 A018402KM09I19S

Tx:48 Op:1901461 Tm:12 St:184 12:45:26

**Walmart**   
 Save money. Live better.

MANAGER IRENE BROWN  
 ( 360 ) 532 - 7595

ST# 2037 OP# 00003048 TE# 18 TR# 05704  
 HALF HALF 060538818716 F 1.68 0  
 HALF HALF 060538818716 F 1.68 0  
 GV BRWN RICE 007874212222 F 0.76 N  
 GV LONG RICE 007874235205 F 1.28 N  
 GV 2 RF MLK 007874235187 F 3.08 0  
 RAMEN-BEEF12 004178900232 F 1.82 0  
 SUBTOTAL 10.30  
 TOTAL 10.30  
 SHOPPING CARD TEND 10.00  
 CASH TEND 0.50  
 CHANGE DUE 0.20

SHOP.CARD REDEMPTION 10.00  
 ACCOUNT 605214515600  
 APPR. CODE = 037453  
 REF #0571931  
 Beg Bal Tran Amt End Bal  
 10.00 10.00 0.00  
 10/14/10 21:20:50

**# ITEMS SOLD 6**

TC# 5803 0268 1908 2233 6122  


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[www.ecyclewashington.org](http://www.ecyclewashington.org) 1-800-RECYCLE

THANK YOU FOR SHOPPING WITH US  
 10/14/10 21:20:58

Programs must document that 100% of their funds are spent on the CACFP. Best Practice is at least 50% of funds must be spent on food. The other 50% can be spent on food service supplies, kitchen staff, and staff serving food to children.

### Staff Time and Duty Worksheet

Employee Name Glenda Henderson  
 Position Teacher  
 Month/Year February 2013  
 Center Name ABC Child Care

**Instructions:**  
 Cross out days that you did not work.  
 Enter amount of time worked for food-service related duties for each meal period.  
 Add up all hours and calculate total at bottom. Sign Form.

|   |   |   |  |   |  |
|---|---|---|--|---|--|
|   | <u>Time/Duty</u><br>Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner:   | <u>Time/Duty</u><br>Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner:   | <u>Time/Duty</u><br>Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner:  | <u>Time/Duty</u><br>Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner:   | 1<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: |
| This form must be printed by the staff person. Time sheets are not acceptable substitutions. Please make this a high priority to meet federal regulations.          |   |   |  |   |  |
| 4<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:                                | 5<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack:<br>Dinner:                   | 6<br><u>Time/Duty</u><br>Breakfast: <i>9-9:30</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:  | 7<br><u>Time/Duty</u><br>Breakfast:<br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:   | 8<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:  |  |
| 11<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:<br><i>Shopping: 3:30-5:30</i> | 12<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: | 13<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: | 14<br><u>Time/Duty</u><br>Breakfast:<br>AM Snack:<br>Lunch: <i>OFF</i><br>PM Snack:<br>Dinner:   | 15<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: |  |
| 18<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:                               | 19<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: | 20<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: | 21<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:                              | 22<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: |  |
| 25<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:                               | 26<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: | 27<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner: | 28<br><u>Time/Duty</u><br>Breakfast: <i>8:30-9</i><br>AM Snack:<br>Lunch: <i>11:45-12:30</i><br>PM Snack: <i>3:00-3:30</i><br>Dinner:<br><i>Menu Planning: 4-5</i> | <u>Time/Duty</u><br>Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner:   |  |

Total Hours 29.25 X Hourly Rate \$8.00 = \$234.00

Employee's Signature Glenda Henderson Supervisor's Signature Jeana Williams

## 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.

|   |   |   |   |   |
|---|---|---|---|---|
| <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  |
| Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: |
| <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  |
| Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: |
| <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  |
| Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: |
| <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  |
| Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: |
| <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  | <u>Time/Duty</u>  |
| Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: | Breakfast:<br>AM Snack:<br>Lunch:<br>PM Snack:<br>Dinner: |

Total Hours \_\_\_\_\_ X Hourly Rate \_\_\_\_\_ = \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Supervisor's Signature \_\_\_\_\_



# EASY WAYS TO MAXIMIZE YOUR MONTHLY REIMBURSEMENTS...

## MENUS

Ensure all required food components are served as one unit and that these are referenced on the menu that is submitted with your claim. For example, if you are serving hamburgers, you will list the ground beef in the meat section and the bun separately in the Grain section of the menu. If components are missing on your menu, you will not receive reimbursement for that meal.

## ENROLLMENT/INCOME FORMS

Email copies of both the Income and Enrollment form as soon as you receive them from the parents. Please be sure that the forms are completed by the parent/guardian and all the required information is provided.

Check the Dashboard in KidKare for any pending children. Ensure that completed forms have been submitted for all pending children. Note, both the Income and Enrollment form are valid for one year and must be renewed annually.

## MILK

Ensure that you are serving and purchasing enough milk to cover the number of meals served. Required amounts are as followed; Toddlers, 4 oz; Preschoolers, 6 oz; and School Ageds, 8 oz.

A shortage may result in a lower reimbursement.

It's always better to over-pour and over purchase milk. Even though you may spend a few extra dollars, you will be sure to recoup that money and much more.

# Monitoring Visits

At least three times a year, Child Care Resources conducts announced and unannounced visits to your center to ensure compliance with USDA regulations.

During visits, the monitor will look for the following:

- Current Dated Menus are posted
- Ensure meals are served as a unit
- Ensure all required meal components and quantities are being served
- Make sure every child is provided a creditable meal/snack
- Ensure Point-of-Service meal counts are being done
- Thermometers are present in all refrigerators and freezers.
- Creditable food is present in kitchen
- Justice For All and Building for the Future posters are posted

Besides Child Care Resources staff, State or Federal employees must be permitted to visit your site to verify meals and records. If you are missing any files, contact Child Care Resources to obtain any requested documents.

Household Contacts may be conducted randomly to enrolled families to ensure the validity of the center's enrollment.



# Levels of Non-Compliance

Level 6 - Intent to Terminate

Level 5 - Seriously Deficient  
Process

Level 4 - Initiate  
Intervention Team

Level 3 - Corrective Action

Level 2 - Technical  
Assistance Provided

Level 1 - Center Deviates  
from norms, data  
investigation begins

Ground Level - Center  
Performing within CACFP  
Standards

# Common Findings during a Monitoring Visit

1. Menus
  - a. Menus are not posted for children and infants (if applicable) with the current dates. Any substitutions are written directly on the menu.
  - b. Menu template with ounce equivalent (oz. eq.) indicated for breads/grains is not being used.
  - c. Menus do not include the Nondiscrimination statement, "This institution is an equal opportunity provider."
  - d. Serving sizes are not included on or with the menu for all age groups served.
  - e. Non credible foods are listed on the menu or present in the center. These include grain-based desserts, high sugar cereals, and high sugar yogurts
2. Point of Service Meal Counts are not completed or current in one or more classrooms.
3. All meal components, including milk, are not placed in front of the child at the same time.
4. Serving proper milk type(s) and quantity are not being served:
  - a. 12 months-24 months: 4 oz. of whole milk
  - b. 2 years-5 years: 6 oz. of low-fat (1%) or fat-free milk
  - c. School age: 8 oz. of low-fat (1%) or fat-free milk
5. The Product Formulation or Child Nutrition label is not on file for items served such as: chicken nuggets, corn dogs, fish sticks, pizza, etc.
6. Meals are not served during the stated meal service time.
7. Copies of completed Infant Feeding Logs are not present. Infants Logs are required for children between 6 weeks-11 months. The feeding log must indicate the food served and serving size (tablespoons and/or ounces).
8. Thermometers are not in all refrigerators where children's food is stored.
9. Justice for All poster-The 11"x17". The poster must be posted somewhere where the parents can see it.
10. Building for the Future flyer-place one on your parent board and include it in your enrollment packet.
11. WIC flyer-place one on your parent board and include it in your enrollment packet.



USDA Food Program Sponsoring Organization

## PUTTING IT ALL TOGETHER MONTHLY CLAIM PACKET REQUIREMENTS

Please email the following claim documents to [claims@ccresourcesinc.org](mailto:claims@ccresourcesinc.org) by the 10<sup>th</sup> of each month:

- 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 East 2nd Street  
Richmond, VA 23224

# Common Claim Errors

1. Menus
  - a. All components are not listed.
  - b. Not serving a Whole Grain once per day.
  - c. Product Formulation Statements, Child Nutrition Labels or recipes are not on file for combination dishes.
  - d. Non credible items are listed. For example, grain-based desserts, high sugar cereals.
  - e. Juice served more than once per day
  - f. Ensure items that are copied and pasted in KidKare are still valid items. This occurs when you copy and paste a previous month's menu.
2. Current Income Enrollment Forms have not been submitted for all enrolled children.
3. Infant Parent Preference forms have not been submitted
4. Not enough milk receipts are submitted, resulting in disallowed meals. Serve proper milk type(s) and quantity:
  - a. 12 months-24 months: 4 oz. of whole milk
  - b. 2 years-5 years: 6 oz. of low-fat (1%) or fat-free milk
  - c. School age: 8 oz. of low-fat (1%) or fat-free milk
5. Complete Packages are not submitted
6. Claims are too late to submit for reimbursement. Claims should be postmarked by the 10<sup>th</sup> of each month.

# Record Retention

Each month, you are required to present documentation to support your claim for reimbursement to Child Care Resources. In turn, you receive a check from the USDA. Child Care Resources reviews the documentation that you turn in to verify its validity and archive the data. Every two years, the USDA conducts an audit of all Child Care Resources records. As part of this audit, they may visit your center.

Centers are required to keep ALL records for a period of three years plus the current year.

What records do you need to keep:

- Income Eligibility and Enrollment Forms for all children
- Parent Preference Forms for infants
- Individual Infant Feeding Records
- Attendance and Meal Count Records (available in KidKare)
- Menus
- Food receipts and Staff Time and Duty worksheets

# CACFP Requirements

Please complete the following:

1. Insert the full nondiscrimination statement 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 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
  - c. WIC brochure
  - d. Dated Child Menus with serving sizes.
  - e. Dated Infant Menus with serving sizes.

## Full 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:

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; or

email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.

**Condensed Statement**-use only when the Full Statement is too large (e.g., advertising) and include it **on the bottom of your menus:**

"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**.

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

**email:**  
[program.intake@usda.gov](mailto: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](mailto: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 E 2nd Street  
Richmond, VA 23224  
855-427-2888

*CACFP Specialist*  
25 South Front St  
Columbus, OH 43215  
877-644-6338

Learn more about CACFP at USDA's website:

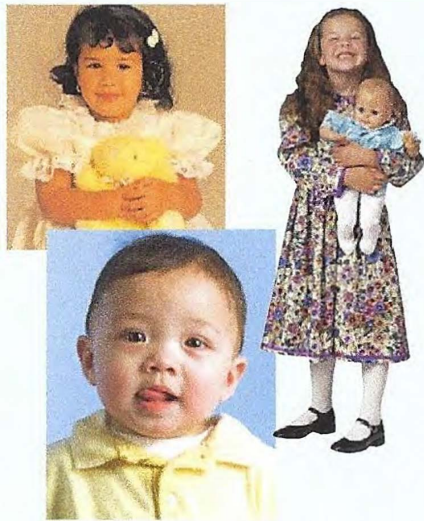
<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

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

# 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.

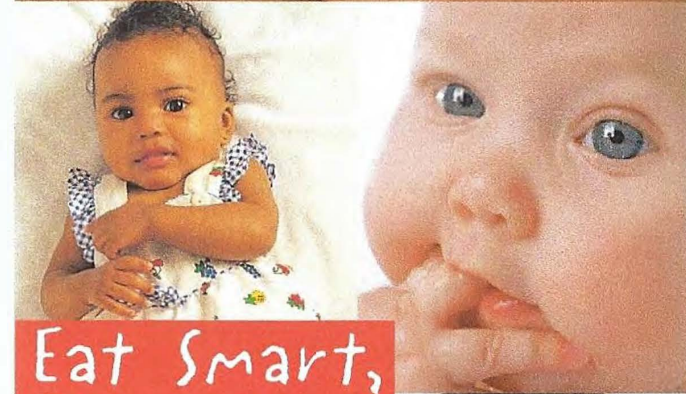
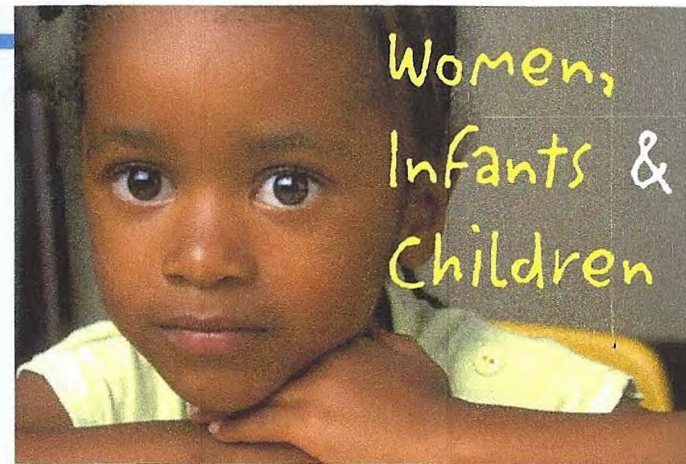
This institution is an equal opportunity provider.

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

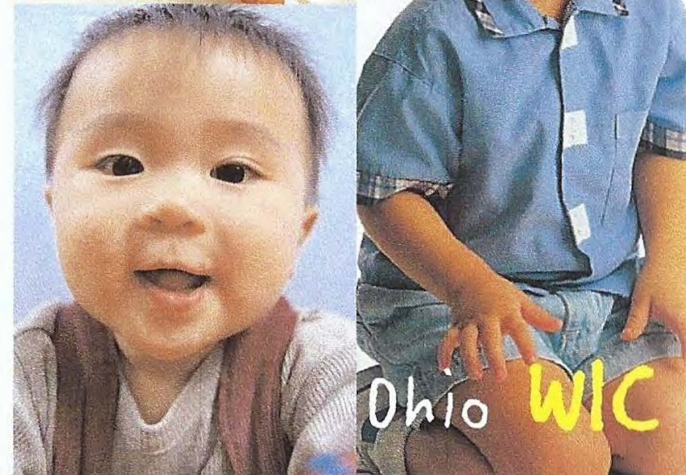
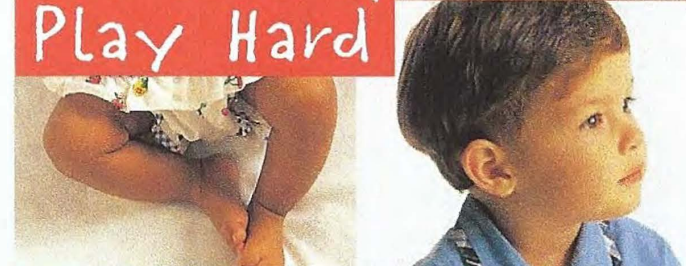


The mission of the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants and children.

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



Eat Smart,  
Play Hard



## 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.



**CHILD AND ADULT CARE FOOD PROGRAM**

**CIVIL RIGHTS**

**CENTER-BASED HANDBOOK**



**CHILD CARE  
RESOURCES**  
usda Child & Adult Care Food Program  
Sponsoring Organization

**Civil Rights  
in the  
Child and Adult Care Food Program**

This institution is an equal opportunity provider.

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**Federal Requirement**

- Civil Rights training is an annual requirement for:
  - State agencies,
  - Sponsoring organizations,
  - Centers,
  - Family day care home providers, and
  - Sites.
- Required of all who are participating in the Child and Adult Care Food Program (CACFP) and/or the Summer Food Service Program (SFSP).

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**Objectives**

- 1. Civil Rights Coverage and Legal Authorities
- 2. Areas of Compliance
  - Public notification requirements
  - Assurances
  - Complaints of discrimination
  - Civil Rights training
  - Racial and ethnic data collection
  - Limited English Proficiency (LEP)
  - Disability discrimination
  - Compliance reviews
  - Resolution of noncompliance
  - Voluntary Resolution Agreements
  - Customer Service

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### Why Civil Rights Training?

- Training is required so that individuals involved in all levels of administration of Programs that receive Federal financial assistance understand Federal laws, regulations, instructions, policies and other guidance.
- Anyone implementing or overseeing a USDA nutrition program is required to take annual Civil Rights training to:
  - Keep aware of our responsibilities,
  - Understand how to treat program applicants and participants, and
  - Be knowledgeable of the process for filing complaints.
- Eliminate discrimination

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### Civil Rights Legal Authorities

- Title VI of the Civil Rights Act of 1964
  - Race, Color, and National Origin
- Civil Rights Restoration Act of 1987
  - Clarifies the scope of the Civil Rights Act of 1964
- Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act (ADA) of 1990; Amendments Act of 2008
  - Disability
- Age Discrimination Act of 1975
  - Age
- Title IX of the Education Amendments of 1972
  - Sex
- Title 7 CFR Parts 15, 15(a), and 15(b)
  - Nondiscrimination, Education, Disability
- Executive Order 13166—"Improving Access to Services for Person with Limited English Proficiency" (August 11, 2000)
  - LEP
- USDA LEP Policy Guidance (79 Fed. Reg. No. 229, November 28, 2014)
  - LEP
- 28 CFR Part 35: Nondiscrimination on the Basis of Disability in State/Local Government Services
- 28 CFR Part 42: Nondiscrimination in Federally Assisted Programs
- USDA Departmental Regulation 4330-2 (nondiscrimination regulations)

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### Civil Rights Program Authorities

- Richard B. Russell National School Lunch Act of 1946
- Child Nutrition Act of 1966
- 7 CFR Part 226 (CACFP) and 7 CFR Part 225 (SFSP)
- FNS Instruction 113-1 and Appendix B Child Nutrition Programs (CNP)
- CACFP 14-2017, SFSP 10-2017 "Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program"

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### Equal Opportunity for Religious Organizations

- Title 7 CFR Part 16: Ensures a level playing field for the participation of faith-based organizations and other community organizations in USDA programs.
  - A religious organization may:
    - Use space in its facilities to provide services/programs without removing religious art, icons, scriptures, or other religious symbols.
    - Retain religious terms in its organization's name.
    - Select its board members and otherwise govern itself on a religious basis.
    - Include religious references in its mission statements and other governing documents...
  - A religious organization may not:
    - Use USDA direct assistance to support any inherently religious activities, such as worship, religious instruction, or proselytization.
- (Title 7 CFR § 16.2(b))

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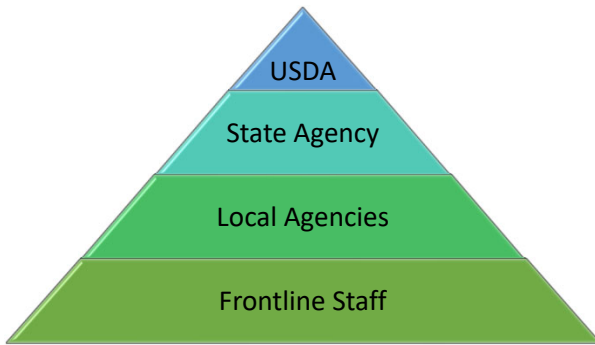
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### Civil Rights Training Matrix



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### What is Discrimination?

- Discrimination is *different treatment* which makes a *distinction* of one person (or a group of persons) from others...
- ...either intentionally, by neglect, or by the actions or lack of actions based on Federally protected classes.

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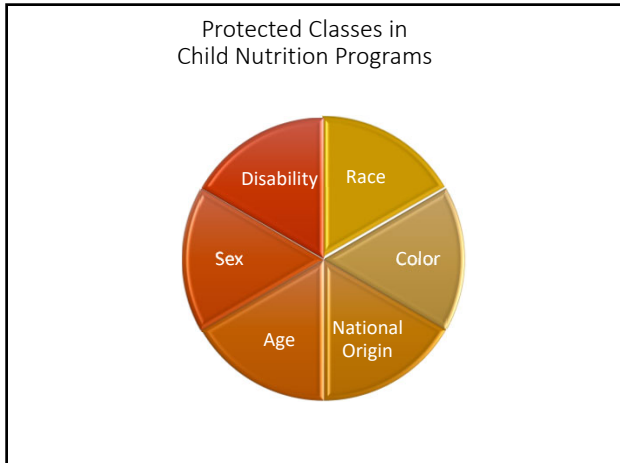
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### Assurances

- Program application must include a written assurance that the program or facility will be operated in compliance with Civil Rights laws and nondiscrimination regulations.
- Civil Rights assurance statement must be included in agreements between Federal and State agencies, State and Food Program sponsors, and Food Program sponsors and the sub-recipients.
- FNS Instruction 113-1, Appendix B(D)(2) and form FNS-74

A thumbs up icon inside a green circle, symbolizing approval or assurance.

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### Public Notification

- All FNS assistance programs must include a public notification system.
- The public notification must contain certain elements:
  - Program Availability
  - Complaint Information
  - Nondiscrimination Statement

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### Elements of Public Notification

- Program Availability
  - Inform applicants, participants, and potentially eligible persons of their program rights and responsibilities and the steps necessary for participation.
- Complaint Information
  - Advise applicants and participants at the service delivery point of their right to file a complaint, how to file a complaint, and the complaint procedures.
- Nondiscrimination Statement
  - All information materials and sources, including websites, used by FNS, State agencies, local agencies, or other sub-recipients to inform the public about FNS programs must contain a nondiscrimination statement.
    - It is not required to be included on every page of the program website. At minimum, the nondiscrimination statement or a link to it must be included on the home page of the program information.

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### Elements of Public Notification

- State agencies and other sub-recipients must:
  - Make program information available to the public upon request;
  - Prominently display the "And Justice for All" poster;
  - Inform potentially eligible persons, applicants, participants, and grassroots organizations of programs or changes in programs;
  - Convey the message of equal opportunity in all photos and other graphics that are used to provide program or program-related information; and
  - Provide appropriate information in alternative formats for persons with disabilities and in the appropriate language(s) for LEP persons.

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### 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 based on 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 form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

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### Nondiscrimination Statement (Spanish)

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usdaprogram-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

- 1) Correo: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; o
- 2) Fax: (833) 256-1665 o (202) 690-7442; o
- 3) Correo electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov)

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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### Nondiscrimination Statement

- At minimum, the nondiscrimination statement should be included on:
  - Application form(s)
  - Notification of eligibility or ineligibility
  - Notice of Adverse Action forms
  - Program (home) web page
  - Public information, including program literature

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### Nondiscrimination Statement

- USDA Nondiscrimination Statement (NDS)
  - Short version
    - **This institution is an equal opportunity provider.**
    - **Esta institución es un proveedor que ofrece igualdad de oportunidades.** (Spanish)
    - Can be used only in special circumstances
  - Translations
    - Other languages are forthcoming

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### “And Justice For All” Poster

- Display the poster in a prominent location for all to view.
- AD-475A is the required version.




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### Complaints of Discrimination

- Complaints shall:
  - Be accepted and forwarded to the USDA;
  - Filed within 180 days from the alleged act of discrimination;
  - Be written, verbal, or anonymous;
- State agencies or sub-recipient agencies may develop their own complaint forms, but the use of such forms cannot be a pre-requisite for acceptance;
- A separate Civil Rights complaint log shall be maintained by the State and sub-recipient agency;
- Confidentiality is extremely important and must be maintained.

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### Civil Rights Complaints Process

- Complaints should include:
  - Name, address, telephone number of the complainant
  - The location and name of the organization or office
  - The nature of the incident or action
  - The names, titles, and business addresses of persons who may have knowledge of the discriminatory action
  - The date(s) during which the alleged discriminatory actions occurred
  - The basis for the alleged discrimination

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### Civil Rights Complaints Process

- USDA Discrimination Complaint Form
- English
- [http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain\\_combined\\_6\\_8\\_12.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf)
- Spanish
- [http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf)

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### Civil Rights Training

- State agencies are responsible for training sub-recipient agencies on an annual basis.
- Sub-recipient agencies are responsible for training their local sites, including "frontline staff" who interact with applicants or participants, on an annual basis.
- New employees and volunteers must be trained before participating in Program activities.

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### Civil Rights Training

- All staff should receive training on all aspects of Civil Rights including:
  - Collection and use of data
  - Effective public notification systems
  - Complaint procedures
  - Compliance review techniques
  - Resolution of noncompliance
  - Requirements for reasonable modification of persons with disabilities
  - Requirements for language assistance
  - Conflict resolution and customer service

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**Race/Ethnic Data Collection**

- Purpose:
  - To determine how effectively FNS programs are reaching potentially eligible persons and beneficiaries
  - As a means of monitoring Civil Rights compliance, State agencies will establish a system for the collection of racial/ethnic data of each person applying for and receiving benefits.

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**Race/Ethnicity Data Collection**

- Applicants will be assured that the information is required for and used for statistical purposes only and has no effect on eligibility criteria.
- Data should be collected at the point of application and retained at the service delivery area for CACFP.
- SFSP data should be collected once for each session—typically during the first week visit.

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**Race/Ethnic Data Collection**

- Two Question Format
- Ethnicity (must select one of the following)
  - *Hispanic or Latino*
  - *Not Hispanic or Latino*
- Race (select one or more of the following)
  - *American Indian or Alaskan Native*
  - *Asian*
  - *Black or African American*
  - *Native Hawaiian or Other Pacific Islander*
  - *White*

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### LEP Requirements

- Title VI and its implementing regulations, Executive Order 13166, and USDA LEP guidance require...
- ...Federal agencies and recipients (State agencies, local agencies, or other sub-recipients) to take reasonable steps to ensure "meaningful" access to their programs and activities by Limited English Proficiency (LEP) persons.
- (FNS Instruction 113-1, Section VII)

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### Who Are Persons With LEP?



- Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.



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### LEP and Program Access

- Factors to consider in addressing LEP:
  - The number or proportion of LEP persons eligible to be served or likely to be encountered within the area serviced by the recipient.
  - Frequency with which LEP individuals come in contact with the program.
  - Nature and importance of the program, activity, or service provided by the program.
  - Resources available to the recipient and costs.

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**LEP and Program Access**

- States must conduct assessments to determine a language profile for their State, taking into account regional differences and updating, as appropriate.
- Translation of vital documents is required.
- Notification of free interpretation services is required.
- Front line staff training concerning how to provide LEP populations with meaningful access is paramount.

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**LEP and Program Access**

- Population data sources:
  - Interagency LEP Website –Mapping Tool  
<http://www.lep.gov/maps/>
  - US Census Data  
<http://www.census.gov/2010census/data/>
  - American Community Survey  
<http://www.census.gov/acs/>
  - Migration Policy Institute's National Center on Immigrant Integration Policy  
<http://www.migrationpolicy.org/>

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**Disability Discrimination**

- Sections 504 of the Rehabilitation Act of 1973 and USDA implementing Regulation, 7 CFR Part 15b
  - prohibits discrimination based on disability in programs or activities receiving Federal financial assistance.
- Americans with Disabilities Act (ADA), 28 CFR Part 35, Title II, Subtitle A
  - prohibits discrimination on the basis of disability in all services, programs, and activities provided to the public by State and local governments.
- These Civil Rights laws protect persons with disabilities if they are potential applicants or participants in any FNS funded programs.

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## Disability Discrimination

- What is the definition of disability?
- A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.
- Also included are:
  - functions of the immune system,
  - normal cell growth,
  - digestive, bowel, bladder,
  - neurological,
  - brain,
  - respiratory,
  - circulatory,
  - cardiovascular,
  - endocrine,
  - and reproductive functions.
- \*Major life activity means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.
- (ADA Amendments Act of 2008)



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## Disability Discrimination

- The Americans with Disabilities Act (ADA) requires public entities to make reasonable modifications in their usual ways of doing things when necessary to accommodate people who have disabilities.
  - e.g., provide Braille, large print, audio tape, other auxiliary aids or services
- Providing qualified sign language interpreters for persons with hearing disabilities may be necessary to effectively communicate with applicants and participants.

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## Compliance Reviews

- Purpose: to examine the activities of State agencies, local agencies, and sub-recipients to determine Civil Rights compliance
- FNS Civil Rights and Program staff review State agencies.
- FNS staff and State agencies review sponsors.
- Sponsors review their sub-recipients.
- Significant findings must be provided in writing to the reviewed entity and to FNS.

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### Compliance Reviews

- There are three types of compliance reviews:
  - 1. Pre-Award Reviews
  - 2. Routine (Post-Award) Reviews
  - 3. Special Reviews

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### Compliance Reviews

- **Pre-Award or Pre-Approval Reviews**
  - State agencies, sponsors, or other sub-recipients must be in compliance with Civil Rights requirements prior to approval for Federal financial assistance.
  - (FNS Instruction 113-1, Appendix B)

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### Compliance Reviews

- **Routine (Post-Award) Reviews**
  - FNS and State agencies must conduct routine compliance reviews as identified by FNS Instruction 113-1 and program-specific regulations and policies.
  - Sample routine review questions:
    - Do printed materials contain the nondiscrimination statement?
    - Is the *And Justice for All* poster displayed appropriately?
    - Are program informational materials available to all?
    - Is data on race and ethnicity collected appropriately?
    - How are applicants and participants advised of their right to file a Civil Rights complaint of discrimination?
    - Are reasonable modifications appropriately made for people with disabilities?

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### Compliance Reviews

- **Special Reviews**
- May be scheduled or unannounced;
- To follow-up on previous findings of noncompliance
- To investigate reports of noncompliance by other agencies, media, or grassroots organizations
- May be specific to an incident or policy
- History of statistical underrepresentation of particular group(s)
- Pattern of complaints of discrimination

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### Resolution of Noncompliance

- A factual finding that any civil rights requirement, as provided by law, regulation, policy, instruction, or guidelines, is not being adhered to by a State agency, sub-recipient agency, or a local site.
- Steps must be taken immediately to obtain voluntary compliance.
- A finding's effective date is the date of notice to the reviewed entity.

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### Voluntary Resolution Agreement

- A VRA is an agreement that recipient(s) are willfully consenting to undertake remedial actions to address identified areas of noncompliance or in violation with applicable civil rights laws and/or regulations.
- The VRA may be between multiple parties such as the officials in authority to regulate civil rights laws (FNS Civil Rights Division (FNCRD)), recipient or sub-recipient (State agency), and program participant (Complainant).
- VRAs may be used to closeout a Civil Rights Compliance Review at the discretion of FNCRD in lieu of issuing a written Compliance Review report with findings.

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### Customer Service

- Treat customers with respect and dignity
- Exercise good listening skills
- Learn to empathize with the customer
- Respond to questions in a non-threatening manner
- Communicate rules, rights and responsibilities
- Recognize and appreciate customer needs and resources
- Recognize changes in a customer's demeanor

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### Customer Service: Professionalism

- Respond to customers professionally by:
- Avoid interrupting the customer
- Be understanding
- Talk calmly and slowly
- Apologize
- Identify the problem
- Determine a solution
- Personally follow up

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### Customer Service

- Always avoid:
- Passing a complainant to a co-worker
- Letting the complainant "talk themselves out and calm down"
- Putting a complainant on hold or left in a waiting room without useful updates
- Stating, "Sorry, it's not my job!"

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**Customer Service: Conflict Resolution**

- Win-win
- Turning problems into possibilities
- Demonstrating empathy
- Appropriate assertiveness
- Cooperative power
- Managing emotions
- Willingness to resolve conflict

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**Thank You**

**Child Care Resources, Inc.**  
**5 East 2<sup>nd</sup> Street**  
**Richmond, VA 23224**

**support@ccresourcesinc.org**

Resources

- Title 7 CFR Part 226
- United States Department of Agriculture: [www.usda.gov/topics/foodandnutrition](http://www.usda.gov/topics/foodandnutrition)
- Office of the Assistant Secretary for Civil Rights: [www.ascr.usda.gov](http://www.ascr.usda.gov)
  - Food and Nutrition Services Instruction 113-1
  - USDA Discrimination Complaint Form:  
[http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain\\_combined\\_6\\_8\\_12.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Complain_combined_6_8_12.pdf)

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