Community Bridges Child and Adult Care Food Program (CACFP)



Provider Manual



236 Santa Cruz Ave, Aptos, CA 95003 (831) 688-8840 www.communitybridges.org/foodprogram.htm

Community Bridges CACFP is a sponsor of the Child and Adult Care Food Program (CACFP). This program is funded by the U.S. Department of Agriculture and the California Department of Education.

Introduction

The *Child and Adult Care Food Program* (CACFP) provides reimbursements for the meals served to children in licensed child care homes. The purpose of the CACFP is to ensure that the children receive nutritious and well balanced meals. The CACFP is funded by the United States Department of Agriculture and is administered in California by the State Education Department. Community Bridges sponsors the CACFP in the Counties of Santa Cruz, Monterey and San Benito.

Community Bridges is a nonprofit community agency dedicated to promoting maximum independence, selfdetermination, dignity, respect and health for all people. Our goal is to provide and protect services that promote these goals and therefore eliminate hunger, malnutrition, poverty and its causes.

All family child care providers are eligible to participate in this program, regardless of income. The program is available, at no cost, to all eligible children who are less than 13 years old, to children under 16 years who are children of migrant workers, and to children with a state defined disability under the age of 18.

This manual has been prepared to guide you with the CACFP regulations. <u>Please keep this manual handy</u> to refer to when you have questions about how the program works. CACFP staff is always ready to answer your questions. Please call us if you need further assistance.

Why Participate

As a provider, you play an important role in the lives of children in your care. One of the areas where you have a tremendous influence is in the nutrition children receive and the general meal setting time. Federal studies indicate that providers supply more than 65% of the daily nutrient intake of the preschool children in their care. Additionally, recent scientific studies have established a positive relationship between proper nutrition and the cognitive and physical development of children that affects them for their entire lifetime. Serving healthy and nutritious meals show current and potential parents your concern and commitment to the children in your care.

- 1. **Benefits to the Children:** Infancy and preschool years are when eating patterns and habits are established that may determine the quality of one's diet throughout their life. Children participating in the CACFP program are provided meals that not only help the child learn and grow today, but also help the children learn healthy eating habits that will help them achieve their fullest potential in the future.
- 2. Benefits to the Parent: Parents are assured that their child(ren) will receive high quality meals at no extra cost to them.
- 3. **Benefits for the Provider:** Providers can afford to furnish high quality meals to children in their care. Nutrition education is given to providers to recognize how to provide a balanced and nutritious diet for children, and how to encourage children in the development of positive eating habits.
- 4. **Benefits for the Community:** In helping to meet the total nutritional need of young children in the outof-home care environment, children are provided with healthy meals that promote healthy and happy daycare children.

How to Participate

To apply to the Child and Adult Care Food Program at Community Bridges you need to:

- 1. Obtain a copy of your current child care license (or Trustline or Military documentation).
- 2. Have children in your care.
- 3. Attend an orientation at our Aptos office scheduled monthly and set a sign-up date.
- 4. Fill out our agreement form and site applications; this serves as a contract between you and the program.
- 5. Have parents complete and sign an enrollment form for each child. Submit with your monthly claim or as soon as the enrollment is completed by the parent(s).

Provide a copy of your child care license at the orientation. After you attend the orientation, a home visit will be performed. You may begin record keeping for reimbursement starting on the day of your home visit.

Office Hours & Contact Information

Our office hours are: Monday - Friday 9:00 am - 12:00 pm & 1:00pm - 5:00 pm Phone: (831)688-8840 Fax: (831)688-9149

For your convenience there is also a mail-drop-slot in the door of CACFP in which you can place your report at any time. The slot is accessible 7 days a week 24 hours a day.

Program Director Myriam Scally, MPTHM	Extension 202
Executive Assistant Omar Sabbah	292
Consultants	
M. Elena Nolasco	290
Cynthia Recknagel	291
Ariana Garcia	293
Erika Rodrigues	294
Maria Chipres	295
Adriana Figueroa	296
Checks Hotline	286

We look forward to working with you on this very important project. Thank you for participating in our program and please let us know if we can assist you with anything.

Note: If you think you have been discriminated against because of your race, color, national origin, age, sex or disability; write immediately to the Secretary of Agriculture in Washington, D.C. 20250.

Section 1: Program Requirements

To participate in the *Child and Adult Care Food Program* providers must follow specific guidelines and regulations set forth by the State and Federal government. The requirements are outline below.

Enrolling Children in the Program

Before you can claim reimbursement for the first month, you must submit an enrollment form for every child in your care. Under U.S. Department of Agriculture regulations, Community Bridges cannot issue payment for meals served to any child who is not enrolled in the *Child and Adult Food Care Program* (CACFP).

Enrollment is a simple process. At the time of your application to the program, you will be given scannable enrollment forms for all of your child care children or if you are claiming online, you will fill them out on the computer and print out on your own (see section 4 sample forms). Whenever you start caring for a new child, an enrollment form must be **completed and signed/dated by the child's parent on the 1**st **day of care**. Otherwise the enrollment form will not be valid and the child's meals will not be reimbursed until a form is completed. Each child will need an individual enrollment form. You can claim meals served to a child 1) from the date of the parent's or guardian's signature on the enrollment document or 2) the first date of care, whichever is later.

Once the form is filled out, please double check it to see if all the required information has been filled out by the parent, including:

- Child's name
- Normal days & hours in child care
- Meals child usually eats while in daycare
- First day in attendance
- Food allergies
- Age
- Birth date
- Address & phone number
- Parent/guardian's signature
- Date signed

Attach all enrollments to your claim for the month in which you begin claiming the children on the program or if you are claiming online send the enrollments as soon as they are signed by the parent and before you submit your online claim. Late enrollments will not be credited until the following month.

When dropping a child from enrollment on the program, simply write his/her name down on the Claim Information Form (CIF) in the "Children Leaving Your Care" section and write in the date they left your care. If you are online, simply click on "List Children" on the playground scene. Then select the child you are going to drop and click the withdraw button on the bottom left. Now enter the date the child left your care and save. Drop a child only if you do not expect the child to return to your child care.

Note: Please contact your consultant if a child who had been dropped from CACFP program returns to your program. Your consultant will send you a print-out copy of the child's previous enrollment information for review and signature of the child's parent. Registration forms will be updated annually.

Who can you Claim?

Due to federal regulations, only children under the age of thirteen (13) years can be enrolled and claimed for meal reimbursement. A child older than 13 years can be claimed if the child has a disability. An Individual Education Plan (IEP) or a medical statement signed by a physician must be submitted as verification.

Provider's Own Children - must pre-qualify

A provider may claim her own, residential or foster children, up to age thirteen (13) years, for reimbursement only if he/she meets the income eligibility guidelines set by the federal government. A provider's children may be counted for meals only when other child care children are present and eating a claimed meal with them. If you think you may qualify, please call your Program Consultant and request a Provider Eligibility Application.

How many meals can you claim?

You can be reimbursed for up to *two main meals* (breakfast, lunch, supper) *plus one snack*, or *two snacks plus one main meal per day* for each child. A snack and a meal cannot be served less than 2 hours apart; if two meals are claimed consecutively with no snack, then 3 hours must elapse between meals. Each meal and snack must meet the nutritional standards set by the USDA. Meals must be served at the following times:

Breakfast - Before 9am Lunch - 11am-1:30pm Supper 4-7pm

If children are in our care for longer periods and eat more meals and snacks than can be claimed, you only need to record the meals that you are claiming. Remember that for your own income-eligible children and foster children can only be claimed when they are eating with other day care children.

Due to the meal time requirements, breakfast cannot be reimbursed for children arriving at 9am or later, lunch can only be reimbursed for children arriving prior to 1:30pm and supper can only be reimbursed for children arriving prior to 7pm. *Children must attend for at least 10 minutes to receive reimbursement for a snack; they must attend at least 20 minutes to receive reimbursement for a meal.*

Meals claimed in excess of your license capacity cannot be reimbursed **unless shifts of care** *and* **shifts of meal service are documented**.

Recordkeeping: Menus and Attendance

It is a <u>requirement</u> of the CACFP that <u>providers perform *daily* recordkeeping</u> for both <u>attendance and menus</u>, both online and on scannable forms. *What is considered daily recordkeeping*? By the end of each business day, menus and meal counts must be recorded, either online or written down. If a provider is closed or does not provide meals for the day, this must be recorded by the end of the day. This is part of daily recordkeeping.

Records are checked on all site visits and must be up-to-date in order for you to receive reimbursement for dates prior to the site visit. A repeat offense of failing to keep daily records will result in serious deficiency. If a serious deficiency is not corrected, this will lead to termination and disqualification from the program for 7 years.

Completing program forms usually takes only about 5-10 minutes per day. Keep your menu and meal count forms readily available (for example, on your refrigerator) to facilitate *daily* recordkeeping. Be sure that when you want to claim meals on the scannable forms you mark the meal reimbursement bubble. If you are online make sure to enter your menus, check children only in attendance and save.

Failure to maintain daily records will result in meals not being reimbursed. If a provider who normally claims online is unable to log on to the internet and record their information, they must document their menus and meal counts on the "Daily Meals Worksheet" or any other piece of paper. These worksheets must be saved. If you have a visit, a CB CACFP representative will ask to see them. A provider can also use any computer to log on to the internet and record their meals.

In addition to keeping records daily, providers must also ensure records are accurate. Providers may only claim meals for children when they are present and served. Children may never be claimed when they are absent (e.g. illness, vacation, dropped from care). Claiming children when they are not present is grounds for termination and disqualification from the program.

Documentation of menus and attendance must be *legible* or disallowances may occur. *Please do not abbreviate foods* (e.g., "PB+J" for peanut butter and jelly) or they may be disallowed.

Upon enrollment into the program, a provider will indicate her days of operation, the hours care is provided, meals served and meal times. If providers wish to change their days of operation/times or meals times, they must notify the office in advance. Also when providers are closed for business (ex. vacation), they must notify the office in advance or the day of by calling the office or indicating on their CIF or online calendar beforehand.

When providers are closed unexpectedly for illness or no children in care, they must indicate this on their CIF, meal count sheets or closed on their online calendar by the end of each day. Only meals served on-site can be claimed for reimbursement.

Meal Pattern Requirements: Each age group (infants: birth-4 months, 4-7 months, 8-12 months; children: 1-3 years, 3-6 years and 6-12 years) has specific meal pattern requirements. Additionally, each age group has a minimum amount of food that is required to be offered for each meal pattern component. Meal pattern requirements must be followed exactly for each age group.

Infant Menus: Infant menus must be documented on the Infant Menu forms or online under "Infant Menu" until a child's first birthday. This may mean that an infant will be claimed on the infant forms for part of a month and then transferred to the older child's menu when one (1) year of age. The meal pattern and amounts vary for several age ranges under one year of age. These age ranges must be followed exactly.

Meals for School Age Children: Both daycare arrival/departure and school arrival/departure times must be documented on enrollment forms for school age children attending before and after school. If you provide lunch to a school age child on a school day, document the reason (e.g.," year round school vacation", "Tommy was sick on 1/4"). Otherwise, we can not reimburse you for lunches for school age children.

Serve a Variety of Foods: A healthful diet for children is built by providing a variety of foods. Therefore, the same menus cannot be claimed for the same children at different meals on the same day. For example, the same menu cannot be claimed for both lunch and dinner for the same child or if a child receives both a morning and afternoon (PM) snack, the foods must be different in order to receive reimbursement. Eating should be fun, interesting and a learning experience! Offer a wide variety of tastes and textures in your menus and incorporate food preparation and tasting in your curriculum.

Special Diets/Allergies: If any child in your care requires a special diet that does not allow them to be served a meal that meets the Meal Pattern Requirements, a completed Medical Statement must be signed by a physician stating the food to be omitted from the child's diet and what foods should be substituted. Submit the medical statement to our office.

Without a Medical Statement, meals for that child would not be reimbursed. One exception is the child who drinks a non-dairy milk substitute, equivalent to milk. A signed parent request is required.

Sundays & Evenings (Monday-Saturday): The CB CACFP does not provide reimbursement for evening snack (unless served before 7:00pm) or Sundays (all meals).

Holiday Care: If you provide care on any of the following holidays, and would like reimbursement for the services, please be sure to call the office at least 1 week in advance of the holiday. Additionally, use the comments section on your claim to state which children attended and the reason for each child's attendance (e.g., Justin's mother works in a hospital):

reacting nethils arous to mondays		
Memorial Day	Veterans Day	
Independence Day	Thanksgiving Day	
Labor Day	Christmas Day	

Federally	Reimhur	sable Hol	lidavs
reuerany	Kennbul	Sable 110	iiuays

Tip	s to	Make	vour	Record	Keeping	Easier

1. Planning menus a few days in advance saves time and it allows you to just record meal counts daily.

2. Use your Claim Information Form (CIF) to record children you have dropped or added, children who start kindergarten and school holidays, when you are open for holidays help insure payment for the listed days.

3. Recording menus and meal counts *daily* will ensure accuracy; you will not forget what you served and who was in attendance, and you will be in compliance. Here are some suggestions to make this easier:

a. Take advantage of your downtime like naps, when children are in school, before children arrive or after they have left to complete your records.

b. Keep your food program forms on your refrigerator. After each meal, record the menu and which children were served.

c. Set an announcement on your cell phone to remind you each day to complete your records.

Submitting Your Claim

Each month a provider may turn in meal records for the preceding month. For prompt reimbursement, claims must be submitted by the 5th of the month by 5pm (or the Friday before if it lands on a weekend). If you are on scannable reimbursement forms you may *mail* your claim to our Aptos office or *bring* your claim (we have a mail slot for after-hours submission of claims). All online claims must also be submitted online on the 5th of the month by 5pm for prompt reimbursement. Claims submitted after the 5th will be considered late and will delay reimbursement. Also scannable claims submitted without a, and/or with an incomplete, provider's Claim Information Form (CIF) will be considered late and will delay reimbursement. Location where you may submit your claims:

Community Bridges CACFP Mail Slot (Suite D) 236 Santa Cruz Ave, Aptos, CA. (831) 688-8840. Office hours: M-F 9:00am-5:00pm

We can accept scannable and online claims up until the 5th day of the following month claimed. For example, the last day to turn in claims for the month of February would be April 5th. Unfortunately, we cannot reimburse claims received after this time.

Please check to make sure your report is complete and correct. Remember to include your CIF (with all parent signatures) and sign and date this, Regular Attendance Menu, new registration forms, Child Support Menu (if you are caring for infants), CN labels, the infant declining form or the allergy declaration form together. Bring them or send them to the CACFP office before the due date. Not doing so may result in significant delays in your reimbursements.

Meal Reimbursement Rating System

The CACFP has a two-level reimbursement system. The two different levels of reimbursement for meals are Tier I and Tier II. The tier of reimbursement that you will receive will be determined by the income level of the area in which your home is located.

To receive Tier I rates the provider's home must be in the draw area of an elementary/middle/high school where the free/reduced meal participation is at least 50%. If you are a Tier II provider you may qualify for Tier I reimbursement based on following:

- You can demonstrate that your household meets the income criteria (*Provider Income Eligibility Application and income verification/tax records needed*). If you meet the income criteria then all of the children you serve meals to and your own children will qualify for Tier I reimbursement.
- Individual children can be reimbursed at the higher (Tier I) rate if their parents can demonstrate that their family income meets eligibility guidelines. (*Parent Income Eligibility Application*).

Receiving Your Reimbursement Check

The Community Bridges CACFP follows the reimbursement procedures required by the United States Department of Agriculture and the California Department of Education, Child Nutrition Division for all sponsors of the Child and Adult Care Food Program. The CB's CACFP issues reimbursement checks promptly after receiving funds from the state; the date these funds are received can vary by several days each month. You will generally receive your reimbursement check in the mail between the 15^{th} and the 25^{th} of the month, *if* you turn your claim in on time. Claims received by the 5th of the month are considered on time. Claims submitted after the 5th of the month will be reimbursed at a later date, approximately 45-75 days after they are submitted.

Claim Due Dates & Reimbursement Schedule for 2013-2014			
Claim Month	Claim Due by 5pm Considered on-time (*)	Reimbursement Received for on- time claims (usually between 10 th -25 th)	Last Day to Claim (by noon)
January	February 5 th , 2014	March	March 5 th , 2014
February	March 5 th , 2014	April	April 4 th , 2014*
March	April 4 th , 2014*	May	May 5 th , 2014
April	May 5 th , 2014	June	June 5 th , 2014
May	June 5 th , 2014	July	July 3 rd , 2014*
June	July 3 rd , 2014*	August	August 5 th , 2014
July	August 5 th , 2014	September	September 5 th , 2014
August	September 5 th , 2014	October	October 3 rd , 2014*
September	October 3 rd , 2014*	November	November 5 th , 2014
October	November 5 th , 2014	December	December 5 th , 2014
November	December 5 th , 2014	January	January 5 th , 2015
December	January 5 th , 2014	February	February 5 th , 2015

* Note: For a claim to be considered on-time it must be turned in by 5pm on the 5^{th} of the month each month. If the 5^{th} falls on a weekend, your report is due the Friday before.

Record Maintenance

Providers are required to maintain copies of their daily records (menus and meal counts) and enrollment forms for 49 months (3 years plus the current year). Providers who record their claims online can access their past records electronically. If a web provider records their menus and meal counts on the Daily Meals Worksheets (DMW) or a separate document (approved by CB's CACFP) and then transfers that information online, the Daily Meals Worksheets must also be kept for 49 months. Providers who record on the 2-part scannable forms must keep the carbon copies. Providers must maintain on-site the current month and the previous twelve months records. Providers may store the remaining two years of records off-site. These records are also necessary for tax purposes.

Parent Contact

The CACFP may survey the parents of enrolled children at any time to verify the child's attendance and participation in meals that are claimed. Reasons for surveying parents include, but are not limited to:

- 1. A child's hours of attendance are the same every day and the child never misses a day.
 - 2. A child attends weekends and/or holidays.
 - 3. A provider claims meals for more children than his/her capacity
 - 4. A provider consistently claims more children than observed during site monitoring visits
 - 5. The site monitoring record does not match the attendance or meal in the claim submitted by the provider.
 - 6. A child is claimed by more than one provider at the same time.

Site Visits

You can anticipate being visited by one of our staff members at least three times a year. All of our visits will be unannounced. Visits occur anytime during the month and vary in timing throughout the year. They do not follow a pattern or schedule (e.g. not every 4 months). The purpose of these visits is to provide you with technical assistance, ensure that program regulations are being followed, and offer you educational materials and support. Your paperwork or online claim will be reviewed at that time and usually a meal service will be observed.

A provider must allow site visits by the Community Bridges staff at any time during operating hours, including weekends. If meals are being claimed on Saturdays, providers can expect an unannounced visit to their day care. If we attempt a Saturday visit and no children are present, future Saturday reimbursement will be denied. Claims will not be reimbursed when providers do not allow site visits to occur.

Additional unannounced visits will be performed if any of the following occurs:

- 1. During a visit, records are found not up-to-date. A follow up visit will be performed to ensure daily records are now being kept.
- 2. After a visit, records submitted do not match what was observed.
- 3. Provider claims more children than observed at site visits.

Providers must also notify the sponsor in advance of intended absences from the home during meal service periods and child care closure days (e.g., away for field trip, closure for vacation, illness, no children in care). If we attempt a visit at mealtime and no one is home, the meal will be disallowed, unless advance notification has been made to the Community Bridges CACFP staff.

Sanitation and Safety

Food safety and personal hygiene are critical to ensuring the health of the children in your care. Staff and children must wash their hands with soap and water: before food preparation, handling, or serving; after toileting or changing diapers; before any food service activity (setting the table); before and after eating meals or snacks; after handling pets or other animals; and after coughing or sneezing or wiping runny noses. *Pets (including caged animals and birds) should not be present in food preparation, food storage, and eating areas.* All food preparation, food service and dining areas should be cleaned and sanitized between uses and before and after each meal.

Providers are also required to adhere to their licensed child care capacity. Failure to do so is a safety violation and may result in termination from the program.

Section 2: Meal Requirements

The Community Bridges CACFP meal pattern requirements are established by the United States Department of Agriculture (USDA). Please refer to the Menu Patterns at the end of this section for the minimum serving sizes required by age group. Also, note that the requirements for infants under one year of age are different from those of older children.

Mealtime/Meal Service

Meals can be served in different ways: family-style, buffet-style, or pre-plated. Family-style meals are highly recommended. Family style meal service presents many learning opportunities for children. Their coordination is improved by having them use utensils and pass and serve various kinds of food. Having developmentally appropriate foods and feeding utensils will facilitate the development of self-feeding. Messes and spills are part of the learning process. Participating in mealtime activities and conversation stimulates the development of children's language and social skills.

Ensure children do not eat when walking, running, playing or lying down. All meal components should be offered at the beginning of the meal service to allow children to make choices. Children should be encouraged but not forced to eat. Food should never be used as a reward or punishment.

Comfortable, safe seating should be made available to children during feeding. It is recommended that children should be comfortably seated at tables that are between waist and mid chest level and allow the children's feet to rest on a firm surface while seated for eating. If no table is available, children are required to eat on a clean, sanitary surface (ex. table cloth). Children who are unable to sit unassisted in a high chair or other seating equipment should be held by a staff person for feeding.

Documenting Your Meals on the Menu Forms

If you are using scannable forms it is very important to list how the food you serve meets the meal pattern requirements. We cannot assume you served an item unless it is recorded. For example, if you serve a casserole, mixed dish, pizza or soup, please note each ingredient into its meal pattern requirement space.

Here are two examples:

- Spaghetti \rightarrow "Spaghetti" (bread/grain) and "Meat balls" or "Meat sauce" (meat).
- Tacos \rightarrow "Corn tortillas" (bread/grain), "Ground beef" (meat), "Lettuce & tomato" (1 fruit/vegetable).

Because many commercial, processed foods are *not* creditable, it is important to designate homemade foods as such (HM).

For example:

- HM Macaroni and Cheese
- HM Chicken Noodle Soup

Be specific when recording foods:

CORRECT

Infant rice cereal (infant menu) Bran Flakes (child's menu 1 year+) Carrots 100% Orange Juice Milk/chocolate Peaches (or other fruit) Ground Beef **INCORRECT**

Cereal Cereal Vegetables Juice Cocoa Milk Fruit Meatball

<u>Remember: If it is not recorded, it is the same as though not served.</u>

Common Errors

- 1. **Incomplete Meal served**. Providers must offer a meal that contains all the required components according to the federal meal pattern and document each component. If it is not documented, it is the same as not being served.
- 2. Serving potatoes as a grain/bread. Potatoes, including French fries, potato skins, etc. are creditable as a vegetable only.
- 3. Serving two items from the same food group for snack. For example, serving celery sticks and apple juice together, as a snack would not meet the minimum snack requirement because these two foods are in the same (Fruit/Vegetable) food group.
- 4. Not being specific in naming type of food served. List the foods within a casserole, soup or mixed dish, which meet the requirements rather than naming the dish. For example, if you serve spaghetti be sure to record the pasta in the grain section and ground turkey in meat section.
- 5. **Cookies are creditable only as a snack.** Additionally, cookies, brownies and other sweetened bakery items are only reimbursable up to twice a week.
- 6. Bacon and Cream Cheese are not creditable as meat/meat alternates.
- 7. Homemade Soups. Very few commercial, canned soups are creditable (check your Creditable/ Non Creditable Food List). Therefore, if you wish to receive credit for soup, you need to indicate that it is homemade ("HM") and specify which foods meet meal pattern requirements. When you serve soups or stews containing vegetables, you must serve a second, separate fruit/vegetable at lunch and dinner.
- 8. Milk is required at all main meals. 100% juice is only creditable at snack and breakfast.

Water

Drinking water must be available to children, as nutritionally appropriate. Throughout the day, including at meal times, water should be made available to children to drink upon their request, but does not have to be available for children to self-serve. While drinking water must be made available to children during meal times, *it is not part of the reimbursable meal* and may not be served in lieu of fluid milk. We do suggest that at snack time you offer water and 2 snack components to reduce daily sugar intake.

There is not a daily minimum intake for water consumption, but it is recommended that water be consumed daily. However, providers should not serve young children too much water before and during meal times; excess water may lead to meal displacement, reducing the amount of food and milk consumed by the children.

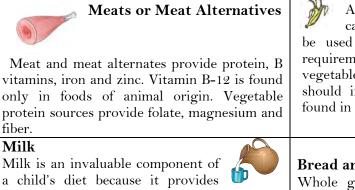
Food Allergies

Child & Adult Care Food Program regulations state that milk must be served at breakfast, lunch, and dinner. *Children that are allergic to milk are required by federal regulation to have an Allergy Statement from their physician on file in the CACFP office.* The *Allergy Statement* can be obtained from your Program Consultant. The form states that the child is allergic to milk and lists what to substitute for milk. For new children enrolled in your care, we need to have the form signed by the doctor during the first month the child is enrolled. Send the completed Allergy Statement, along with the child's *Enrollment Form* to our office with your *Monthly Report* in order to for you to claim meals with credible soy milk for that child.

When we do our site visits we will ask you if you have any children with milk allergies or other food allergies. This is a time for us to discuss any problems you may be having in this area and suggest resources and appropriate foods.

Meal Pattern

The symbols and titles used below represent the four food groups throughout this manual.



large amounts of many nutrients, including protein, calcium, vitamin B-6, vitamin D, vitamin B-12 and magnesium. To be creditable, **milk must be pasteurized and meet state or local standards for fluid milk**. All milk should be fortified with vitamins A and D.

Fruits and Vegetables

Any fresh, frozen, commercially canned or dried fruit or vegetable may be used to meet the fruit and vegetable requirement. A variety of fruits and vegetables should be included in meals. Meals should include food high in fiber. Fiber is found in all fruits and vegetables.

Bread and Bread Alternatives



Whole grain or enriched breads, grains and cooked pasta meet the requirements. Quick breads, cookies and other baked products must have enriched or whole grain flour as the main ingredient. Whole grain or enriched breads and bread products provide iron and B vitamins. Whole grains are also good sources of folate, magnesium, zinc and fiber. The fiber found in whole grain aids in digestion and may reduce the risk of some cancers.



CACFP Meal Pattern For Chi		s of fige	
BREAKFAST	1-2 Years	3-5 Years	6-12 Years
• Milk, fluid	½ cup	¾ cup	1 cup
• Vegetable, fruit, or full-strength (100%) juice	¼ cup	½ cup	½ cup
• Grains/breads (whole grain or enriched): bread	½ slice	¹ / ₂ slice	1 slice
or rolls, muffins, etc.	1⁄2 serving	½ serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	¼ cup or 1/3 oz	1/3 cup or ½ oz	³ / ₄ cup or 1 o
or cooked cereal, pasta, noodle products, or cereal grains	¼ cup	¼ cup	½ cup
LUNCH OR SUPPER			
• Milk, fluid	½ cup	¾ cup	1 cup
• Vegetable and/or fruit (two or more kinds)	¼ cup total	½ cup total	¾ cup total
• Grains/breads (whole grain or enriched): bread	¹ / ₂ slice	½ slice	1 slice
or rolls, muffins, etc.	¹ / ₂ serving	¹ / ₂ serving	1 serving
or cooked pasta, noodle products, or cereal grains	¼ cup	¹ ⁄ ₄ cup	½ cup
Meat/meat alternates			
Lean meat, fish, or poultry (edible portion as served)	1 oz	$1 - \frac{1}{2}$ oz	2 oz
or alternate protein product	1 oz	$1 - \frac{1}{2}$ oz	2 oz
or cheese (natural)	1 oz	$1 - \frac{1}{2}$ oz	2 oz
or cottage cheese	¹ / ₄ cup or 2 oz	3/8 cup or 3 oz	¹ / ₂ cup or 4 c
or egg (large)	½ egg	¾ egg	1 egg
or yogurt, plain or flavored, unsweetened or sweetened	½ cup	¾ cup	1 cup
or cooked dried beans or dried peas*	¼ cup	3/8 cup	¹ / ₂ cup
or peanut butter, reduced-fat peanut butter,	2 Tbsp	3 Tbsp	4 Tbsp
or other nut or seed butters			
or peanuts, tree nuts, roasted peas, or seeds $**$	¹ ⁄ ₂ oz**	³ / ₄ OZ**	1 oz**
\mathbf{or} an equivalent quantity of any combination of the above			
AM OR PM SUPPLEMENT (Select two of these four componer	nts)***		
• Milk, fluid	½ cup	½ cup	1 cup
• Vegetable, fruit, or full-strength (100%) juice	½ cup	½ cup	¾ cup
• Grains/breads (whole grain or enriched): bread	½ slice	¹ / ₂ slice	1 slice
or rolls, muffins, etc.	¹ / ₂ serving	¹ / ₂ serving	1 serving
or cold dry cereal (volume or weight, whichever is less)	¼ cup or 1/3	$1/3 \operatorname{cup} \mathbf{or} \frac{1}{2} \operatorname{oz}$	³ / ₄ cup or 1 c
or cooked cereal, pasta, noodle products, or cereal grains	$\frac{02}{4}$ cup	¹ / ₄ cup	½ cup
Meat/meat alternates	74 Cup		
Lean meat, fish, or poultry (edible portion as served)	¹ / ₂ OZ	¹ / ₂ OZ	1 oz
or alternate protein product	¹ / ₂ OZ	¹ / ₂ OZ	1 oz
or cheese (natural)	¹ / ₂ OZ	¹ / ₂ OZ	1 oz
or cottage cheese	1/8 cup or 1 oz	1/8 cup or 1 oz	¹ / ₄ cup or 2 c
or egg (large)	¹ / ₂ egg	$\frac{1}{2} \text{ egg}$	¹ / ₄ egg
or yogurt, plain or flavored, unsweetened or sweetened****	¹ / ₂ egg	$\frac{1}{4}$ cup	½ egg ½ cup
or cooked dried beans or dried peas*	1/8 cup	1/8 cup	¹ / ₄ cup
or peanut butter, reduced-fat peanut butter,	1 Tbsp	178 cup 1 Tbsp	2 Tbsp
or other nut or seed butters	1 1054	riosp	2 10sp
or peanuts, tree nuts, roasted peas, or seeds	¹ / ₂ OZ	¹ / ₂ OZ	1 oz
or an equivalent quantity of any combination of the above	72 UL	72 UL	1 02
meat/meat alternates.			
meat/meat alternates.			

* Dried beans or dried peas may be used as a meat alternate or vegetable component, but cannot be counted as both for the same meal.

** No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement. To determine combinations, 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry, or fish. Roasted peas can count as a meat alternate or vegetable component, but cannot be counted as both in the same meal.

*** Juice cannot be served when milk is served as the only other component.

**** If yogurt is used as the meat alternate component in snacks, milk cannot be used to satisfy the second component requirement. Commercially added fruit or nuts in flavored yogurt cannot be used to satisfy the second component requirement in snacks.

Milk

The CACFP meal pattern requires FLUID MILK to be served for breakfast, lunch and supper. Additionally, fluid milk may be served as one of the meal pattern components for snacks. * If a child is unable to drink milk due to milk intolerance or allergy to cow's milk, a signed medical statement from a doctor must be submitted in order for that child's meals to be reimbursed.

Milk is not creditable for snacks when juice is served as the only other component. It is not creditable, at snacks, for milk and yogurt to be served as the only components. Milk is never creditable when cooked or prepared in cereals, puddings, or other foods. Chocolate milk is allowable as long as it is made from scratch by the provider from milk and chocolate flavoring (use only occasionally). However, keep in mind that a more nutritious, enjoyable way to get children to drink milk is to add fresh or fresh frozen fruits to the milk and blend together.

Creditable	Non-Creditable
• Fluid Milk –	Certified raw milk
1. Whole milk = $13-24$ months	Chocolate dairy drink
2.1%/Low-fat or fat free/non-fat milk = 2 years	• Cocoa/hot chocolate made from mix with water
and older	Cream or cream sauces/soups
• Acidophilus	Custard
• Buttermilk	• Dry milk powder, Evaporated milk, or Half & Half
Lactose-reduced milk	• Frozen yogurt
• Milkshakes – HM	• Goat's milk
• Soy milk- only reimbursable with a medical	• Ice cream, Ice milk
statement form; must meet minimum regulations	Milkshakes, commercial
(e.g. 8grams protein)	• Nut milk (almond, hazelnut)
	• Oat/Rice milk
The following when made from scratch:	Pudding/Pudding pops
	• Sherbet
Chocolate milk	Sour cream
• Eggnog flavored milk	• Soybean milk (unless otherwise indicated)
• Flavored milk – chocolate, strawberry, etc	

Meat & Meat Alternative

Regulations require that all lunches and suppers contain the serving sizes of meat or meat alternates as specified in the meal pattern. Meat or meat alternates may be served as one of the two components of a snack. Meat includes lean meat, poultry, or fish. All meat or poultry cannot contain binders, extenders, water or broth (ex. luncheon meat). Meat alternates include cheese, eggs, yogurt, cooked dry beans or peas, nuts and seeds. Serving sizes on the Menu Pattern Chart are *cooked* amounts. Dried or canned legumes such as lentils, split peas, refried beans and pinto beans *are* creditable as a meat/meat alternate OR a vegetable, but not as both at the same meal or snack.

Commercially prepared soups, *excluding* bean, lentil or split pea are not creditable. Yogurt *can satisfy* the meat/meat alternate requirement for lunch, snack and dinner. Be as specific as possible to avoid disallowances.

It is important you meet the serving size requirements of the meat/meat alternative. If you are serving peanut butter at lunch or dinner for example, you will need to add another meat/meat alternative to fulfill the requirement. Small amounts (less than 3 tablespoons) of meat or meat alternate used as garnishes or seasoning or in breading do not be count toward satisfying the meat/meat alternate requirement of the meal. Examples are grated Parmesan cheese used as a garnish over spaghetti, or egg used in breading.

Nuts: A word of caution: infants and young children (under 3 years of age) can easily choke on nuts. We advise you to be careful and serve nuts only to older children. Nuts and seeds *may fulfill* no more than one-half of the meat/meat alternate requirements for a snack:

Commercial, frozen and fast foods including pizza, restaurant food, boxed macaroni and cheese, frozen supermarket raviolis, taquitos, mini-quiches etc. *are not* creditable; homemade items *are* creditable and should be marked as such ("HM"). Be sure you are meeting the minimum serving requirements when you prepare these foods.

Cheese must be specified. Cheese product or imitation cheese (e.g. cheese food, cheese spread, Kraft American Cheese or cheese whiz) is not creditable. Cream cheese and Neufchatel cheese *are not* creditable because they are low in protein and also high in fat. Parmesan cheese in macaroni is not creditable because it is low in protein.

Pasta products with meat, including commercial ravioli, pot pies *are not* creditable because they are low in protein. However, homemade ravioli, taquitos, pot pies, and tamales *are* creditable if the serving size requirements have been met. Be sure to identify them as homemade with HM.

Non-commercial fish (home caught) and game *is not* creditable due to safety reasons. Home slaughtered meat *is not* creditable. A USDA inspector must inspect meat in order to be creditable. Imitation crab is also not creditable because it is low in protein.

\$ Creditable	Non-Creditable
 Beef Canadian Bacon Chicken/Turkey Fish / other seafood Lamb Ham/pork Eggs Natural Cheese (e.g. cheddar, colby, monterey, jack, mozzarella, muenster, provolone, swiss) Cottage cheese Luncheon meat- 100% meat, must specify type Beans- canned or cooked from dry (e.g. garbanzo, pinto, peas, kidney) Yogurt- for snacks yogurt & milk only count as 1 item Peanut Butter ** Nuts/Seeds ** - Children under 5 years are at the greatest risk of choking on nuts and seeds. Do not serve nuts or seed to children under 3 years. Pot pies- homemade, specify HM on menu Quiche - homemade, specify HM on menu Soups & Stews - homemade, specify HM & meat, fish, poultry Macaroni & cheese - only homemade with natural cheese Sausage * Fish sticks - CN & * Corn dogs - CN & * *The foods marked with (*) are high in fat and/or contain various additives. It is recommended that you serve these foods 	 Baco-bits, Sizzlelean, other bacon substitutes, or Turkey bacon. Bologna Canned meat soups Canned ravioli, spaghetti with meat Cream cheese- any type Powdered cheese or boxed cheese (e.g. macaroni & cheese) Tofu Tempeh 100% soy protein Pepperoni Soup - commercially prepared such as chicken noodle (do not contain enough protein) Acorns, chestnuts, coconut, nut/seed meal, nutella CN = Products requiring CN label are only creditable if a product CN-label is submitted to CACFP office with your monthly report. Submittal of CN label is only required once and it will be kept on file. When serving the product keep in mind that you will be required to show the product at the meal visit. If you decide to change the product you must submit the CN label for the new product. Example of what a CN label looks like: ** Nuts/Seeds only account for 50% of serving at lunch and/or dinner. Must be served with an additional meat/meat alternative. Products of nuts listed above are not approved because they are too low in protein and contain low iron levels.

Fruits and Vegetables

Each breakfast, lunch, and dinner served must contain vegetables and/or fruits. Snacks may also have fruits and vegetables as components.

To meet meal requirements, two (2) or more different types and servings of fruits and/or vegetables must be used for lunch and supper. The following combinations count as one serving:

Frozen or canned mixed vegetables Frozen or canned peas and carrots HM fruit salads Green salad, vegetable salad HM vegetable soups/vegetable in HM stews Canned fruit cocktail

Mixed vegetables, fruit salad, green salad do not have to be further described in menus (i.e. list specific ingredients) if they contain 100% fruit and/or vegetable.

Soups and combination foods such as stews and quiches may provide up to one (1) fruit/vegetable serving. An additional, separate fruit/vegetable must be served at lunch and dinner. Soups, reconstituted canned, ready to serve, or homemade, must yield at least ¼ cup vegetables per serving to count towards meeting the vegetable requirement.

Cooked dried peas, beans, or lentils can be counted EITHER as a meat alternate OR as a vegetable, but not both in the same meal.

Measure vegetables after they have been prepared. For example, measure frozen corn after cooking. Drain liquid before measuring a serving of cooked vegetables. Small amounts (less than 1/8 cup) of vegetables and fruits *may not* be counted toward the fruit/vegetable requirement.

One meal cannot include an identical food in two different forms and receive reimbursement; for example, orange juice served with orange sections.

Serve fresh fruits and vegetables that are in season to help keep food costs low. Any fresh, frozen, commercially canned or dried fruit or vegetable may be used to meet the fruit and vegetable requirement. A variety of fruits and vegetables should be included in meals.

Fruit and vegetable juices must be 100%, full strength juice. Juice blends are creditable as long as they are blends of 100% juice. Juice "drinks" and "beverages" are not 100% juice and *are not* creditable. Please read ingredient listings carefully.

For health and safety reasons, home canned foods are not creditable. Use of these items is not creditable because of the potential health hazard.

Currently, there are several canned (condensed) soups that meet the USDA fruit/vegetable or meat/alternate meal requirement:

- Tomato: One Serving of Fruit/Vegetable. This includes tomato, cream of tomato, tomato noodle or tomato with rice or some other basic component.
- Vegetable: One Serving of Fruit/Vegetable. Includes vegetable, vegetarian vegetable or vegetable with other basic components such as meat or poultry (meat or poultry does not count towards meat/meat alternate since amounts are too small).
- Minestrone: One Serving of Fruit/Vegetable.
- Clam Chowder: One Serving of Fruit/Vegetable. The primary ingredient is potatoes. The clams serve only as flavoring and therefore cannot be counted towards meeting the meat/meat alternate requirement.
- Split Pea/Bean: These condensed soups may be served as a meat/meat alternate OR a Fruit/Vegetable.

All Others: All other canned soups are not creditable.

 Cranberry Sauce Dried beans- counts as a vegetable or meat alternate, but not both at the same meal Dried fruit Fruit and vegetable juice - any fresh, frozen, or canned juice; must be 100%. Fruit cocktail - counts as one item Fruit cocktail - counts as one item Fruit added to pie- count only as the fruit portion towards the fruit/vegetable requirement-check quantity. Homemade salsa-must specify homemade (HM) Juice bars-must be 100% juice Mixed vegetables- count as one portion Tomato and Lettuce - served together count as one portion (e.g. on sandwiches, tacos, etc.) Tomato sauce - must be homemade (HM) Vegetables- any fresh, frozen or canned Note: Juice is only credible for Breakfast or Snack, limit to no more than twice per week. Alfalfa sprouts, bean sprouts Alfalfa sprouts, bean sprouts Apple butter Banana chips Catsup and other condiments/relishes Cilantro Commercial pizza and spaghetti sauce Fruit spreads, roll-ups Fruit cocktail drinks- cranberry, cranapple, etc. Fruit punch Hominy Jello, Jelly, jam, preserves Kool-aid Lemonade Mushrooms Olives Onion Parsley Popsicles Poosole Pop Tart filing Raisins Sunny Delight/Tampico
Tomato Paste/Pasta Sauce (e.g. Ragu)

Grains and Breads

Whole grain or enriched breads, cooked grains and pasta meet this requirement. In order to receive reimbursement for bread and bread alternates; the first ingredient must be whole grain or enriched flour. Make sure to check the ingredient list.

Whole grains are the best choice because they have not been refined, so they have more fiber and certain nutrients. "Enriched" means that three of the B vitamins (riboflavin, niacin, thiamin) and iron are added back to the product after the milling process has removed them. However, this does not provide the same benefits as the unaltered version.

Remember cookies and certain other bakery items (see list below) *are creditable* at snack and/or breakfast only, and can be served a **maximum of twice a week**. We recommend that you choose crackers that are low in fat and made of whole grains.

Breading on fish sticks, frozen chicken nuggets, fried chicken and so on *is not* creditable. However, breading on corn dogs *is* creditable as grains and bread item. The only part of a crisp/cobbler that *is* reimbursable is the fruit. Be sure the portion size of the fruit meets the minimum requirements. Remember crisps and cobblers should be served sometimes and not every day.

Creditable	Non-Creditable
Bagels	• Breading - fish sticks, chicken nuggets, etc
Biscuits	• Cakes
• Bread (whole wheat, white enriched, rye, pita, naan,	• Caramel Corn
etc)	• Cereal – high in sugar (1 st or 2 nd ingredient)
• Cereal- hot or cold, low sugar*, breakfast or snack,	• Cheese puffs
specify type	• Chips - potato, corn, tortilla, etc
Cornbread, corn dog breading	• Cobblers and crisps
Crackers- specify type	• Corn – counts as a vegetable
Crepes, croissants	Doughnuts
Egg roll or wonton wrappers	• Hominy
French bread, fried bread	• Ice cream cones
• Fruit/Vegetable breads (zucchini, banana, & pumpkin)	• Nut or seed meal or flour
Graham crackers (do not serve to infants)	• Pie crust - in desserts or sweet foods
• Grains- such as bulgur, couscous, millet, barley, oats,	• Popcorn
wheat and quinoa	• Potatoes – counts as vegetable
• Grits	• Tapioca
Muffins and rolls	• Top Ramen
Noodles	• Wheat germ
Pancakes	
• Party mix – snack only	Note: Sweet foods such as sweet rolls, granola, and
• Pie crust – main dish (e.g. quiche)	cookies can only be served as part of bread alternate
• Pizza crust	during snack time. Sweet foods when permitted
Pretzels (hard/soft) snack only	should not be served more than once a day. These
• Polenta	foods should not be served as part of a snack more
• Rice – brown, wild, white, red, rice cakes, etc	than twice a week total.
• Rolls – all types	
• Stuffing – HM and commercial (bread alt. only)	Limited to Twice per Week: Snack Only
• Taco shells	
• Tortillas- corn, wheat, flour	Bread pudding
	Brownies
Limited to Twice Per Week: Breakfast or Snack	• Cookies/bars (vanilla wafers, animal crackers, all
	cookies- chocolate chip, oatmeal, peanut butter,
Cinnamon Rolls/sweet rolls	fruit/vegetable based, etc
Coffee cake	 Rice pudding – must be HM Turnovers
Granola bars	• 1 urnovers
	* Note: Coroal where sugar is first is not wimhurschie
	* Note: Cereal where sugar is first is not reimbursable. If you have questions, ask for the cereal list.
	n you have questions, ask for the cerear list.

Snacks

Juice cannot be served when milk is served as the only other component (no two liquids). If yogurt is used as the meat alternate component at snack, milk cannot be used to satisfy the second component requirement. Cookies and sweet breads may only be served at snack and are limited to being served no more than twice a week.

The following are some snack ideas with portions based on age group.

<u>1-5 year olds:</u>	
1 small apple	2 Medium sticks of broccoli
1 Tbsp. of peanut butter	¹ / ₂ ounce cheese
6 carrot sticks	9 grapes
4 celery sticks	1 nectarine
1 ounce of Cottage Cheese	¹ / ₂ English Muffin
2/3 Banana	1/8 th cup bean dip
½ cup Milk	1 tortilla
<u>6-12 year olds:</u>	
1 ½ small apples	Medium sticks of broccoli
2 Tbsp. of peanut butter	1 ounce cheese
9 carrot sticks	10 amon og
0	18 grapes 1 nectarine
6 celery sticks	
2 ounce of Cottage Cheese	1 English Muffin
1 Banana	1/4 th cup bean dip
1 cup Milk	2 tortillas

Section 3: Infants

The following USDA guidelines must be followed when serving meals to infants. These guidelines support America's breastfeeding promotion campaign. Meals containing only breast milk may be claimed for reimbursement. However, if a mother comes to the provider's home and breastfeeds her infant, this meal is NOT reimbursable if the breast milk is the only component. It is recommended that breast milk be served in place of formula from birth through 11 months. Infant formula and dry infant cereal must be iron-fortified.

Feed infants when they seem to be hungry, unless the parent provides instructions that the baby should be on a feeding schedule for medical reasons. Continue to feed them until they indicate fullness. Never force a baby to finish what is in the bottle. They are the best judge of how much they need.

Fruit juice must be full strength (100% juice).

Food Requirements for Infants by months

Infants 0-3 months should only be fed breast milk or formula.

Solid foods for infants 4-7 months of age are optional and should be introduced only when the infant is developmentally ready. The infant's parents should be consulted in making the decision to introduce solid foods. Solid foods should be introduced one at a time on a gradual basis sometimes during this age range.

Solid foods are required at 8 months. If an infant is not able to eat or drink an item required by CACFP, a doctor's note explaining the infant's needs must be sent in to the CACFP office. An infant who is breastfeeding can be claimed as long as the child's mother is expressing the breast milk and leaving it with the daycare provider to feed the infant (mothers name and infants name must be documented on baby bottle).

When an infant turns one year, the infant meal patter is no longer appropriate and the meal pattern for older children should be used (regular attendance/menu). If a child is not eating foods listed on the older children's meal pattern by his or her first birthday, a doctor's note is required.

Infants: Formula

All daycare providers participating in the food program with an infant enrolled for care are required by the state to provide at least one iron-fortified infant formula. Parents may not be asked to provide formula unless it is different from the formula the provider provides. If a parent provides formula, they must sign a waiver declining the formula offered by the provider. A copy of the parent decline form can be obtained by contacting your program consultant.

Below are the formulas that are reimbursable. Any formula not listed below would require a physician's statement in order to be reimbursed. Please call our office if you do not see a formula listed that you are serving.

Milk based infant formulas:

- Carnation Good Start, Enfamil w/Iron, Enfamil AR, Lacto free, Similac w/Iron, Similac Lactose Free.
- Wyeth-produced private label store brand (powders): Albertson's Baby Basics, Babymil, Food Lion, Fred Meyer, Hill Country Fare, Kroger, Meijer, Parents' Choice (sold through Wal-Mart), Perfect Choice, Smith's, Target.

Soy based infant formulas:

- Carnation Alsoy, Isomil, ProSobee
- Wyeth-produced private label store brand (powders): Albertson's Baby Basics, Babysoy Protein, Food Lion, Fred Meyer, Kroger, Meijer, Parents' Choice (sold through Wal-Mart), Perfect Choice, Smith's, Target.

"Follow-up" Iron-fortified formulas: (only for infants 4 months of age or older who are eating cereal & other baby foods)

- Carnation Follow-up (milk based)
- Carnation Follow-up (soy based)

Infants: Cereal

Infant cereal is defined as "any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or milk prior to consumption." Only iron-fortified cereal is reimbursable by the program.

Cereals which are **NOT** reimbursable as a meal component in the infant cereal category include:

- Iron-fortified dry infant cereals containing fruit are not reimbursable.
- Commercial jarred baby food cereals (which are "wet" not "dry") are not reimbursable.
- Ready to eat breakfast cereal (cold dry) and breakfast cereals (cooked) are not considered "iron-fortified dry infant cereal". For example, Cheerios is not an infant cereal.



Reimbursable (plain cereal)



Not Reimbursable (cereal with bananas)

Introducing Solid Foods to the Infant

It is not recommended to give babies solid foods until they are 4 to 6 months of age. Serving solid foods to the child is dependent on the baby's development. Social pressures, accompanied by aggressive marketing campaigns by industries producing baby food and the belief that solid foods help the baby sleep better at night, have contributed to the giving of solid foods to babies that are not ready to eat them. The following are reasons solid foods should not be given to babies until they are at least four months of age:

- Possible allergic reactions
- The baby is not sufficiently developed to eat or digest solid foods
- If the baby is not ready to fed with a spoon, then they probably do not need to eat baby foods to meet their nutritional needs

Some of the ways babies demonstrate they are ready to eat solid foods are:

- When the baby is able to get food past the tongue
- Ability to chew food
- Ability to sit steadily, with complete control of the neck and head

Homemade food for the Baby

Homemade food for the baby is generally cheaper than commercial products and easy to prepare. Often you can give the infant the same foods to eat as other children, only changing a little of the texture of the foods. Separate the food portion of the baby before adding seasonings or condiments. Then put the baby food in a blender, food processor or hand grinder to drink. Add formula, juice, water or broth to soften food. If you use a blender or food processor, remember that the vegetable are ground better in large quantities and meat in small quantities. When the baby is small grind food putting pressure on the button with the word "Puree" and as the baby grows, switch to the "Chop or Grind" for a rougher consistency.

Meat and vegetables should be cooked in the oven, roasted or steamed to retain all its nutrients. All fruits and vegetables should be washed and peeled. You must remove all the seeds (if any). Remove the skin and excess fat from meat and chicken.

If you prepare the baby's food at home, be sure that all food, cooking utensils etc., are clean. Do not use canned or prepared foods that contain salt, sugar or other unnecessary ingredients.

Homemade food for the baby must be prepared with fresh or frozen foods that do not have added salt, sugar, or fat. Do not refreeze food once they have already been put to thaw.

Infants: Fruits and Vegetables

Commercial Baby Foods which *are* reimbursable as a meal component in the fruit or vegetable category include:

- Commercial baby food fruits and vegetables which list only a fruit or vegetable in the ingredient listing on the label are reimbursable.
- Commercial baby food fruits and vegetables which contain multiple fruits or multiple vegetables, and list only fruits or vegetables in the ingredient listing on the label are reimbursable.

Commercial Baby Foods which are *NOT* reimbursable as a meal component in the fruit or vegetable category:

- Commercial baby food dinners, which list fruit or vegetable as the first ingredient, are not reimbursable.
- Commercial baby foods in the jarred cereal with fruit category are not reimbursable.
- Commercial baby foods in the dessert category (these generally have "dessert" or "pudding" as part of the product name on the front of the label) are not reimbursable.





Meat/Meat Alternates

Commercial Baby Foods which *are* reimbursable as a meal component in the meat/meat alternate category include:

• Commercial plain strained baby food meats (including beef, chicken, turkey, lamb, veal, and ham).

Commercial Baby Foods which are *NOT reimbursable* as a meal component in the meat/meat alternate category include:

- Commercial baby food combination dinners are not reimbursable because the actual amount of various food components in the dinners is difficult to determine (for example Chicken/Rice); however, these foods can be served as additional foods.
- Meat sticks or "finger sticks" (which look like miniature hot dogs) and chicken nuggets are not reimbursable.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not reimbursable.
- Yogurt is not reimbursable.
- Nuts, seeds and nut and/or seed butters are not reimbursable.





Not Reimbursable (mixed meat)

Bread & Crackers

Commercial Foods & Baby Foods which *are* reimbursable as a meal component in the bread/cracker category:

• Must be made from whole grain or enriched meal or flour.

Reminder: infants should not be served products that contain honey (ex. Graham crackers).

Infants: Meal Pattern

Infant Meal	Ages 0-3	Ages 4-7 months	Ages 8-11 months
Pattern	months	_	_
Breakfast	4 to 6 fl oz breastmilk or	4 to 8 fl oz breastmilk or	6 to 8 fl oz breastmilk or
	formula	formula	formula
			2 to 4 Tbsp infant cereal
		0 to 3 Tbsp infant cereal	1 to 4 Tbsp fruit and/or
		(optional)	vegetable
Lunch or	4 to 6 fl oz breastmilk or	4 to 8 fl oz breastmilk or	6 to 8 fl oz breastmilk or
Supper	formula	formula	formula
			2 to 4 Tbsp infant cereal
		0 to 3 Tbsp infant cereal	and/or 1 to 4 Tbsp
		(optional)	lean meat, fish, poultry,
			egg yolk, cooked
		0 to 3 Tbsp fruit and/or	dry beans or peas ½ to 2
		vegetable (optional)	oz cheese or 1 to 4
			oz cottage cheese
			1 to 4 Tbsp fruit and/or
			vegetable
AM or PM	4 to 6 fl oz breastmilk or	4 to 8 fl oz breastmilk or	2 to 4 fl oz breastmilk,

Supplement	formula	formula	formula or fruit juice
(Snack)			0 to $\frac{1}{2}$ slice of bread or
			0 to 2 crackers
			(optional)

Infants: Health & Safety

Babies are particularly susceptible to digestive problems, therefore it is extremely important to remember, when preparing the babies food to have the utmost care and proper hygiene. The bacteria found in food can multiply quickly at harmful levels in a few hours. Here are some guidelines that should be followed in regards to the preparation of the babies' food:

- Have clean hands
- Use clean utensils
- Cook or prepare the food immediately after taking it out of the refrigerator •
- While cooking, do not reinsert the spoon used to sample the food back into the pot
- Serve the baby his/her food on a plate and not directly from the container in which the food is being • stored
- Food that you have cooked or that you may have purchased that comes in a storage container, which • has been opened, may be stored in the refrigerator for two days

Potatoes or pieces of tortillas

Whole or seedless berries

Note: Some foods are dangerous for babies and children when consumed as finger foods, because they may not chew them thoroughly. Small pieces of the foods may be inhaled and enter the lungs. Some of these foods are:

- "hot dogs"
 - Raw celery
- Raw carrots Peanut butter
- Popcorn

•

Apples

Grapes

Raw peas or beans •

The above-mentioned vegetables must be steam-cooked if the children are going to consume them using their hands. The "hot dogs" must be cut into long-strips. Nuts, beans, dry peas, and peanut butter are not reimbursable as meat/meat-substitutes for children under one year of age for who are in the program CACFP.

Although honey is completely safe for adults and children older than one, honey should never be given to infants. Honey sometimes contains spores of the bacteria that cause botulism. Adults and older children can consume these bacteria spores with no real harm, but babies at such a young age have not produced the necessary defense mechanisms. Precautionary measures must also be taken with honey used in cooked or baked foods, because the high temperatures do not kill the bacteria.

Section 4: Sample Forms

Daily Regular Attendance

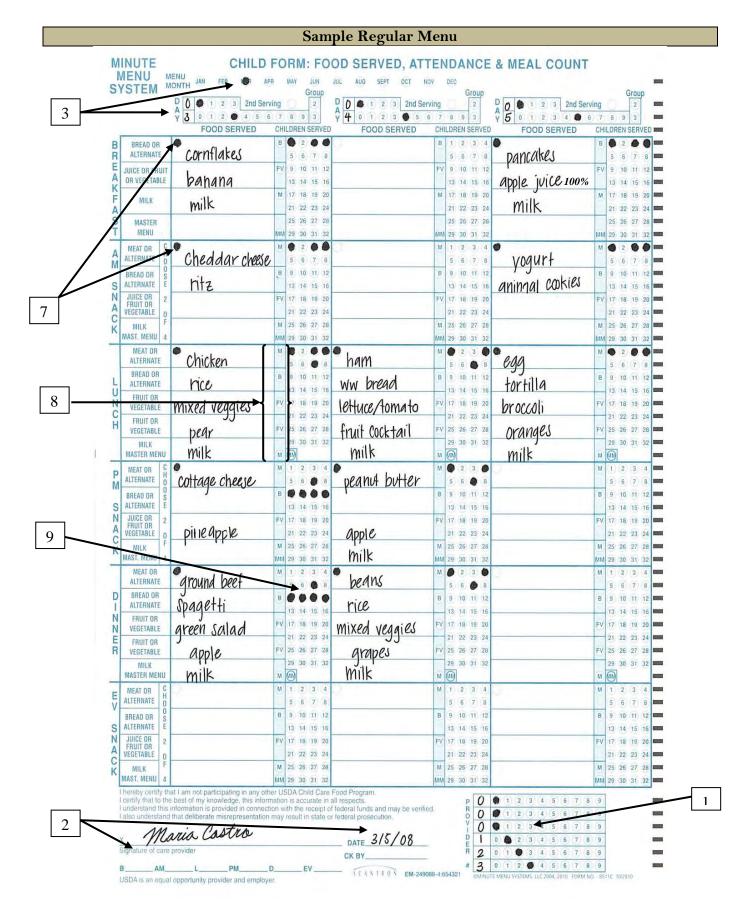
The following are some important instructions for completing your Regular Attendance Menu. Please refer to these points on the sample form on the next page. **Please Use a #2 Pencil Only.**

- 1. Write & Bubble your Provider # (in the white boxes)
- 2. Sign & Date the Form
- 3. Each form has three columns, which cover three days worth of meals. Ignore the 2nd serving bubble (do not bubble in). Ignore the Group column (do not bubble in).
 - 1. Bubble in the Month at the top of the form
 - 2. Write & Bubble in the Meal Date (Day) in the 1st column.

Filling out Meals: Specify foods served on a daily basis by writing the specific item in the box corresponding with the meal you wish to claim

- 4. Breakfast- The first three are required at breakfast. Note that the meat/meat alternate is optional at breakfast
- 5. Snack- Choose two different components and write specific item in the corresponding area
- 6. Lunch/Dinner- Break down the components of the main dish into their specific categories such as meat/meat alternate, bread/bread alternate and fruit/vegetable. Write the specific item in the corresponding area.
- 7. Always fill in the circle in the top left corner of each meal served. If the meal circle is not filled in, our scanner will not recognize that the meal is being claimed for reimbursement. Do not mark the bubble if you are not going to claim meal for reimbursement.
- 8. Do not mark the bubbles in the shaded column to the right of the Food Served spaces- these bubbles are for office use only.
- 9. For each meal served, you must bubble in the child's number that is being claimed for reimbursement. Look at your CIF to determine the child's number, and then **bubble in the numbers of the children who are being claimed for that meal** reimbursement. Remember you can only claim two meals and one snack or two snacks and one meal per child per day for meals served.
- 10. Master Menu appears on the Regular Menus. Do not bubble in this bubble is for office use only.

Note: Use Infant Menus for children under 1 year of age. Regular Menus are only for children 1 year or older.



**Take care not to write outside of the spaces provided. Any stray marks could cause the meal to be read incorrectly, and disallowed.

CACFP Daily Infant Attendance Menu

For instructions on filling out the Infant attendance menus, please refer to the regular daily attendance menus above. The only difference in infant menus is as a result of differences in the menus by month.

Infant Menu Foods – each meal is broken down into three smaller groups

- 0-3 months olds Breast Milk or Formula only, all meals (i.e., Breakfast, Snack, Lunch, Dinner)
- 4-7 month olds Only required to be served Breast Milk or Formula. However, a 4-7 month old can be served Fruit or Vegetables, along with the Infant Cereal, depending upon the meal being served and what is developmentally appropriate for the infant.
- 8-11 month olds Different meal components at each meal service. You will note in the category box of specified meal the required components. Please refer to your Infant Meal Requirement sheet for required meal component and quantities.

		MINUTE MENU S	SYSTEM	INF	ANT ATT	ENDANCE ME	ENU
N	IENU MONT	FH JAN FEB 🖝 AP	a www.auni Group	JUL AUG SEPT OCT I	ov bec Group		Cause
		D 0 1 2 3 2nd Serv Y 3 0 1 2 0 4 5 6 FOOD SERVED	/ing 2	D 0 1 2 2 2nd Se Y 4 0 1 2 3 5 FOOD SERVED	rving 2	D 0 0 3 2 3 2nd S Y S 0 3 2 3 4 0 FOOD SERVED	Group erving
THE PART	11 MONTHS ANT CEREAL	• rice cereal	G 1 2 3 O	 barley cereal 	0 1 2 3 0	•	C 1 2 3 4
	IT/VEGETABLE	banana	FV 11 10 11 12	peach	5 B 7 8		5 6 7 0 m
A	FORMULA	formula	F 13 14 15 16	formula	F 13 14 15 16		F 13 14 15 16
FINE	7 MONTHS ANT CEREAL		C 17 18 10 20 21 22 23 24	A COLUMN TO A COLUMN	C 17 18 19 20 21 22 23 24		C 117 18 19 20
A .	7 FORMULA		F 25 28 27 28		F 25 26 27 28		21 22 23 24
	3 FORMULA 11 MONTHS		F 29 30 31 32	-	F 29 30 31 32	formula	F 29 30 31 32
A BRE	AD/CHACKER	Baby cracker	B 1 2 3 0	Baby cracker	B 1 2 3 0	•	0 1 2 3 4
M	JUICE	apple juice	J 8 10 11 12		J 9 10 11 12		J 🖨 10 11 12 🚍
SN	FORMULA	100%	F 17 18 19 20	formalla	13 14 15 16 F 17 16 19 20		11 14 15 16
A	7 FORMULA		F 21 22 23 24	formula	F 21 22 23 24		F 17 18 19 20
V	3 FORMULA		25 26 27 28		25 26 27 28	C	25 26 27 28
1.4.5	11 MEAT/ALT	e	F 29 30 31 32		F 25 30 11 32	formula	F 29 30 31 32
OR	INF CEREAL	Unicken	5 6 7 8	beet	5 6 0 1		5 5 0 5 -
L	IT/VEGETABLE FORMULA	potatoes	FV 9 10 11 12 F 13 14 15 15	Carrots	FV 0. 10 11 12 F 13 14 15 16		FV 0 10 11 12
N 4	· 7 MONTHS	formula	C 17 18 19 20	formula	C 17 18 10 20	wire encoded	C 17 18 19 20
-	ANT GEREAL		21 22 23 24	1	21 22 23 24	rice cereal	21 22 23 24
	7 FORMULA		FV 25 26 27 28 F 29 30 31 32	green beans	FV 25 26 27 26 F 29 30 31 32	carrots formula	FV 25 26 27 28
0 -	3 FORMULA		F	TOLINAIA	F	formula	F
	11 MONTHS AD/CRACKER		B 1 2 3 4 5 6 7 5	6	B 1 2 3 4	•	D 1 2 3 4
M	JUICE		J 9 10 11 12		5 6 🜑 R		5 6 0 0 -
S	FORMULA	-	13 10 15 16		13 14 15 16		13 14 15 16
A	7 FORMULA		F 17 16 19 20 F 21 22 23 24	0 1.	F 21 22 23 24	0	F 17 18 15 20
¥-			25 26 27 28	formula	25 26 27 28	formula	25 26 27 28
0.	3 FORMULA	1	F 29 30 31 32	•	F 29 30 31 32 MC 1 2 3 4	0	F 20 30 31 32
HO I	INF CEREAL		5 0 7 0		5 6 0 8		5 8 9 8 -
	IT/VEGETABLE FORMULA		FV 0 10 11 12		FV 9 10 11 12		FV 9 10 11 12
N 4-	7 MONTHS		F 13 14 15 16 C 17 16 19 20		F 13 14 15 16 C 17 18 19 20	المتحد المتحد	F 13 14 15 16
E	ANT CEREAL		21 22 23 24	rice cereal	21 22 23 24	mixed cereal	21 22 23 24
n	7 FORMULA		FV 25 26 27 28 F 29 30 31 32	Sweet potatoe formula	FV 25 26 27 20 F 29 30 31 32	apple sauce formula	FV 25 26 27 28
Q -	3 FORMULA		E	TOrmater	F	TUTTINIU	F
E BRE	11 MONTHS AD/CRACKER		B 1 2 3 4 5 6 7 8	9	E 1 2 3 4	0	B 1 2 3 4
V	JUICE		J 9 10 11 12		5 6 7 8 1 9 10 11 12		3 9 7 8
S	FORMULA		13 14 15 16		13 14 15 16		13 14 15 16
A			F 17 18 19 20 F 21 22 23 24		F 17 10 15 20 F 21 22 23 24		F 17 18 19 20
K	7 FORMULA		25 26 27 28		25 28 27 28		25 20 27 28
0.	3 FORMULA ebv certify that	t I am not participating in any oth	F 29 00 31 32	Food Proman	F 29 30 31 32	Pearson NCS MM240091-4 8	F 29 30 31 32
Loed	tify that to the ferstand this in	best of my knowledge, this inform formation is provided in connecti	nation is accurate in on with the mostpf o	all respects I federal funds and may be verifi-	P O	0 1 2 3 4 5 5 7	8 0 E =
i aiso	o understand t	hat deliberate misrepresentation	may result in state of	fedural prasocation	FO O	 1 3 3 4 5 6 7 1 2 3 4 5 6 7 	
x		Jaria Castro		DATE 3/05/08	E I	0 0 2 3 4 5 5 7	1 9
ວາຊາດ	ature of care p	NOVIDEI		CK BY	R 2	0 1 0 3 4 5 6 7	

 Sample Enrollment Form

 Please refer to section 1, child enrollment for instructions on enrolling new children in CACFP.

0 0	MENT DATE 4. CHILD'S NUM 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 02 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 2 0 4 5 6 7 6 9 0 0 3 0 9 10 10 2 9 0 0 0 0 11 10 2 9 6 111 0 0 0 11 10 2 9 6 111 0 0 0 11 10 2 9 6 1111 0 0 0 11 10 2 9 6<
0 0 2 3 4 6 7 6 7 6 7 6 7 6 7 6 7	Q Q G Q
0 1 0 2 3 4 6 7 6 7 6 7	2 3 3 4 5 6 7 8 9 2 3 4 5 6 7 8 9 9 8 9 2 2 2 3 4 5 6 7 8 9 9 2 2 2 2 3 4 5 6 7 8 9 9 2 2 2 2 3 4 5 6 7 8 9 9 2 2 2 2 3 4 5 6 7 8 9 9 2 2 2 6. CHILD'S SCHEDULE 9 3 3 2 IN 1 2 3 4 5 6 19 IN 1 2 3 4 5 6 19 LAFEST 1 1 2 3 4 5 6 19 1 2 3 4 5 6 19 PICK UP 7 3 9 10 17 (2 3 4 5 6 9 15) IN LAFEST 1 10 2 3 4 5 6 9 15 DAYS IN CARE FILL MALL MON TUES MON TUES MON TUES THURS FRI AM SNACK DINN
I 0 23456780 2 0 3456780 3 0 2456780 3 0 2456780 3 0 2456780 3 0 2456780 3 0 2456780 1 0 0 2 0 3456780 1 0 0 2 0 3456780 1 0 0 2 0 3456780 1 2 0 3456780 1 2 0 3456780 1 2 0 3456780 1 2 0 0 2 0 0 0 1 2 0 0 1 2 0 0 1 2 0 0 2 0 0 0 2 0 0 0 2 0 0 0 3 0 0 0	Image: Construction of the construc
2 0 0 0 3 4 5 6 7 8 6 3 0 0 2 0 4 5 6 7 8 6 3 0 0 2 0 4 5 6 7 8 6 BEENROLLMENT/UPDATE O 5. CHILD'S NAME F U A 6 0 0 6 7 6 8 0 0 6 8 5 0 0 9 8 7 0 9 8 7 2 5. CHILD'S NAME F U A 6 0 0 6 7 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 5. CHILD'S NAME F U A 6 0 0 6 7 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 5. CHILD'S NAME F U A 6 0 0 6 7 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 5. CHILD'S NAME F U A 6 0 0 6 7 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 5. CHILD'S NAME F U A 6 0 0 6 7 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 8 A 6 0 0 6 7 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 0 8 6 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 8 0 9 6 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 8 0 9 6 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 8 0 9 6 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 8 0 9 6 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 8 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 6 8 0 9 6 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 6 6 6 8 0 8 0 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 6 0 8 6 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 0 8 0 8 0 8 0 9 0 8 5 7 0 9 8 8 7 2 N A 6 0 8 0 8 0 8 0 8 0 8 0 8 0 8 0 8 0 8 0	Image: Construction of the second
3 0 0 2 0 4 5 6 7 6 0 REENROLLMENT/UPDATE () 5. CHILD'S NAME F U A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 £ A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 5. CHILD'S NAME F U A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 5. A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 5. A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 5. A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 6. A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 9 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 € F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 E F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 E F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 E F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 E F 6 H (0 & L M N 0 P 0 R 5 T 0 V 0 & V 2 A 8 C 0 E F 6 H (0 & L M 0 P 0 R	2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 6. CHILD'S SCHEDULE 2 3 4 5 6 7 8 1 6. CHILD'S SCHEDULE 9 9 3 3 8 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 8 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 6 7 1 1 2 3 4 5 7 1 1 2 3 4 5 6 7 1 1 2 3 4 7 1 1 2 3 4 5 6 7 1 1 2 3 4 7 1 1 2 3 4 5 6 7 1 1 2 3 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. CHILD'S NAME REENROLLMENT/UPDATE() F T A @ © O @ © O @ H () & L M & O P O B & T () V & X V 2 F A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 A A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 A A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 A A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & B & T () V & X V 2 A O & O @ © O & E & O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & B & T () & U & M & O P O B & T () V & X V 2 A O & O @ © O & E & O & H () & K & M & O P O B & T () V & X V 2	6. CHILD'S SCHEDULE 9 30 30 30 TIMES HOUR IN 1 2 3 4 5 6 10 IN TIME LAFEST 1 2 3 4 5 6 10 PICK UP 1 2 3 4 5 6 10 TIME 1 2 3 4 5 6 10 IN LAFEST LAFEST 1 2 3 4 5 6 10 PICK UP 7 8 9 10 TIME 1 2 3 4 5 6 10 DAYS IN CARE FILL IN ALL MON TUES MON TUES THURS FRI AM SNACK DINN
5. CHILD'S NAME REENROLLMENT/UPDATE() F T A @ © O @ © O @ H () & L M & O P O B & T () V & X V 2 F A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 S A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 A A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 A A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 A A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & B & T () V & X V 2 A O & O @ © O & E & O & H () & L M & O P O B & T () V & X V 2 M A @ © O @ © O & B & T () & U & M & O P O B & T () V & X V 2 A O & O @ © O & E & O & H () & K & M & O P O B & T () V & X V 2	HOUR MIN TIMES TO 2 3 6 6 1 1 IN DROP OFF TO 2 3 6 6 15 1 1 IN LATEST TO 2 3 6 6 15 1
J ABCOEFGHISKLMAOPARSTUVW8V2 L ABCOEFGHISKLMAOPARSTUVW8V2 L ABCOEFGHISKLMAOPARSTUVW8V2 S ABCOEFGHISKLMAOPARSTUVW8V2 S ABCOEFGHISKLMAOPARSTUVW8V2 S ABCOEFGHISKLMAOPARSTUVW8V2	HOUR MIN EARLIEST 1 2 3 4 6 15 11 IN DAPP OFF Im 6 9 10 17 <
I E ABCDEFGHUSKLMNOFORSTUVWSYC J ABCDEFGHUSKLMNOFORSTUVWSYC S ABCDEFGHUSKLMNOFORSTUVWSYC S ABCDEFGHUSKLMNOFORSTUVWSYC	TIMES IN CARE EARLIEST DROP OFF TIME ① ② ③ ⑤ ⑤ ⑤ ⑥ ⑦ 0 ③ ⑥ ⑦ 0 0 0 ⑦ ⑦ 0 0 0 10 0 0 0 10 10 0 0 0 10 10 0 0 10 10 10 10 0 1
ABCOEFGHUAKLMNOFORSTUVMXV2 NABCOEFGHUAKLMNOFORSTUVMXV2 ABCOEFGHUAKLMNOFORSTUVMXV2	INE DROP OFF Ime Im
ABCOEFGHUAKLMNOFORSTUVMXV2 NABCOEFGHUAKLMNOFORSTUVMXV2 ABCOEFGHUAKLMNOFORSTUVMXV2	IN Latest Pick UP Image: Constraint of the state
ABCOEFGHUAKLMNOFORSTUVMXV2 NABCOEFGHUAKLMNOFORSTUVMXV2 ABCOEFGHUAKLMNOFORSTUVMXV2	CARE PICK UP ⑦ ③ ⑨ ⑨ ⑨ ⑨ ⑩ ④ ④ DAYS IN CARE FILL IN ALL THAT APPLY MEALS IN CARE FILL THAT APPLY MEALS IN CARE FIL THAT APPLY MON TUES WED BREAKFAST PM S AM SNACK DINN THURS FRI SAT SAT AM SNACK DINN
ABCOEFGHUAKLMNOFORSTUVMXV2 NABCOEFGHUAKLMNOFORSTUVMXV2 ABCOEFGHUAKLMNOFORSTUVMXV2	DAYS IN CARE FILL IN ALL MEALS IN CARE FIL MON TUES WED BREAKFAST PM S THURS FRI SAT AM SNACK DINN
N A B C C C C C A U A K L M NO PORS TO V M S V Z A A B C C C C C A U A K L M NO PORS TO V M S V Z A A B C C C C C A U A K L M NO PORS TO V M S V Z A A B C C C C C A U A K L M NO PORS TO V M S V Z A B C C C C C A U A K L M NO PORS TO V M S V Z A B C C C C C A U A K L M NO PORS TO V M S V Z A B C C C C C A U A K L M NO PORS TO V M S V Z A B C C C C C A U A K L M NO PORS TO V M S V Z M A B C C C C C A U A K L M NO PORS TO V M S V Z L C A B O C C C C A U A K L M NO PORS TO V M S V Z S R A B C C C C C C A U A K L M NO PORS TO V M S V Z	MON OTUES WED BREAKFAST PM S THURS FRI SAT
A 3 5 5 6 1 5 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1	MON OTUES WED BREAKFAST PM S THURS FRI SAT
A A B C C A B C C C A B C C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C C A C A C C A C C A C C C A C C A C A C A C A C A C A C A C A C A C A C A C A C A C A C A C A C A C A C A C C A C	THURS FRI O SAT O AM SNACK O DINN
ABCOEFGHUJ&LMHOPORSTUVW&YC ABCOEFGHUJ&LMHOPORSTUVW&YC ABCOEFGHUJ&LMHOPORSTUVW&YC ABCOEFGHUJ&LMHOPORSTUVW&YC L C ABODEFGHUJ&LMHOPORSTUVW&YC A O ABCOEFGHUJ&LMHOPORSTUVW&YC S R ABCOEFGHUJ&LMHOPORSTUVW&YC	
- ABCOEFGHUJ&LMHOPGRSTUVM&CC M ABCOEFGHUJ&LMHOPGRSTUVM&CC L C ABODEFGHUJ&LMHOPGRSTUVM&CC A O ABCOEFGHUJ&LMHOPGRSTUVM&CC A O ABCOEFGHUJ&LMHOPGRSTUVM&CC B ABCOEFGHUJ&LMHOPGRSTUVM&CC A C ABCOEFGHUJ&LMHOPGRSTUVM&CC A A ABCOEFGHUJ&LMHOPGRSTUVM&CC A B ABCOEFGHUJ&LMHOPGRSTUVM&CC A	U SUN O DATS VART O LUNCH O EV.S
ABCOEFGH()ACLMNOPORS(000000000000000000000000000000000000	
L C & B • D E F & B · J & C & B & B • D E F & B · J & C & B & B & D & D & C & B & C & D & V & W & S & C & C & C & C & C & C & C & C & C	7. INFANTS IS THE CHILD UNDER 1 YB. OLD7 (Y)
A 0 A B C D E F G H ∪ J K L M N O P O R S T U V W K V Z R A B C D E F G H ∪ J K L M N O P O ● S T U V W X V Z	YOU MUST COMPLETE THIS ENTIRE SECTION IF CHILD IS UNDER 1 YR. (
S & ABCDEFGH1JKLMN0P0051UVWXY2	BRAND OF IRON-FORTIFIED INFANT
	FORMULA (IFIF) OFFERED BY PROVIDER:
	LOW- OR NON-IRON-FORTIFIED INFANT FORMULA FROM PROVIDER OR PA REQUIRES A DOCTOR'S STATEMENT THE IFIF/BREASTMILK & FOOD OPTIONS HAVE BEEN EXPLAINED
T E A B C D E F G H U J K L M N O P O A S G U V W X V Z E A B C D E F G H U J K L M N O P O A S G U V W X V Z	PARENT HAS REVIEWED INFANT AND CACFP INFORMATION GIV
	ON THE BACK OF THIS FORM, AND THE PARENT HAS CHOSEN: CHOOSE ONE IFIF/BREASTMILK OPTION
3 3 5 0	PROVIDER SUPPLIES IFIF OPARENT SUPPLIES BREAS
	(PARENT ACCEPTS BRAND OR IFIF (WRITE IFIF BRAND
	ABOVE) SPACE BELOW)
	BRAND OF IRON-EORTIFIED INFA
	EORMULA (IEIE) FROM PAREN CHOOSE ONE INFANT FOODS OPTION:
	O PROVIDER SUPPLIES O PARENT SUPPLIES
	SUPPLEMENTAL FOODS WHEN DEVELOPMENTALLY SUPPLEMENTAL FOODS & REFUSES THE PROVIDER S
9. ETHNICITY FILL IN ONE 13. PAY SOURCE USE ONLY IF INSTRUCTED FILL IN ONLY ONE	APPROPRIATE FOODS.
HISPANIC/LATINO ONOT HISPANIC OF LATINO OHS/COUNTY OPRIVATE ONO PAY	SEE BACK OF FORM FOR MORE INFANT INFORMATION.
14. PARENT PHONE #	8. SCHOOL INFO COMPLETE THIS SECTION IF YOUR I
	SCHOOL TYPE PRESCHOOL INFO IS NOT NEEDED
AREA CODE ALASKA NATIVE O PACIFIC ISLANDER AREA CODE O HOME WORK	SCHOOL (Traditional) O AM KINDERGARTEN
O ASIAN O WHITE	O HM SCHOOL O PM KINDERGARTEN
BLACK OF AFRICAN AMERICAN 83155541234	O YR SCHOOL O ALL DAY KINDERGAR
11. RELATION FILL IN ONLY ONE LEAVE BLANK IF DOESN'T APPLY 0000000000000000	O AM HEADSTART O ALL DAY HEADSTART
O PROVIDER'S OWN O PROVIDER'S FOSTER CHILD 0 0 0 0 0 0 0 0 0	O PM HEADSTART
HELPER'S OWN ORELATED NON-RESIDENT	(TIMES IN SCHOOL)
12. SPECIAL INFORMATION FILL IN ALL THAT APPLY 3 3 3 3 3 3 3 3 3	HOUR MIN
DOCUMENTATION MAY BE REQUIRED	
SPECIAL DIET ONON-PARTICIPATING 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	5CHOOL (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
SPECIAL NEEDS MIGRANT WORKER'S CHILD 66666666666	(RETURNS (A) (1 () (3 (4 (5 (6 (0) ()
$\bigcirc \bigcirc $	FROM 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Additional information may be written in 🖉 🖲 🖲 🖲 🖲 🖲 🕄 🕄 🕄 🕄 🕄	(DAYS IN SCHOOL)
the notes section on the back of this form	MON TUES WED THURS
Parent/Guardian Name: (Please Print) Leticia Cortez	In accordance with Federal law and U.S. Department of Agricultu policy, this institution is prohibited from discriminating on the bas race or department.
	race, color, national origin, sex, age, or disability. To file a complaint of discrimination write to USDA. Director, Offic Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C 20250-04110 or call (600) 795-3272 (voice) or (202) 720-6382 (T)
City: Salinas state: CA zip: 93901 Alt. Phone: (831) 555-567	5
Parent/Guardian Signature: Leticic Conteg Date: 3/1/09	
Parent/Guardian Signature: Letice Couley Date: 3/1/09	

Claim Information Form (CIF) (Yellow Form)

We have referred to the Claim Information Form, or CIF, earlier in the manual. The CIF is a quick reference that we will send you each month. Note the CIF sample on the next page to familiarize yourself with its contents.

The CIF contains a list of all the currently active children and the number of children. Each child appears on the list together with their age and date of birth. Pay attention monthly to the age category, especially for infants, because the CIF form indicates the child's age by for one day of the month. If a child reaches his first year in the month, remember that they must begin to claim the child on the regular menu from the day they completed their first year.

The CIF also contains several other important pieces of information on children in their care. For example, each child's state (this is usually 'active'), date of entry, each child's relationship to the supplier. Parent's signatures are required. You must also document on the CIF if the child attends your daycare on a legal holiday, day they are not normally in your care, or weekend.

You will notice in the CIF sample that in between some of the children there are several blank spaces, this indicates that the child's number is available to use. You can then choose the number you like for a new child who needs to register. When selecting the number of the child be careful to never use the same number for two different children in your care at the same time. **The CIF must contain only one child per number**.

- Registering New Children: You will authorize the child's registration form to register a new child with the Food Program. Also add the child to the CIF so you can take account of the child and the number that has been assigned to the child for the rest of the month. After you send your monthly reports to our offices, a CIF will be sent to you with the newly-enrolled children listed. Include a Registration form for each new child or the children's meals will not be reimbursed.
- Write the date(s) of the holiday(s) that you were open for care. The national holidays are the following: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving, and Christmas.
- Only complete this area if you provide a doctor's note for a child with a nutrition impediment. If so, write the number of the child.
- Write in the number of children who started Kindergarten or first grade.
- Write the name and number of the child who is leaving the nursery. Please indicate the last day of child care.
- If a child in school is receiving a snack or lunch because they attend your daycare during vacations, a change in schedule, school holiday, minimum day or absence, you must list the child and the reason for the change of time and date.
- After the first two months of their participation, their food service hours will appear on your CIF. If there are any changes in their food service hours, please note them below the Regular Attendance Menu.
- Please sign the signature line and date it. If your signature is missing your report will be considered incomplete and will be sent back for signature.

Below you will find both a sample CIF and a blank CIF. Should you not receive a new CIF in the mail for the month you are claiming for, you can photo copy the blank CIF and write in any of the children in your care. Again you will need parent signatures for each child, but this will be accepted by our program.

	SAMPLE			C	laim Info	ormat	tion Form (CIF)		
_	Jane Smit	eet	License:L	ecknagel, Cynthia arge FCCH-14_	Pho	one: (8	100000Caj	is with your claim forms each n Tier: <u>1S</u> pacity: <u>14</u>	month
_	Test City, CA 0	0001 Lice		2/30/2030	Cou	nty: <u></u>	Santa Cruz Tie	er Exp://	
		Payment	t Method: Chec	<u>.</u>		1 1			_
		Stati	us DOB	DOE	Age	Rela tion	Parent Signature	e Sex	
	1 Ramirez, Jos		12/15/1999	02/26/2008	9Y 4M	N			
	2 Molina, Lau	ira E 🛛 A	08/15/2001	08/16/2008	7Y 8M	N	Lisa Mohna	If a child attends	7
	3 Savala, Paul	lina A	06/09/2000	01/24/2008	8Y 10M	N		daycare during the	
[4 Soto, Claudi	ia A	07/21/2004	02/26/2008	4Y 9M	H		month a Parent	
	5						/	Signature is	
	6 Cool, Joe	А	05/28/1999	08/17/2009	9Y 11M	N	Sarah Cool	required. If <u>CIF is</u> <u>submitted w/out</u>	
	7 Castro, Niko	o A	01/28/2005	05/29/2008	4Y 3M	R	Jane Castro	<u>signature(s) it</u>	
	8 Moya, Jess	A		03/25/2008	5Y 7M	N		will be returned	
	9							and the report	
	10					+		will be held until	
	11 Recknagel, I	Lorena C A	00/03/2007	04/01/2008	1Y 7M	N		CIF is returned.	
	12 Figueroa, M			12/09/2008	3Y 5M	F			-
	12 rigueroa, M		11/0/2003	12/09/2008	51 51				-
-			12/05/2006	10/05/2008	2V 4M	E			-
-	14 Garza, Maria	a A	12/03/2000	10/05/2008	2Y 4M	F		·	_
-	15		+			+		Please note any	\neg
	16 17 Lanaz Allia		02/15/2000	01/10/2000	037.034		<i>д₁₁, 0</i>	changes in scheduled meal	_
	17 Lopez, Allis	son A	02/15/2000	01/12/2009	9Y 2M	N	Allison Lopez	times.	_
	18 Docume	ent the		Please docu	iment why s	school a	age children		_
	19 child's #	# that enter		are eating A	AM snack or	r lunch.	Meals will	_ /	
	1.51 1	garten or		be disallow	ved if no doo	cument	ted is noted.	/	
	21 1 st grade	e			<u> </u>				
	2 Document if you	1 11/01/0					required.		
	2. open on a Holida						returned for		
	2. Meals will be						be held until		
	2. disallowed if no documentation is				CIF is				
	2	s noted					/I	lease note child # for ny child/ren who have a	1
	27 Please note					1		r. Note for an Allergy	-
	28 child's last da	av of		/		1	or	Special Diet. Include	1
	29 attendance.					1 1	it	in monthly report	1
	30	┯╼┛╢┈		/					-
-	31			/		1 1			-
<u> </u>		-}↓ [⊥]	TT 1: 1			<u> </u>			_
	oen on Holiday: Dates: nildren Starting Kinder		_Holidays:		Grade:	ow w/ . #	Doctor's Statement: # Grade: #G	Frade:	
	ildren leaving your ca	re	/			T			
	ame: <u>Allison Lopez</u>	# 16	Last Day in Ca	are: <u>05</u> / <u>10</u> /	_09			eal Times	
	nme:	#	_ Last Day in C	Care://	/		Shift 1 Breakfast: 8:00	Oam a 7:00am a	
	st all school aged child <u>7</u> Reason: <u>Summe</u>				/		AM Snack AM: 10:00		
#-	Reason: <u></u>				-'		Lunch: 12:00		
#		<u>,27 iviiiiiiiiiaii e</u>	<u>xujo</u>	Date: 05_/_1				Dpm a 2:00pm a	
Li	st days closed							pm a 4:00pm a	
	¥	2.4.5				_	T	raining	
LR	st Days Closed: <u>1,2,</u>	<u>5,4,5</u>					You may note additional comm		
Si	gnature: Jan	<u>ie Smith</u>		Date: 0	<u>5 18/09</u>		variances, school age children who attend am snack or lunch or any pertinent information on the back of the CIF. Meals will be		
	e the other side of this f		nal notes or com			lisallowed if variances like thes			

		Monitor: Provider ID: License: Telephone: (ID: ne: () nty:	You must return this with your claim forms end			
		Status	DOB	DOE	Age	Relation	Pa	rent Signature	Sex
1					8-				
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19		_				_			
20									
21									
22									
23									
24									
26									
27									
28									
29									
30									
31									
32									
Open	n on Holiday: Date(s)	:	Holid	ay(s):		_Child(ren) now		or's Statement: #	
Child	lren Starting Kinderg	arten/1st Grade:	# Grade :	# Grad	le : #	Grade :			
Name	dren leaving your care e:	e: # I	Last Dav in Care :	/ /			L	egend	
Nam	e:	# I	Last Day in Care :	//		Relation		School Le	
Lists	all school agod shild	on who attanded	AM Speek or Lun	ch:		O – Own Child F – Foster Child		A – A.M. Kinder	
	List all school aged children who attended AM Snack or Lunch: #Reason :Date :					R - Related,		D – A.M. Head Start H – Home School	
#	Reason : Date : / / Non-Resident K ·				K – Kindergarten	L			
#	Reason :		Da	ite : / /	:// l			L – All Day Head Start M – P.M. Kindergarten	
						H – Helpers Ch Status		N - No School	ganen
						A – Active		P – P.M. Head St	art
						P – Pending W – Withdrawi		S – School Age Y – Year Round	School
Sime	ature:			Date: /	,	w - w undrawi	1		Senoor

Claim Information Form (CIF)

CN Label

IMPORTANT MESSAGE FOR PROVIDERS: FOOD REIMBURSEMENT Food Commercially Prepared and Required CN Labels or Nutrition Labels

CACFP requires that the providers that serve food that are commercially prepared obtain the CN label of the food package. These labels must be submitted with your report so that CACFP can reimburse you for these foods.

Commercial Prepared Foods: Are any fast food or frozen, such as: Burritos, pizza, corn dogs, chicken nuggets, steak or breaded fish.

CN Label: Is a label for a product that contains a statement that identifies the contribution that this product offers and the meal pattern requirements. All the labels that are approved have an identification number consisting of six numbers printed inside the CN label and in the upper right corner (these labels meet CACFP requirements, see example below).



Requirements. (use of this logo and statement authorized by the Food and Nutrition Service, USDA 08/00 av

av

000000

ΩN

Nutrition Label: Specifies the grams of protein, fat, cholesterol, sodium, sugar and calories per serving. These labels do not always meet CACFP requirements and must be approved before the food is reimbursed (see the example of the nutrition label below).

These labels are acceptable if the first ingredient is meat, fish, chicken or vegetables.

Cut under the line and a	send to: Community Bridges Food Program 236 Santa Cruz Ave Aptos CA 95003	Nutrition Facts Serving Size ¼ cup (55g) Servings Per Container 5 Amount Pix Serving Calories 250 Calories from Fat 50 % Daily Value*
Name of Provider	Date	Total Fat 6g 9% Saturated Fat 0.5g 3% Cholesterol <5mg
Address	Telephone	Total Carbodydrate 40g 13% Dietary loer 4g 16% Sugay 18g 18% Protyrin 9g 18%
Product Name	Manufacturer	Vamin A 25% - Vitamin C 50% - Calcium 30% - Iron 5% Percent Daily Values based on a 2.000 Calorie diet
Dut the CN Nutrition		

Put the CN Nutrition label here:

Instructions for Medical Statement

The following are instruction for the Medical Statement form found on the next page.

- 1. School/Agency: Print the name of the school or agency that is providing the form to the parent.
- 2. Site: Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
- 3. Site Telephone Number: Print the telephone number of site where meal will be served. See #2.
- 4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
- 5. Age of Participant: Print the age of the participant. For infants, please use Date of Birth.
- 6. Name of Parent or Guardian: Print the name of the person requesting the participant's medical statement.
- 7. **Telephone Number:** Print the telephone number of parent or guardian.
- 8. **Check One:** Check (\checkmark) a box to indicate whether participant has a disability or does not have a disability.
- 9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, allergy to peanuts, etc.)
- 10. If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability: Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction."
- 11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
- 12. Indicate Texture: Check (\checkmark) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
- 13. A. Foods to Be Omitted: List specific foods that must be omitted. For example, the "exclude fluid milk."
 - B. Suggested Substitutions: List specific foods to include in the diet. For example, "calcium fortified juice."
- 14. Adaptive Equipment: Describe specific equipment required to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, etc.)
- 15 **Signature of Preparer:** Signature of person completing form.
- 16. **Printed Name:** Print name of person completing form.
- 17. Telephone Number: Telephone number of person completing form.
- 18. **Date:** Date preparer signed form.
- 19. Signature of Medical Authority: Signature of medical authority requesting the special meal or accommodation.
- 20. Printed Name: Print name of medical authority.
- 21. Telephone Number: Telephone number of medical authority.
- 22. Date: Date medical authority signed form.

DEFINITIONS*:

"A Person with a Disability" is defined as any person who has 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 an impairment.

"Physical or mental impairment" means (a) any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive, digestive, genito-urinary; hemic and lymphatic; skin; and endocrine; or (b) any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

"Major life activities" are functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

"Has a record of such an impairment" is defined as having a history of, or have been classified (or misclassified) as having a mental or physical impairment that substantially limits one or more major life activities.

(*Citations from Section 504 of the Rehabilitation Act of 19

Medical Statement Form

For Special Meals and/or Special Accommodations

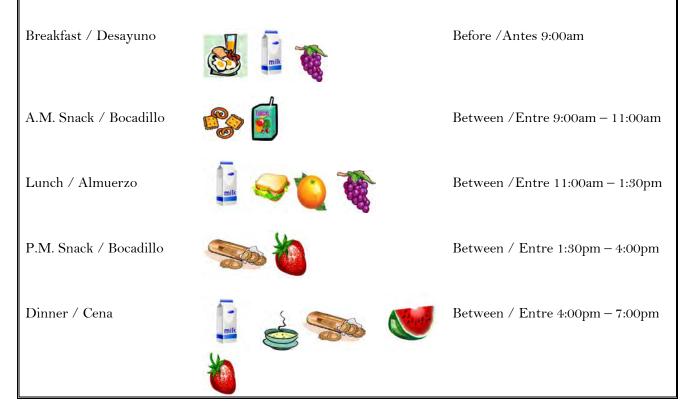
1. SCHOOL/AGENCY	2. SITE		3. SITE TELEPHON	NE NUMBER					
4. NAME OF PARTICIPANT			5. AGE OR DATE C	OF BIRTH					
6. NAME OF PARENT OR GUARDIAN			7. TELEPHONE N	UMBER					
 8. CHECK ONE: Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to definitions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign this form. Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or registered nurse must sign this form. 9. DISABILITY OR MEDICAL CONDITION REQUIRING A SPECIAL MEAL OR ACCOMMODATION: 10. IF PARTICIPANT HAS A DISABILITY, PROVIDE A BRIEF DESCRIPTION OF PARTICIPANT'S MAJOR LIFE ACTIVITY AFFECTED BY THE DISABILITY: 11. DIET PRESCRIPTION AND/OR ACCOMMODATION: (PLEASE DESCRIBE IN DETAIL TO ENSURE PROPER IMPLEMENTATION) 									
12. INDICATE TEXTURE:									
Regular Chopped		Ground	Pureed						
13. FOODS TO BE OMITTED AND SUBSTITUTIONS: (PLEAS. ATTACH A SHEET WITH ADDITIONAL INFORMATION)	E LIST SPECIFIC	FOODS TO BE OMITTED AN	ID SUGGESTED SUBSTITUTIO	ONS. YOU MAY					
A. Foods To Be Omitted		B. Suggested Substitutions							
14. ADAPTIVE EQUIPMENT:									
15. SIGNATURE OF PREPARER* 16.	PRINTED NAME		17. TELEPHONE NUMBER	18. DATE					
19. SIGNATURE OF MEDICAL AUTHORITY* 20.	PRINTED NAME		21. TELEPHONE NUMBER	22. DATE					

* Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or registered nurse must sign the form.

The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

In accordance with Federal law and U.S. Department of Agriculture policy, this agency 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, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Meal Time for the Child Care Food Program/ Los Horarios de Servicio de Comidas de CCFP



*In order to claim a child's meal they need to be in attendance for at least 15 minutes of the lunch or dinner meal service and 10 minutes of the breakfast or snack meal service. They do not need to be sitting for this whole time, but they do need to be in the center.

*Para reclamar comidas del almuerzo o cena para un niño, deberán de permanecer por lo menos 15 minutos para el servicio de comida y para el desayuno y las meriendas deben de permanecer 10 minutos por lo menos. Los niños no necesitan permanecer sentados por todo el tiempo completo, nomás necesitan estar presentes en la guardería y que se les ofrezca la comida o bocadillo.

Regulations for Capacity in Regards to Licensing

If your license is for 6 to 8 children, you may care for:

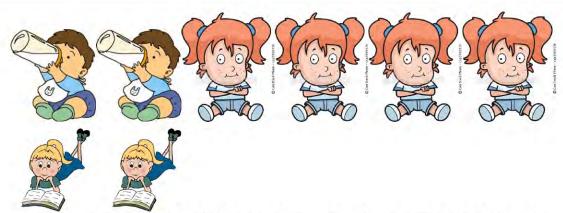
Only four babies (between 0 and 24 months)



Three babies and three older children (aged 2 or older); or Two babies and four older children; or One baby and five older children; or Six older aged children



If your license allows for a capacity of 8 children, or if you have signed an "addendum" that you have in addition to your license, you may care for:

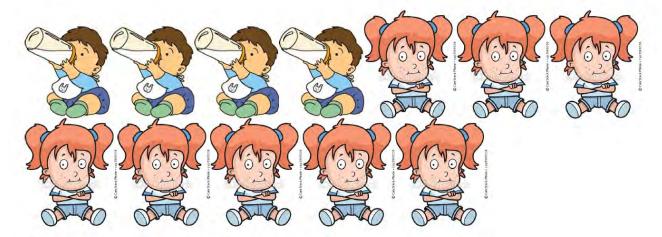


Two babies and six older children (at least two children aged 6 or older); or One baby and seven older children (at least two children aged 6 or older); or Eight older aged children (at least two children aged 6 or older)

Babies are children between 0 and 24 months of age

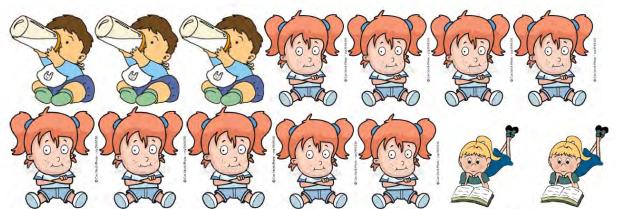
Regulations for Capacity in Regards to Licensing

If your license is for 12 to 14 children, you may care for:



Four babies and six older children (aged 2 or older); or Three babies and nine older children; or Two babies and ten older children; or One baby and eleven older children; or Twelve older-aged children

If your license allows for a capacity of 14 children, or if you have signed an "addendum" that you have in addition to your license, you may care for:



Three babies and eleven older children (at least two children aged 6 or older); or Two babies and twelve older children (at least two children aged 6 or older); or One baby and thirteen older children (at least two children aged 6 or older); or Fourteen older-aged children (at least two children aged 6 or older);

Babies are children between 0 and 24 months of age