



CHILD CARE FOOD PROGRAM

FAMILY CHILD CARE OVERVIEW

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Family Central, Inc. (FCI) would like to welcome you to the USDA Child Care Food Program (CCFP). The U.S. Congress established the CCFP in 1968 to help ensure the provision of proper nutrition to a growing number of young children receiving a significant portion of their daily food intake in child care settings. The program also helps children develop desirable eating habits and learn about healthy food choices at an early age.

In 1971, FCI began as an organization to assist working poor families in need of subsidized child care. Nationally accredited by the Council on Accreditation and certified by the International Association of Continuing Education and Training, FCI has grown into an agency serving over 18,000 children in South Florida annually through family strengthening, early learning initiatives, the Child Care Food Program and educational training. FCI has operated a family child care program since 1980. FCI is a sponsor of the CCFP in southeast Florida.

In an effort to creatively and collaboratively meet the ever changing needs within the child welfare system, FCI was acquired by Kids In Distress, Inc (KID). This allowed for a greater continuum of care with lower administrative costs. Founded in 1979, KID started as a shelter for abused and neglected children. KID is a nationally accredited agency dedicated to the prevention of child abuse, the preservation of family, and the treatment of abused and neglected children.

If at any time you have questions about the CCFP, please contact one of the following:

- **Jessy Allain-Mena**, Claims Specialist for Family Child Care Homes – 954-724-3969
- **Sheron Givings**, CCFP Quality Assurance Coordinator – 954-724-3962
- **Michelle Rosegreen**, Chief Program Officer – Broward – 954-724-4060

As a trusted community partner, Family Central looks forward to assisting you in providing nutritious meals and nutrition education to the children in your care.



Child Care Food Program Overview

The CCFP is funded by the U.S. Department of Agriculture and administered in the State of Florida by the Department of Health. The CCFP is a branch within the Policy and Program Development Division of the Child Nutrition Programs, along with the School Programs Branch, which runs the National School Lunch Program. An estimated 3.3 million children and 120,000 elderly or mentally or physically impaired adults in non-residential, child-care settings are serviced by the CCFP annually. In Florida, over 300,000 children participate in the CCFP each year.

Beginning in 1976, family child care homes became eligible to participate in the CCFP provided that they met State licensing guidelines. Initially, reimbursement rates for meals and snacks served in homes, like those served in centers, were based on a means test of the family incomes of individual children. Family Central became a sponsor of the child care food program in 1980 and now sponsors child care centers and family child homes in multiple counties all over South Florida.

Eligibility & Determination

Family day care homes participating must be licensed by the appropriate child care licensing authority.

Reimbursement is determined by the number of eligible enrolled participants who are served creditable meals and the current reimbursement rates set by the U.S. Department of Agriculture.

The provider's own children may qualify for program participation if the location of the home qualifies for Tier I reimbursement rates and the household income (listed on a Provider Income Statement) meets certain guidelines. Reimbursement for the provider's own children must be pre-approved by Family Central.

Attendance is required at one (1) food and nutrition workshop each year. The Food Program year runs from October 1st to September 30th.



Family Child Care and Large Family Child Care Licensing Capacity Guidelines

The Child Care Regulation Program is responsible for regulating programs that provide services that meet the statutory definition of “child care.” Five counties have decided to designate a local licensing authority to regulate child care providers in their areas. The following counties have elected to exercise this option: Broward, Hillsborough, Palm Beach, Pinellas and Sarasota.

The staff of Family Central’s Child Care Food Program are required to report any health, safety and licensing concerns to the appropriate agency. As such, it is extremely important for child care providers to maintain licensing ratios at all times.

Under no circumstances will the Child Care Food program reimburse providers for meals/snacks over their licensed capacity.

In the Family Central service area, licensing capacities are as follows, except for Palm Beach:

A family day care home may provide care for one of the following groups of children, which shall include household children under 13 years of age:

- A. A maximum of four children from birth to 12 months of age.
- B. A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children.
- C. A maximum of six preschool children if all are older than 12 months of age.
- D. A maximum of 10 children if no more than 5 are preschool age and, of those 5, no more than 2 are under 12 months of age.

A large family child care home may provide care for one of the following groups of children, including household children under 13 years of age:

- A. A maximum of 8 children from birth to 24 months of age.
- B. A maximum of 12 children, with no more than 4 children under 24 months of age.

If in doubt, please refer to the Family Child Care Ratio chart.

Palm Beach County

A family child care home shall be allowed to provide care for one of the following groups of children, which shall include those children under the age of thirteen (13) years of age who are related to the caregiver, or who are household members:

- A. A maximum of four (4) children from birth to twelve (12) months of age for a total of 4 children;
- B. A maximum of six (6) children from birth to twelve (12) years of age, for a total of 6 children, provided that no more than three (3) of the children are younger than twelve (12) months of age.

All children present in the facility under the age of thirteen (13) years of age, whether or not related to the caregiver, or who are household members, and whose parents are absent from the facility, including children away from the facility on field trips, shall be counted in determining compliance with these rules and regulations.

A large family child care home shall be allowed to provide care for one of the following groups of children, which shall include household children under 13 years of age:

- A. A maximum of 8 children from birth to 24 months of age.
- B. A maximum of 12 children, with no more than 4 children under 24 months of age.

Please contact your local child care licensing agency with any questions or concerns regarding licensing guidelines.

FL Child-to-Adult Ratios for Child Care Registered and Licensed FCC Homes* – Effective 1/1/97



Ratio clarification chart is on left. The Florida law (Chapter 402) in boxes on right for **both** registered and licensed FCC homes. Provider's own children are included in the count (0-12yrs) ***15 counties require a license:** Brevard, Broward, Clay, Duval, Hernando, Hillsborough, Manatee, Miami-Dade, Nassau, Palm Beach, Pasco, Pinellas, Polk, Sarasota, and St. John's. *Palm Beach and Pinellas counties each have their own separate ratio rules.*

Infant (0-11 mos.)	Preschool (12mos-5yr+)	School Age (in K & older)	Total
4	0	0	4
3	3	0	6
3	2	1	6
3	1	2	6
3	0	3	6
2	4	0	6
1	5	0	6
0	6	0	6
2	3	5	10
2	2	6	10
2	1	7	10
2	0	8	10
1	4	5	10
1	3	6	10
1	2	7	10
1	1	8	10
1	0	9	10
0	5	5	10
0	4	6	10
0	3	7	10
0	1	9	10
0	2	8	10
0	1	9	10
0	0	10	10

a) A maximum of four children from birth to 12 months of age

b) A maximum of three children from birth to 12 months of age, and other children, for a maximum total of six children
c) A maximum of six preschool children if all are older than 12 months of age

d) A maximum of 10 children if no more than five are preschool age and, of those five, no more than two are under 12 months

VPK in FCC Homes – Effective Fall 2005

VPK 1:6 (minimum of 4 children 4yrs old by Sept.1)

VPK homes must be licensed and providers must have their CDA and Director credentials and be approved by their local Early Learning Coalition to offer the VPK program.

A provider can meet only one category (a, b, c, or d) at a time. However, he/she is not limited to one category on the registration or license and may change to a different category at various times throughout the day or week.

LARGE FAMILY CHILD CARE HOMES - Effective 1/1/00

Ratios are for **licensed large** FCC homes with **2 providers present** (one must have a staff credential - CDA or FCCPC) caring for the children. The providers own children are included in the count (0-12 yrs).

<i>Infants & Toddlers (0 - 23 months)</i>	<i>Preschool & School-Age (24 months and older)</i>	<i>Total</i>	VPK 2:12
8	0	8	a) A maximum of 8 children from birth to 24 months of age
7	1	8	
6	2	8	
5	3	8	b) A maximum of 12 children, with no more than 4 children under 24 months of age
4	8	12	
3	9	12	
2	10	12	
1	11	12	
0	12	12	

Child Care Centers - Staff to Child Ratio

0-11 mos. 1:4 1 year 1:6 2 years 1:11 3 years 1:15 4 years 1:20 5 yrs & older 1:25
VPK 1:11 or 2:20 (effective fall 2011)

402.305 (4)(a)(7) When children 2 years of age and older are in care, the staff-to-child ratio shall be based on the age group with the largest number of children within the group.

Provider Tiering

For reimbursement purposes, providers on the Child Care Food Program will be classified as follows:

Tier I

Those providers living in a designated low-income area or who themselves qualify by income. These providers are eligible to receive Tier I rates for all the children in their care.

Tier II

All providers who do not qualify as Tier I providers. They will receive Tier II reimbursement rates for all the children in their care except as indicated below.

Mixed Tier

Providers who care for some children who qualify by income for Tier I rates. They will receive reimbursement for those children at Tier I rates and the others at Tier II rates.



Tier I Eligibility

Providers in any one of the following categories are eligible to receive Tier I Reimbursement Rates for all children in their care:

1. Providers living within an elementary school boundary classified as needy by the School Board. These are schools that have 50% or more of its enrollment eligible to receive free or reduced lunches. Family Central and the School Board will confirm school boundaries.
2. Providers living in a needy area as determined by Census Tract Data. Family Central will review census data for those homes in a school boundary falling just under needy school guidelines, which are those schools with 40%-49.9% of its population qualifying for free or reduced lunches.
3. Providers living outside an elementary school boundary classified as needy but who themselves qualify by income using free and reduced meal income guidelines. A Provider Income Statement must be submitted to Family Central and income information must be documented with a copy of the most current tax returns for self-employed household members and/or pay stubs for family members and/or signed payment agreements from the parents to the provider. This information must be updated annually.

Mixed Tier Eligibility

Providers not meeting Tier I guidelines may be reimbursed at Tier I rates for specific children in their homes. Children may qualify for Tier I reimbursement rates by using the free and reduced-price meal income eligibility guidelines. These families must qualify by completing Household Income Statements and returning these statements to Family Central. The provider will not have access to this information, as it must remain confidential.

Tier II providers have the option to distribute and collect Income Statements from the parent/guardian and return the completed forms to Family Central with written consent from the parent/guardian; or distributing Income Statements to the parent/guardian and having the parent/guardian return the Income Statements directly to Family Central.

If Tier II providers want to collect and transmit Income Statements, the provider must ensure that each household is informed that:

1. The household is not required to complete an Income Statement in order for the household's child(ren) to participate in the Child Care Food Program;
2. The household has the option of returning the completed Income Statement either:
 - Directly to the sponsor at the address indicated on the form
 - or -
 - To the provider with written consent from the household allowing the provider to collect the form and transmit it to the sponsor on the household's behalf



In order to maintain confidentiality providers will receive only the total number of children in their care receiving Tier I and Tier II rates, as the names of the clients who fit in each category cannot be released. If a parent refuses to fill out an application, providers will be reimbursed at the Tier II rate.

Meal Reimbursement Rates for Child Care Homes

July 2020 – June 2021

Type of Meal Served	Tier I	Tier II
Breakfast	1.39	.50
Lunch and Supper	2.61	1.58
AM and PM Snack	.78	.21

Providers will receive their reimbursement checks the month following each claim month.

Providers will also be issued a "1099" form for tax purposes every year.

Child Eligibility

The Child Care Food Program will reimburse up to two meals and one snack or two snacks and one meal per child, per day. Reimbursable meals and snacks may be served to eligible children 12 years of age and younger; migrant children may be served through age 15 and children with disabilities may be served regardless of their age, if the majority of the persons being served are 18 or under.

Provider Income Statements

Provider Income Statements must be completed and returned to Family Central in the following instances:

1. Any provider who has his/her own child(ren) or any child living in the provider's home on the Child Care Food Program. One (1) application per child must be returned with an enrollment form.



2. Providers who live outside a Tier I area who feel they qualify for Tier I rates. Verification of income must be attached.

Provider's Own Children

Provider's children are eligible to participate in the CCFP only in a Tier I home and only if they are determined to be eligible for reimbursement based on income, Food Stamps or TANF eligibility. Income eligibility is determined by the completion of a Provider Income Statement for each child and must be updated annually.

The term "provider's own children" refers to any children who reside in the household, such as the provider's own children by birth or adoption, grandchildren or a housemate's children who are part of the economic unit. It does not include foster children residing in the provider's home, since a foster child is a separate economic unit.

If a provider's own children are cared for in a Tier I home but they do not qualify for reimbursement, then the provider cannot claim reimbursement for their meals.

Meals served to the provider's own children may be reimbursed only if the following three conditions are met:

1. The provider's own children must be enrolled and participating in the CCFP during the time of the meal service.
2. Other enrolled nonresidential children (not the provider's own children or the provider's foster children) must be served reimbursable meals during the same meal service.
3. The provider must have an approved Provider Income Statement on file at the sponsor's office to document that the provider's household is eligible based on income, Food Stamps or TANF.

Record Keeping Requirements

In order to be reimbursed properly, the following documents must be returned to Family Central as indicated below:

1. Enrollment forms for newly enrolled children must be faxed within three days with the original submitted by the end of the enrollment month. A child will remain in 'pending' status and will not be reimbursed if an original enrollment form is not received on time. If we do not receive the original enrollment form(s) by the 5th day of the following month child(ren) will remain in a pending status and will not be paid.
2. Infant Feeding Forms for all newly enrolled infants (children under one year of age) must be faxed within three days with the original submitted by the end of the enrollment month
3. Medical statements must be submitted for infants not able to drink formula with iron, per



requirements. This includes formula such as Nutramigen.

4. The Child Care License must be submitted upon renewal to avoid reimbursement delay.

Forms, as appropriate, must be signed and dated by the parent and provider.

Child Care Food Program (CCFP) regulations require family child care home providers to maintain the following program records:

- Menus
- Meal counts (electronically)
- New or updated enrollment/child participation forms
- Infant feeding forms
- Other related documents

Maintaining these records at the family child care home ensures records are available for review, creates an audit trail that allows reviewers to verify the accuracy of records at the sponsor's office and at the provider's home, and allows the provider to confirm that reimbursements are accurate and that no errors have occurred in the payment process.

If, on any given day, you are unable to record your meals electronically due to technical issues, you must immediately call the hotline. Meals must be recorded on the Temporary Claim Form. CCFP policy requires that records supporting CCFP claims be retained for three (3) fiscal years after the fiscal year to which they pertain, except in cases where there are unresolved audit/review findings, in which case the records must be retained until any such audit/review findings are resolved.

In an effort to minimize the burden on providers, only those records for the current month and the previous twelve (12) months must be maintained on-site. Providers may store the remaining two years of records off-site. However, these records must remain in the control of the provider and be accessible within five (5) days of the reviewer's request. Records can be maintained as hard copies or in an electronic format.

As part of each on-site review providers may be asked to see their program records for the last 13 months.

Child Care Food Program Meal Pattern for Children

The Child Care Food Program (CCFP) provides aid to child care institutions and family day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. **Child care providers must ensure that each meal served to children contains, at a minimum, each of the food components in the amounts indicated for the appropriate age group as stated in the CCFP Meal Pattern for Children.**

Child Meal Pattern Food Components:		Age Group and Serving Size:		
		1 and 2 year olds:	3 – 5 year olds:	6 – 18 ¹ year olds:
Breakfast (3 components)	Milk²			
	Fluid milk	4 fluid ounces	6 fluid ounces	8 fluid ounces
	Vegetables, fruits, or portions of both³			
	Vegetable(s) and/or fruit(s)	1/4 cup	1/2 cup	1/2 cup
Lunch/Supper (5 components)	Grains^{*5,6,7,14} *whole grain, whole grain-rich, enriched			
	Bread	1/2 slice	1/2 slice	1 slice
	Bread product such as biscuit, roll, muffin	1/2 serving	1/2 serving	1 serving
	Cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup
	Meat and Meat Alternates			
	Lean meat, poultry, or fish ¹⁰	1 oz.	1 1/2 oz.	2 oz.
	Tofu, soy products, or alternate protein products ¹¹	1 oz.	1 1/2 oz.	2 oz.
	Cheese	1 oz.	1 1/2 oz.	2 oz.
	Large egg	1/2 egg	3/4 egg	1 egg
	Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
	Peanut butter or soybean butter or other nut/seed butters	2 Tbsp.	3 Tbsp.	4 Tbsp.
	Yogurt, plain or flavored, unsweetened or sweetened ¹²	4 oz. or 1/2 cup	6 oz. or 3/4 cup	8 oz. or 1 cup
	Peanuts, soybeans, tree nuts, or seeds ⁹	1/2 oz. = 50%	3/4 oz. = 50%	1 oz. = 50%
	Vegetables^{3,4}			
	Vegetables	1/8 cup	1/4 cup	1/2 cup
	Fruits^{3,4}			
	Fruits	1/8 cup	1/4 cup	1/4 cup
	Grains^{*5,7} *whole grain, whole grain-rich, enriched			
	Bread	1/2 slice	1/2 slice	1 slice
	Bread product such as biscuit, roll, muffin	1/2 serving	1/2 serving	1 serving
	Cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup

Note: Milk must be served with each breakfast, lunch and supper meal. Between a child's first and second birthday, whole milk is required. After the child's second birthday, it is required that lowfat or fat-free milk be served. Flavored milk cannot be served to children less than 6 years of age.

Conversions:

1/2 cup = 4 fl. oz.
3/4 cup = 6 fl. oz.
1 cup = 8 fl. oz.

1 pint = 2 cups
1 quart = 2 pints = 4 cups
1 gallon = 4 quarts = 16 cups

CCFP Meal Pattern for Children (continued)

Child Meal Pattern Food Components:		Age Group and Serving Size:		
		1 and 2 year olds:	3 – 5 year olds:	6 – 18 ¹ year olds:
Snack ¹³ (Select 2 different components)	Milk²			
	Fluid milk	4 fluid ounces	4 fluid ounces	8 fluid ounces
	Meat and Meat Alternates			
	Lean meat, poultry or fish ¹⁰	1/2 oz.	1/2 oz.	1 oz.
	Tofu, soy products, or alternate protein products ¹¹	1/2 oz.	1/2 oz.	1 oz.
	Cheese	1/2 oz.	1/2 oz.	1 oz.
	Large egg	1/2 egg	1/2 egg	1/2 egg
	Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
	Peanut butter or soybean butter or other nut/seed butters	1 Tbsp.	1 Tbsp.	2 Tbsp.
	Yogurt, plain or flavored, unsweetened or sweetened ¹²	2 oz. or 1/4 cup	2 oz. or 1/4 cup	4 oz. or 1/2 cup
	Peanuts, soybeans, tree nuts, or seeds	1/2 oz.	1/2 oz.	1 oz.
	Vegetables³			
	Vegetables	1/2 cup	1/2 cup	3/4 cup
	Fruits³			
	Fruits	1/2 cup	1/2 cup	3/4 cup
	Grains*^{5,7}			
	*whole grain, whole grain-rich, enriched			
	Bread	1/2 slice	1/2 slice	1 slice
	Bread product such as biscuit, roll, muffin	1/2 serving	1/2 serving	1 serving
	Cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup
	Ready-to-eat breakfast cereal (dry, cold) ⁸			
	Flakes or rounds	1/2 cup	1/2 cup	1 cup
	Puffed cereal	3/4 cup	3/4 cup	1 1/4 cup
	Granola	1/8 cup	1/8 cup	1/4 cup

1. Larger portion sizes than specified may need to be served to children 13 through 18 years old to meet their nutritional needs.
2. For children age one – must be unflavored whole milk.
For children two through five years – must be unflavored low-fat (1 percent) or unflavored fat-free (skim) milk.
For children six years and older – must be unflavored or flavored low-fat (1 percent) or fat-free (skim) milk.
3. Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
4. A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
5. At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count towards meeting the grains requirement.
6. At breakfast, meat and meat alternates may be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat and meat alternates is equal to one ounce equivalent of grains (one serving).
7. Beginning October 1, 2021, ounce equivalents will be used to determine the quantity of creditable grains.
8. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal).
9. At lunch and supper, no more than 50% of the meat/meat alternate requirement can be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement. For purpose of determining combinations, 1 ounce of nuts or seeds is equal to 1 ounce of cooked lean meat, poultry, or fish.
10. The serving size for lean meat, poultry, or fish is the edible portion as served.
11. Alternate protein products must meet the requirements in Appendix A of Part 226.
12. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
13. At snack, select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
14. Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is 1/4 cup for children ages 1-2; 1/3 cup for children ages 3-5; and 1/2 cup for children ages 6-18.

Updated October 2017 with minor revisions October 2019

CCFP Meal Pattern for Children *(continued)*

Child care providers have the unique opportunity to ensure healthy eating habits are developed early and promote wellness to all children in their care.

Fluid Milk:

- After the child's first birthday and prior to the second birthday, whole milk must be served.
- After the child's second birthday, lowfat (1%) or fat-free milk must be served.
- Flavored milk is not allowed for children under the age of six. Children ages six and older may be served lowfat or fat-free flavored milk.
- The type(s) of milk served must be noted on the menu (fat content and unflavored or flavored).

Vegetable or fruit or juice:

- Vegetable or fruit juice must be full-strength, pasteurized, and 100% juice. Unless orange or grapefruit juice, it should also be fortified with 100% or more of Vitamin C.
- Fruit juice must not be served more than once a day.
- One cup of leafy greens counts as ½ cup of vegetables.
- Less than 1/8 cup of vegetables and fruits may not be counted to meet the vegetable and/or fruit component.
- At lunch and supper, one vegetable and one fruit or two different vegetables may be served (two fruits may not be served to meet this requirement).

Grains:

- Grain foods must be whole grain, enriched, or made from whole grain or enriched meal or flour. Bran and germ are counted as enriched or whole-grain meals or flours. Corn masa and masa harina are considered whole grain-rich. Corn flour, corn meal, and other corn products must be whole or treated with lime (nixtamalized) to be considered whole grain-rich.
- At least one serving per day, across all eating occasions, must be whole grain-rich. 100% whole grain strongly encouraged. This must be noted on the menu (e.g. "whole grain bread" or "WG Bread" or "WGR crackers").
- Only ready-to-eat and cooked breakfast cereals containing 6 grams (g) of sugar or less per dry ounce may be served (refer to the Florida WIC Approved Cereal List).
- Prepackaged grain products must have enriched flour or meal or whole grains as the first ingredient listed on the package.
- Grain-based desserts (e.g. cookies, donuts, granola bars) do not count towards meeting the grains requirements.

Meat or meat alternate:

- Commercially processed combination foods (convenience entrees – frozen or canned) must have a CN Label or manufacturer's Product Formulation Statement stating the food component contribution to the meal pattern.
- A serving of cooked dry beans or peas may count as a vegetable or as a meat alternate, but not as both components in the same meal.
- Yogurt must not contain more than 23 g of total sugars per 6 ounces (15 g per 4 ounces or 3.8 g per ounce).
- At breakfast, meat/meat alternates *may* be used to meet the entire grains requirement a maximum of three times a week. One ounce of meat/meat alternate is equal to one ounce equivalent of grains (one serving).

****Please note that donated foods cannot be used to contribute to the meal pattern requirements****



Additional Information

Tofu and Soy Products

Commercial tofu and soy products may be used to meet all or part of the meat and meat alternate component. 2.2oz of tofu credits as 1oz meat alternate.

Deep-fat friend foods that are prepared on-site cannot be part of the reimbursable meal. For this purpose, deep-fat frying means cooking by submerging food in hot oil or other fat. Foods that are pre-fried, or pan-fried by a commercial manufacturer may be served, but must be reheated by a method other than frying.

Water Availability

Child care providers must ensure that children participating in the CCFP have access to free, potable water during meal services and throughout the day upon request.

Water can be made available to students through options including:

- Serving water in addition to milk at meal times
- Serving water at snack when no beverage is listed on the menu
- Water pitchers and cups are available for use throughout the day
- Cups available next to water fountains or faucets
- Providing water when requested

Children must be allowed to freely access water during the entire meal service. Water is not part of the reimbursable meal and children are not required to take water.

Child care centers must also offer water to children throughout the day. For very young children, this may require visual cues, such as showing the cup or pitcher while verbally offering the water.



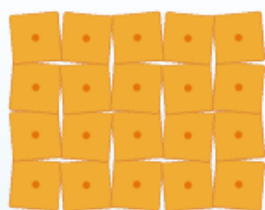
United States Department of Agriculture

Food and Nutrition Service

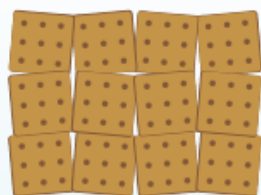
Using Ounce Equivalents for Grains in the Child and Adult Care Food Program

Grains are an important part of meals in the Child and Adult Care Food Program (CACFP). To make sure children and adults get enough grains at CACFP meals and snacks, required amounts for the grains component are listed in the meal pattern as ounce equivalents (oz. eq.). Ounce equivalents tell you the amount of grain in a portion of food.

How Much Is 1 Ounce Equivalent?



20 cheese crackers
(1" by 1") = 1 oz. eq.



12 thin wheat crackers
(1 ¼" by 1 ¼") = 1 oz. eq.



5 woven whole-wheat crackers
(1 ½" by 1 ½") = 1 oz. eq.

Using the Grains Measuring Chart

The Grains Measuring Chart on pages 2-4 tells you how much of a grain item you need to serve to meet CACFP meal pattern requirements. To use this chart:

1

Find the grain you want to serve under the "Grain Item and Size" column.

2

Check if the chart lists a size or weight by the name of the grain. If the chart:

Lists a weight for the grain, such as *at least 56 grams*, then use the Nutrition Facts label for the item you want to serve to make sure it weighs the same, or more than, the grain on the chart. See page 5.

Does not list a weight or size for the grain, then you do not need to check the size or weight of the product before using the chart.

Lists a size for the grain, such as *about 1 ¼" by 1 ½"*, then check if the item is the same size, or larger than, this amount. See page 6.

3

Find the column for the age of your participants and the meal or snack you are serving. This column lists the amount of a grain you will need to serve to meet the meal pattern requirement for grains.



Grain Item and Size

Pita Bread/Round
(whole grain-rich or enriched)
at least 56 grams*

Popcorn

Pretzel, Hard, Mini-Twist
(about 1 ¼" by 1 ½")**

1- through 5-year-olds
at Breakfast, Lunch,
Supper, Snack

Serve at Least
½ oz. eq., which equals
about...

¼ pita or 14 grams

1 ½ cups or 14 grams

7 twists or 11 grams

Florida WIC Approved Cereal List for the Florida Child Care Food Program 2020-2021

Updated June 2020

Breakfast Cereal

All Cereals on this page contain no more than 6 grams of sugar per dry ounce*

Cereals with + contain 51% or more whole grain.

GF = Gluten Free

General Mills



Cheerios + GF MultiGrain Cheerios + GF Blueberry Cheerios GF Cinnamon Cheerios GF Corn Cheerios GF Rice Cheerios GF Vanilla Cheerios GF Wheat Cheerios GF Wheaties + Total Whole-Grain + Kix + Kix + Kix +

Kellogg's



All-Bran Complete Wheat Flakes + Corn Flakes Crispix Rice Krispies Special K Original Banana Special K Protein Original Honey Almond Multi-Grain + Ancient Grains + Frosted Mini-Wheats Original Little Bites + Filled Mixed Berry + Blueberry + Strawberry + Pumpkin Spice +

Post



Great Grains: Banana Nut Crunch + Crunchy Pecan + Grape-Nuts + Grape-Nuts Flakes + Honey Bunches of Oats: Honey Roasted with Almonds with Vanilla Bunches + Whole Grain Honey Crunch + Pecan & Maple Brown Sugar

Malt O Meal



Hot Wheat Original Farina Original

Frosted Mini-Spoonmen +

Strawberry Cream Mini-Spoonmen +

Crispy Rice +

Quaker



Instant Oats Original Instant Oatmeal Original Oatmeal Squares: Brown Sugar + Cinnamon + Golden Maple + Honey Nut + Life: Original + Vanilla + Strawberry + 3 Minute +

Any Store Brand or Ralston Foods Brand of the following:

Bran Flakes +
Corn Flakes
Corn Squares, Biscuits, Crisps, or Bites
Crisp Rice/Crispy Rice
Crispy Hexagons (Corn & Rice)
Essentially You/Toasted Rice
Frosted Shredded Wheat/Frosted Wheat +
Instant Grits - Original/Regular
Instant Oatmeal - Original/Regular (11.8 oz)
Strawberry Frosted Shredded Wheat +

MultiGrain Flakes
MultiGrain Medley, Tasteries, Spins, or Toasted Cereal +
Nutty Nuggets/Crunchy Nuggets/Crunchy Wheat +
Oat Crunch/Oat Wafers/Oat Squares/Lively Oats
Oats & More with Almonds/Almonds & Oats
Oats & More with Honey/Honey & Oats
Rice Squares, Biscuits, Crisps, or Pockets
Toasted Oats/Tasteez/Toasted Oat Spins/Happy O's +
Wheat Flakes
Wheat Squares, Biscuits, or Crisps +

Cream of Wheat or Rice



Cream of Rice: Stove Top & Instant + GF Cream of Wheat: Whole Grain + Stove Top & Instant 20 minutes, 1 minute & Instant

This document has been edited for use in the Florida Child Care Food Program.

*Please note, portion sizes listed on the nutrition label may vary. All cereals on this list meet the 6 grams sugar per dry ounce limit.

Milk Substitutions & Creditable Milks In the Florida Child Care Food Program

For children ages one and older, CCFP regulations require that each child's breakfast, lunch, and supper must include fluid milk to be eligible for reimbursement. Fluid milk may also be served as one of the two components of a snack.

Creditable fluid milks include breastmilk, as well as pasteurized fluid types of cow or goat milk, lactose-free or lactose-reduced milk, UHT (Ultra High Temperature) milk, acidified or cultured milk, and organic milk.

Non-dairy fluid milk substitutions may be served when requested in writing by the child's parent or guardian. The written request must identify the medical or special dietary condition that restricts the diet of the child, such as milk allergy or vegan diet. In order for the meal to be reimbursable, the non-dairy beverage must be nutritionally equivalent to fluid milk. Child care providers or parents may provide the non-dairy beverage.

For Children Ages One through Five

The following non-dairy (soy-based) beverages meet required nutritional standards for approved milk substitutions:

- 8th Continent Soymilk Original
- Sunrich Naturals Original Soymilk
- Great Value Original Soymilk
- Westsoy Organic Plus Plain Soymilk
- Kikkoman Pearl Organic Soymilk Smart Original

For Children Ages Six and older

The beverages listed above and the ones below meet required nutritional standards for approved milk substitutions:

- 8th Continent Soymilk Vanilla
- Sunrich Naturals Vanilla Soymilk
- Kikkoman Pearl Organic Soymilk Smart Creamy Vanilla
- Westsoy Organic Plus Vanilla Soymilk

Non-dairy beverages must meet the following specific nutritional standards to be considered nutritionally equivalent to milk.

Nutrient	Requirement Per Cup	% of Reference Daily Intakes
Protein	8 grams	
Calcium	276 mg	About 28%
Vitamin A	500 IU	10%
Vitamin D	100 IU	25%
Magnesium	24 mg	6%
Phosphorus	222 mg	About 22%
Potassium	349 mg	10%
Riboflavin	.44 mg	About 26%
Vitamin B ₁₂	1.1mcg	About 18%



Special Needs Meals in the CCFP – Meal Modifications due to Disability or Preference

Reasonable modifications must be made for children with disabilities that restrict their diet. Section 504 of the Americans with Disabilities Act (ADA) defines a person with a disability as any person who has a physical or mental impairment which substantially limits one or more “major life activities.” Major life activities are broadly defined and include, but are not limited to, eating, digestion, and feeding skills.

Most physical and mental impairments will constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

A physical or mental impairment does not need to be life-threatening to constitute a disability. For example, a food allergy does not need to cause anaphylaxis to be considered a disability. A non-life-threatening allergy may be considered a disability and require a meal modification if it impacts a major bodily function or other major life activity.

A child’s impairment also may be considered a disability even if medication or other mitigating measures reduce the impact of the impairment.

CCFP providers that fail to make appropriate meal modifications for children with disabilities could be found in violation of Federal civil rights laws.

CCFP providers must make reasonable modifications due to a disability regardless of whether the participating facility prepares meals on site or receives catered meals.

When substitutions are made, and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician’s assistant (PA), or nurse practitioner (ARNP). Please note, providers may not unduly delay providing the modification while awaiting the medical statement but should begin providing a reasonable modification to keep the child safe.

Meals with substitutions that meet all meal pattern requirements are reimbursable and no medical statement is needed. A note from the parent/guardian should be on file. (Example, child does not eat meat due to religious preference, but meat will be substituted with a creditable meat alternate, such as tofu or beans). CCFP providers are not required, but strongly encouraged, to make meal modifications due to parent or child preference.

Modifications Outside of the Meal Pattern

When substitutions are made and the meal pattern is not met, a medical statement is required. In this situation, the medical statement must include the following:

- ✓ Description of the child’s physical or mental impairment that restricts diet.
- ✓ An explanation of what must be done to accommodate the disability, e.g., listing food(s) to be omitted and the food(s) to be substituted or any necessary adaptive feeding equipment.



- ✓ Signature of a licensed physician, physician's assistant (PA), or nurse practitioner (ARNP).
- ✓ A parent/guardian may supply one or more components of the reimbursable meal as long as the child care provider provides at least one required meal component.

Providers cannot require parents to bring in the substitute(s).

The child care provider is required to make reasonable modifications/substitutions for children with disabilities. A parent or guardian may supply one or more components of the reimbursable meal and the provider must provide at least one component. The provider cannot require a parent to provide the substitution(s).

Modifications within the Meal Pattern

Meals with substitutions that meet all meal pattern requirements are reimbursable and no medical statement is needed. A note from the parent/guardian should be on file.

Requests for modifications can be made due to preference (e.g. religious preference or vegetarianism). Providers are strongly encouraged to accommodate requests due to preference, but are not required to do so. For example, the child care provider can substitute lactose-free milk in place of "regular" cow's milk or substitute a meat alternate for a child who does not eat meat. A parent/guardian may supply only one component of the reimbursable meal as long as the child care provider provides all other required components. Any parent provided component must be creditable.

Milk Substitutions Due to Preference - Soy Milk

Child care providers or parents may provide a non-dairy beverage (e.g., soy milk) that is nutritionally equivalent to the fluid milk component of the meal pattern. For the meal to be reimbursable, the beverage must be listed on the current Milk Substitutions & Creditable Milks in the Florida Child Care Food Program list.

The following must be maintained on file:

- A letter from the parent/guardian requesting a nutritionally equivalent milk substitute (e.g. soymilk) is required if no medical statement is on file. The letter must state whether the parent/guardian or the center will provide the milk substitute.

If parent/guardian *prefers* to provide the approved soy milk, it must be in the original container and labeled with the child's name.

All other milk substitutes (e.g., almond milk, rice milk, coconut milk): These milks are not nutritionally equivalent to fluid cow's milk and require a medical statement to be served as part of a reimbursable meal.

Food Allergies

Child care providers must take food allergies very seriously as they are a serious public health issue. Fifteen million people, including nearly six million children, in the United States have a food allergy.

Eight foods cause the majority of allergic reactions. They are:

- Milk
- Eggs
- Peanuts
- Tree nuts
- Soy
- Wheat
- Fish and Shellfish.

However, people can be allergic to any type of food. A food allergy happens when the immune system overreacts to a harmless food protein. All food allergies are potentially serious and can be very unpredictable. Reactions can range from a few hives to anaphylaxis shock. Reactions that were mild at one time can be very serious the next time.

A partial list of mild symptoms may include:

- Rashes on the skin
- Sneezing
- Runny nose
- Redness around the eyes
- Dry cough
- Nausea

A partial list of more severe symptoms may include:

- Trouble swallowing
- Chest pain
- Turning blue
- Confusion
- Anxiety
- Weakness
- Vomiting
- Diarrhea
- Loss of consciousness

Even trace amounts of food may be enough to cause a severe reaction in some children. A child does not necessarily have to eat the food to have an allergic reaction; simple contact may be enough to trigger an allergic reaction. An allergic reaction can begin in a few minutes to several hours after coming in contact with the food.

Some signs of an allergic reaction in non-verbal children may include:

- Putting their hands in their mouths
- Pulling or scratching at their tongues
- Slurring their words
- Voices become hoarse or squeaky
- Complaints about their tongue, mouth, ears, lips, chest, stomach or a general bad feeling

If you think a child is having an allergic reaction, seek emergency help immediately.

Prevent Cross-Contact

Keep diners with food allergies safe. Even a tiny amount of an allergen can cause a severe and potentially life-threatening allergic reaction.

Cross-Contact	Cross-Contamination
Occurs when an allergen is unintentionally transferred from one food to another	Occurs when microorganisms like bacteria contaminate food
Can cause food allergy reactions	Can cause foodborne illnesses
Proper cooking does NOT reduce or eliminate the chances of a food allergy reaction	Proper cooking may reduce or eliminate the chances of foodborne illness



Always wash hands and change gloves between preparing different menu items



Clean and sanitize surfaces between every menu item: countertops, cutting boards, flat-top grills, etc.



Always use clean kitchen tools for food preparation: pots, baking sheets, utensils, cutting boards, etc.



Prepare meals on top of barriers like cutting boards, foil, deli paper, etc.



Remember: If a mistake is made, you must start over and remake the allergy-friendly meal

Sources of Cross-Contact

Cross-contact occurs when an allergen is unintentionally transferred from one food to another. Even a tiny amount of an allergen can cause a severe and potentially life-threatening reaction.

Source of Cross-Contact	Example:
Hands	<ul style="list-style-type: none"> Handling shrimp and then preparing a salad Touching almonds and then making pasta
Utensils, cutting boards, baking sheets, pots & pans	<ul style="list-style-type: none"> Using the same spatula to flip a hamburger after a cheeseburger Slicing cheese and then vegetables on the same cutting board
Preparation and cooking surfaces	<ul style="list-style-type: none"> Preparing different kinds of sandwiches on the same countertop Cooking fish and chicken on the same flat top grill
Steam, splatter, flour dust and crumbs	<ul style="list-style-type: none"> Steam from cooking fish or shellfish touches nearby foods Baking flour from pancake mix splatters onto bacon
Refrigerators, freezers and storage areas	<ul style="list-style-type: none"> Ranch dressing drips onto a vinaigrette stored on a lower shelf Milk leaks onto margarine stored on the same shelf
Deep fryers and cooking oils	<ul style="list-style-type: none"> Making french fries in a deep fryer after chicken tenders Reusing cooking oil to sauté green beans after sautéing fish
Condiments, nut butters and jelly/jams	<ul style="list-style-type: none"> Dipping a knife used to spread peanut butter into a jelly jar Touching the tip of a squeeze ketchup bottle to a breaded chicken breast
Shortcuts	<ul style="list-style-type: none"> Picking croutons off a salad Scraping eggs off a plate

Proper Cleaning to Remove Allergens



Wash with warm, soapy water



Rinse with clean water



Air dry

For each new item, use clean:

Hands
Latex-Free Gloves

Utensils
Surfaces

Oil and Water
Pots/Pans/Baking Sheets



MILK



WHEAT



EGGS



SOY



SHELLFISH



PEANUTS



TREE NUTS



FISH

Top 8 Allergens

But over 170 foods have caused food allergy reactions

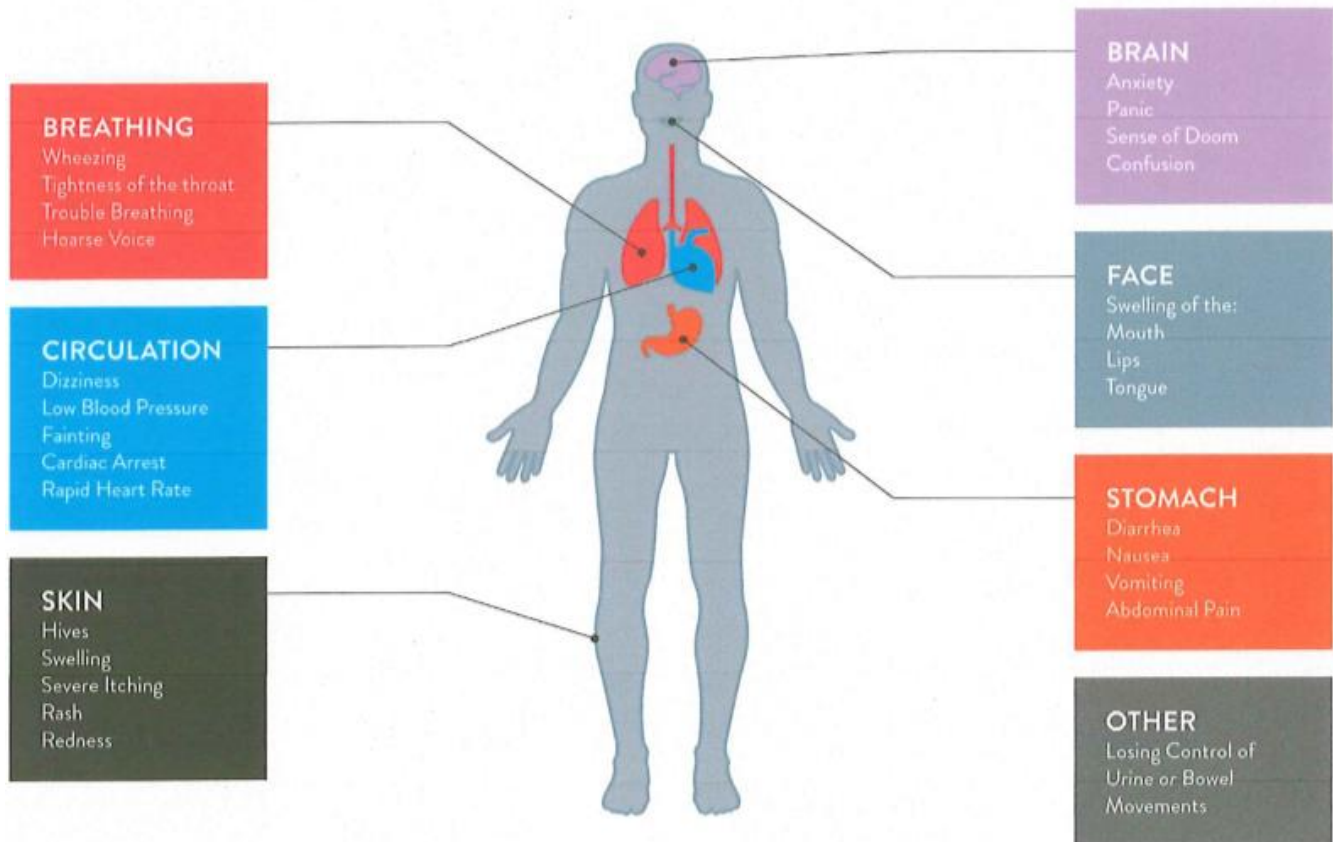
foodallergy.org

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Symptoms of Anaphylaxis

Anaphylaxis is a serious allergic reaction that can quickly progress after initial symptom onset. Only a few symptoms may be present and some can be life-threatening. Symptoms include¹:



Minimizing the Risk of Choking

Regardless of the child's age, the best way to lessen the risk of edible choking hazards is to always insist children eat while sitting at a table surface, not moving around. Serve small portions of items, and for toddlers and preschoolers, be sure to cut food into portions smaller than half an inch. Encourage children to take small bites and chew and swallow before taking more food or trying to talk.

Top 10 Food Choking Hazards	
Hot dogs	Hot Dogs are not creditable under Family Central's Food Program sponsorship
Nuts	Nuts can easily become lodged in your child's throat
Grapes/Raisins	Cut grapes in half for toddlers and avoid raisins for preschoolers
Carrots	Serve carrots in narrow strips that are easier to chew and swallow
Popcorn	Popcorn is better saved for older kids under supervision
Hard candy	Candy isn't good for children's' health and should be avoided
Gum	Gum is another treat that doesn't bring any value to the diet.
Bagel	Bagels can be difficult for small teeth to chew
Apples	Cut apples into small slices to make them easy to swallow
Cheese cubes	Shred cheese or dice it into tiny bits instead.



Child Care Food Program Sample Medical Statement for Meal Modifications

Child care facility staff must complete the following information:

Child's Name: _____ Date: _____

Name of Child Care Facility: _____

Facility Address: _____ Phone Number: _____

Child Care Facility Director Name: _____

Dear Parent/Guardian and Recognized Medical Authority:

Reasonable modifications *must* be made for children with disabilities that restrict their diet. A person with a disability means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such a disability, or is regarded as having such a disability. Major life activities are broadly defined and include, but are not limited to, eating, digestion, and feeding skills. A physical or mental impairment does not need to be life threatening to constitute a disability. Examples of a disability may include diabetes, food allergy or intolerance, developmental delay, or autism.

When substitutions are made and the meal pattern is not met, a medical statement is required and must be signed by a physician, physician's assistant (PA), or nurse practitioner (ARNP).

Please return this completed form to the child care center. If you have any questions, you may contact the facility.

A recognized medical authority must complete the following information:

Describe the physical or mental impairment that restricts the child's diet:

Foods to be Omitted:

Foods to be Substituted:

Describe any textural modification, adaptive equipment, or other modifications required:

Signature of Physician or Recognized Medical Authority
(For a disability – a Physician, PA, or ARNP must sign)

Date

Printed Name

Phone Number

A parent or guardian must complete the following information:

☐ Check box if request is regarding a religious or dietary *preference only* (medical authority signature not required)

I certify that this facility has not requested or required me to provide special food(s) for my child. I understand that my child care facility *is required* to provide special food(s) for children with disabilities. Requests for modifications due solely to preference are encouraged but not required.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____ Parent Phone Number: _____



Tips for Feeding a Vegetarian on the Child Care Food Program (CCFP)

Vegetarian meals and snacks for children can meet the CCFP Meal Pattern requirements with some planning. By making substitutions to the regular menu where necessary, vegetarian children can be accommodated within the CCFP Meal Pattern requirements. The more foods that are excluded from the vegetarian diet, the more substitutions are required.

Types of Vegetarian Diets:

Most vegetarian diets will fall into one of the following categories:

Semi-vegetarian (sometimes called “flexitarian”) is the least restrictive. Semi-vegetarians eat mostly a plant-based diet, along with milk, milk products, eggs, and occasionally small amounts of chicken and/or fish.

Lacto-ovo-vegetarians eat a plant-based diet, along with milk, milk products, and eggs. Legumes (dry beans, peas, and lentils), soy products, nuts, and seeds are eaten for protein instead of animal sources. Lacto-vegetarians include milk and milk products in their diet, as well as all plant-based foods.

Ovo-vegetarians include eggs in their diet, as well as all plant-based foods.

Vegan is the most restrictive of all vegetarian diets and includes only plant-based foods.

General Guidelines for Meeting CCFP Meal Pattern Requirements

All types of vegetarians will eat foods from the Vegetables, Fruits, and Grains components. Only the Fluid Milk component and Meat/Meat alternate component may need adjustment for vegetarian meals.

For vegetarian children who do not drink milk, CCFP allows non-dairy beverages that are nutritionally equivalent to fluid milk to be served, with a note from the child’s parent or guardian or medical provider. See the Milk Substitutions & Creditable Milks in the Florida CCFP list in this packet for more information.

Although meat, poultry, and fish are omitted from most vegetarian diets, legumes (cooked dry beans, peas, and lentils), certain soy products, nuts and their butters, and seeds may be substituted to meet the meat/meat alternate requirement in the CCFP meal pattern. In addition, many vegetarian children will also eat cheese, eggs, and yogurt.

Nuts and seeds may fulfill no more than one-half of the meat/meat alternate requirement for lunch/supper. Children under four years of age are at high risk of choking. Nuts and seeds should be ground or finely chopped in meal preparation and nut/seed butters should be spread thinly.

Alternate protein products (APP) are processed from soy or other vegetable protein sources. APP may be used alone or in combination with other food ingredients to fulfill the meat/meat alternate



component. All APP require CN labels or manufacturer's Product Formulation Statements (PFS) to document that they have the proper protein levels by weight and digestibility. Tofu and soy yogurt are creditable for children ages one and older.

Serving Family Style Meals in the CCFP

Family style is a type of meal service which allows children to serve themselves from common platters of food with the assistance of supervising adults. Family style meal service provides an opportunity to enhance the nutritional goals of the CCFP by encouraging a pleasant eating environment. It also promotes mealtime as a learning experience enhancing children's development of language, social skills, motor skills, table manners, and independence.

Family style meals are reimbursable when each child has access to the required portion size for each meal item.

When electing to use this recommended style of meal service, the following must be followed:

- A sufficient amount of prepared food must be placed on each table to provide the full required portions of each component.

This means that when food dishes are passed around the table, each child has access to at least the minimum required amount of each meal component. Enough food must also be available to accommodate any adults who will be eating with the children.

For example: there are 10 three year old children sitting around a breakfast table. Orange slices are served as the fruit/vegetable component. According to the CCFP meal pattern, the minimum required amount for vegetable/fruit is $\frac{1}{2}$ cup for 3-5 year olds, therefore:

$10 \times \frac{1}{2} \text{ cup} = 5 \text{ cups}$ (There should be at least 5 cups of orange slices on the table)

- Children must be allowed to serve the food components themselves, with the exception of fluids, such as milk.

During the course of the meal, it is the responsibility of the supervising adults to actively encourage each child to serve themselves the full required portion of each food component. Supervising adults who choose to serve the fluids directly to the children must serve the required minimum quantity to each child.

Center staff must supervise and observe children during mealtime. Center employees should act as good role models by sitting with the children and eating the same food that they do.

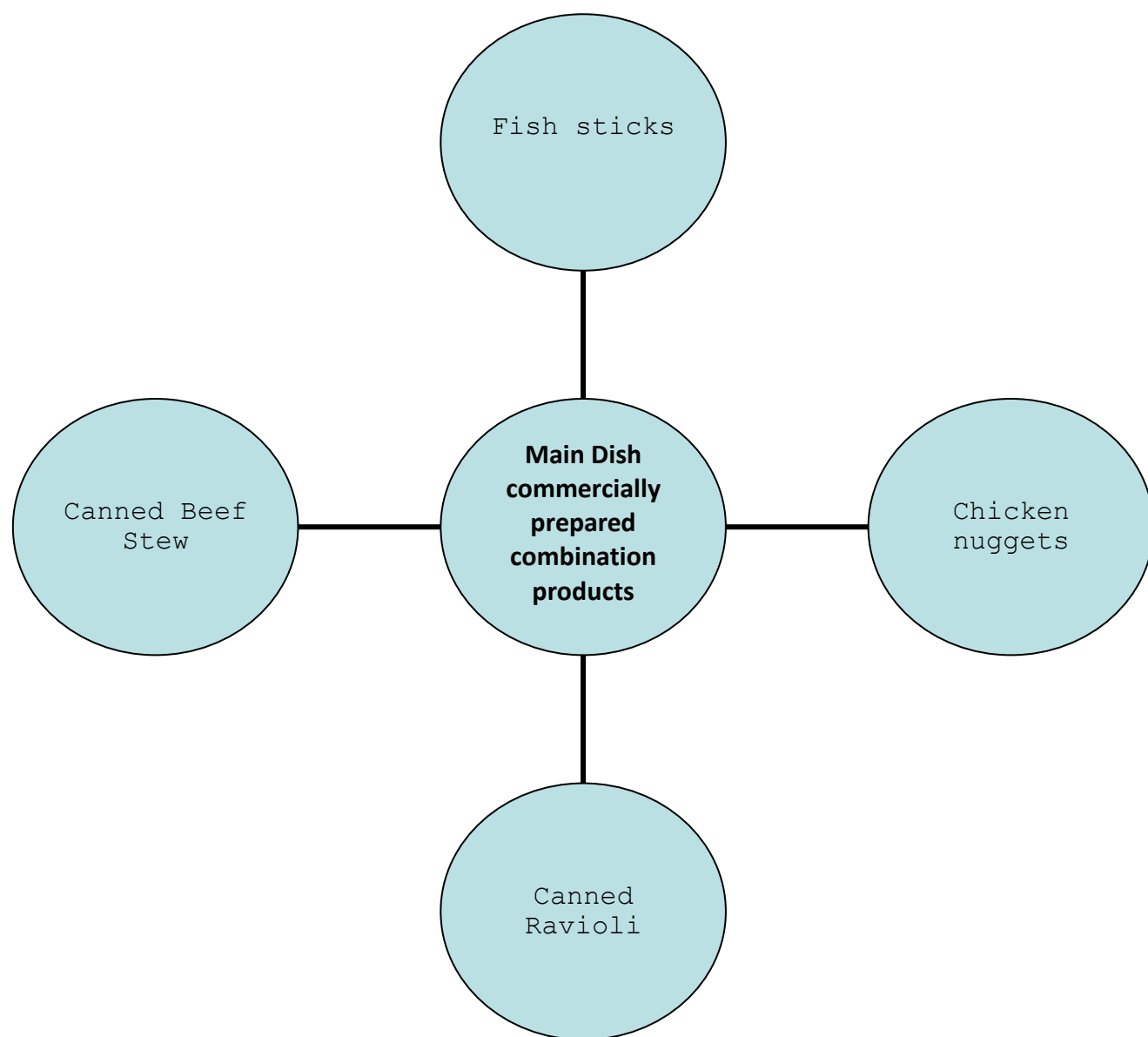
In family style meal service, children are responsible for determining the amount (if any) of a food item that they will serve themselves (or with assistance from an adult). Center staff is responsible for offering nutritious foods that meet the CCFP meal pattern and encouraging children in a positive manner to try a variety of foods.

Staff is responsible for assuring that food is handled in a safe and sanitary manner. To ensure safe food practices, food from bowls, dishes, and pitchers placed on the table may not be reused

or served as a leftover at a later date or time. State and local health department sanitation and food safety requirements must be followed.

Child Nutrition (CN) Labels

Commercially processed combination foods (convenience entrees – frozen or canned) must have a CN label or manufacturer's analysis sheet stating the food component contribution to the meal pattern.



CN Labels indicate how much product is needed to provide a reimbursable portion (ie: how much fish and how much breading is in a fish stick). In lieu of a CN label, a product formulation sheet, found on the brand's web site, gives you the same information. These must be maintained at your site with a copy sent to Family Central.

DEFINITIONS

1. **Child Nutrition (CN) Label:** The CN Labeling Program is a voluntary Federal labeling program for Child Nutrition Programs, which is run by the Food and Nutrition Service (FNS) of USDA. The program requires an evaluation of a product's formulation (what the product consists of) by the Agricultural Marketing Service (AMS) to determine its contribution toward meal pattern requirements. It allows manufacturers to state this contribution on their labels.

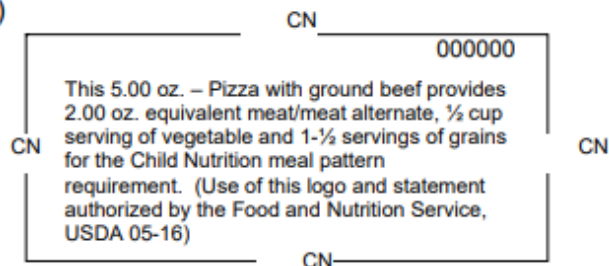
The program provides a warranty against audit claims and disallowances for purchasers of CN-labeled products.

Products eligible for CN labels:

- Main dish products that contribute to the meat/meat alternate component of the CCFP meal pattern. Examples include chicken nuggets, cheese or meat pizzas, meat or cheese and bean burritos, egg rolls, and breaded fish portions.
- Juice and juice drink products containing at least 50% full-strength juice by volume. Examples include grape drink, fruit punch, frozen juice drink bars, and sherbets.

CN labels will always contain:

- The CN logo, which is a distinct border
- The meal pattern contribution statement (by serving)
- A six digit product identification number
- USDA/FNS authorization statement



Serving Meals in the CCFP

All meals and snacks must contain the proper components, per the meal pattern, and be served within the scheduled meal time in order for you to be reimbursed for that meal.

The same meal cannot be served to a child for lunch and dinner on the given day.

Food should be presented in an attractive manner, and children should be encouraged, but not forced, to try new things. Food should never be used as a reward or a punishment.

All meals and snacks claimed for reimbursement must be pre-approved by Family Central, Inc. (FCI). Donated foods are not reimbursable. Family Central cannot reimburse "drop-ins" for meals.

The number of children served at any one (1) meal or snack may not exceed the provider's



licensed capacity.

Providers may choose one of the following two (2) options when planning their menus:

Option 1: Choose to use the complete meals provided by Family Central (Master Menus). You must use these as written. There are no substitutions allowed if you are using a Master Menu number.

Option 2: The second option allows you to plan your own menus. Be sure to include all required food components for each meal/snack.

Menus must be:

- Planned at least four (4) weeks in advance
- May be repeated every four (4) weeks
- Can be scheduled up to one year in advance.
- Must be posted where parents can see.

Meal Times

At least one hour must elapse between the end of one meal (breakfast, morning snack, lunch, afternoon snack, supper) and the beginning of the next meal

Providers may choose up to two hours for each meal service. Meals and snacks are only reimbursable if served within the meal times listed on the Provider Data Sheet.

The supper meal must begin after 5:00 p.m. and end by 7:00 p.m.

Meal Service

All meals served for each child must be recorded in KidKare by 11:59pm each business day in order to be reimbursed.

If you have computer issues and cannot record the meals/snacks by 11:59pm you must:

- Record the meal on a temporary claim form
- Contact the nutrition hotline in your county (See Unlock Procedure)

Family child care homes will be monitored at least three (3) times each year for program compliance. Menus and meal counts must be maintained daily and recorded each day by 11:59 pm.

Child-sized tables and chairs are ideal for preschool children. Make sure there is room for everyone to sit at the table at the same time. Preschool children should be encouraged to feed themselves. Children over the age of eighteen (18) months should be sitting at a table rather than in a high chair.

Infants

Best Practices for Infant Feeding in Child Care:

- Support breastfeeding
- Feed infants by a consistent caregiver
- Train staff on preparing, feeding, and storing breast milk and formula
- Practice responsive feeding
 - Timing
 - Amount
- Introduce solid foods to infants when developmentally ready
- No earlier than 4 months
- Preferably by about 6 months
- By spoon only, no bottles
- Develop a feeding plan with the infant's parents
- Encourage self-feeding when infant is developmentally ready
- Supervise and assist children learning to feed themselves
- Promote appropriate physical activity

Breastfeeding

Helping to support and encourage breastfeeding is a best practice due to the numerous benefits for baby, mom, and society.

Did you know?

- The World Health Organization (WHO) recommends breastfeeding for at least two years.
- Human milk changes to meet the needs of the infant – throughout: a feeding, the day, and the baby's first year of life.
- Breastmilk is easily digested and almost completely utilized by the baby's body.
- A mom can directly nurse her baby as part of a reimbursable meal.
- Breastmilk can be served to children of any age.

Low-income women are more likely than their higher-income counterparts to return to work earlier and to be engaged in jobs making it a challenge for them to continue providing breastmilk for their baby.

When child care settings become strong partners and advocates in encouraging mothers to continue to breastfeed, the benefits to families are enormous. Child care settings themselves also



benefit from the improved health status of the children in their care.

Child care providers can support a mother's choice to breastfeed by encouraging mothers to breastfeed at the facility and offer a private, comfortable place to nurse or pump their milk.

Child care providers play a vital role in supporting a mother's continuation of breastfeeding.

Infant Feeding Policies

One of the main goals of the Child Care Food Program (CCFP) is to safely serve nutritious meals and snacks that meet program meal pattern requirements and are appetizing to children. To help achieve this goal, there are two main policies regarding infants that child care providers must meet when participating in the CCFP.

POLICY I

Child care providers participating in the Child Care Food Program must offer program meals to all children, including infants, who are enrolled for child care.

By agreeing to participate in the CCFP, you are obligated to offer program meals to all children including infants. Offering program meals to infants must be based on whether the baby is enrolled for care – not whether the baby is enrolled for the CCFP.

As long as the baby is in care during the meal service period, you are obligated to offer the baby a meal that meets CCFP requirements.

To comply with Policy I, child care providers must:

- Require parents to complete the "Infant Feeding Form" (see sample on the following page). The "Infant Feeding Form" must be kept on file at the child care facility. *Please note: Head Start/Early Head Start facilities are not required to provide this form to parents. Head Start facilities are required to participate in the CCFP and have more comprehensive requirements and forms.*
- Select at a minimum, one approved iron-fortified milk-based formula and one approved iron-fortified soy-based formula to offer formula fed babies from the Approved Formula List.

Creditable Infant Formulas in the Child Care Food Program (CCFP)

In the CCFP infant meal pattern, a site must offer at least one iron-fortified infant formula that is regulated by the Food and Drug Administration (FDA). The FDA has strict nutrition and safety standards for infant formula to make sure infants are getting the nutrients they need for healthy growth.

The infant formula must be FDA approved, should not be on the FDA Exempt Infant Formula list, and must be iron-fortified.



All infant formulas sold in the United States are regulated by the FDA. If an infant formula is bought from a place online or in person outside of the United States, it is probably not regulated by the FDA and should not be used.

Previously, USDA-FNS provided a list of Iron-Fortified Infant Formulas That Do Not Require a Medical Statement. FNS no longer maintains such a list due to the continuous development of new or re-formulated infant formula products making an accurate, all-inclusive list impractical. The following criteria may be used to determine whether a formula is eligible for reimbursement:

1. Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3.
 - a. More information and a list of FDA Exempt Infant Formulas can be found at: <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm106456.html>
2. Look for “Infant Formula with Iron” or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package.
3. Use the nutrition facts label as a guide to ensure that the formula is iron-fortified. The nutritive values of each formula are listed on the product’s nutrition facts label. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared in accordance with label directions.

FDA Exempt Infant Formulas are special infant formulas that are meant only for babies who have an unusual medical or dietary restriction. An exempt infant formula can only be served as part of a reimbursable meal if the substitution is supported by a medical statement signed by the infant’s health care provider.

- For more information, view USDA’s Updated Feeding Infants guide at https://fnsprod.azureedge.net/sites/default/files/resource-files/FI_FullGuide-a.pdf.

PLEASE NOTE: Head Start/Early Head Start facilities provide infants with the brand of formula they currently use at home. Also, parents may prefer to supply their own formula.



Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	
*Formulas offered at this facility:	
Milk-based:	
Soy-based:	

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potato, banana, and peas
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: Baby Lulu Date of Birth: 00/00/00

Please check ☒ this box ☒ if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk in a bottle ☒

Visit facility to nurse ☒

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: Baby Lulu's Mommy Date: 10-1-18

Printed Name of Parent: Baby Lulu's Mommy

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food

Revised September 2016



POLICY II

Child care providers must ensure that each meal served to infants (birth through 11 months) meets requirements for the appropriate age group as stated in the CCFP Meal Pattern for Infants.

The CCFP Meal Pattern for Infants assures well balanced meals that supply the kinds and amounts of foods that babies require to help meet their daily nutrient and energy needs. Infant meals must contain the food components in the amounts indicated for each age group of the infant meal pattern to qualify for reimbursement.

Babies should be fed when they are hungry, not by a strict schedule. An infant meal (breakfast, lunch or supper, and snack) is reimbursable as long as the required food components and amounts are offered to the baby during the course of the day that the baby is in child care. Solid foods should be introduced around 6 months of age.

To comply with Policy II, child care providers must:

- Purchase and supply all food components of the infant meal pattern with the exception of parent provided component:
 - Parent may supply one component (breastmilk or formula or solid food)
- Offer the following food components according to the meal types and age groups required by the CCFP Meal Pattern for Infants:
 - Breastmilk or iron-fortified infant formula, or a combination of both } Iron-fortified infant cereal
 - Bread and/or crackers and ready-to-eat cereal with 6 grams of sugar/ounce or less
 - Vegetable and/or fruit (juice is not creditable)
 - Meat, fish, poultry or meat alternates (whole eggs, cooked dry beans or peas, cheese, cottage cheese, yogurt – must not be more than 23 grams of sugar per 6 ounces)
- Offer solid foods:
 - To infants who are developmentally ready to accept them (see bullets below)
 - Of an appropriate texture and consistency
 - After consulting with parents Signs Baby is Ready for Solids (based on the American Academy of Pediatrics):
 - Infant is able to sit in a high chair or infant seat with good head control
 - Infant opens his or her mouth when food comes his or her way. He or she may watch others eat, reach for food, and seem eager to be fed
 - Infant can move food from a spoon into his or her throat
 - Infant has doubled his or her birth weight and weighs 13 pounds or more.

****IMPORTANT****

Remember you can only be reimbursed for 2 meals and 1 snack or 2 snacks and 1 meal per child in the CCFP. To be reimbursable, a meal and/or snack must contain the required food components and minimum amounts.

Child Care Food Program Meal Pattern for Infants

The Child Care Food Program (CCFP) provides aid to child care institutions and family day care homes for the provision of nutritious foods that contribute to the wellness, healthy growth, and development of young children. Child care providers have a powerful opportunity to demonstrate healthy habits at an early age that can serve children throughout life.

To comply with CCFP regulations, the Infant Meal Pattern lists the amount of food to be offered to children from birth through the 11th month (their 1st birthday). **To support and encourage moms who breastfeed, meals containing breastmilk have different guidelines for reimbursement than meals containing formula.** Food within the meal pattern should be the texture and consistency appropriate for the age of the infant and may be served during a span of time consistent with the infant's eating habits. The infant meal must contain each of the following components in the amounts indicated for the appropriate age group in order to qualify for reimbursement.

Infant Meal Pattern Food Components:		Age Group and Serving Size:	
		Birth – 5 months:	6 – 11 months:
Breakfast and Lunch/Supper	Breastmilk ¹ or formula ²	4-6 fl. oz.	6-8 fl. oz.
	<i>*And one or more of the following:</i>		
	Infant cereal ^{2,3,5} , meat, fish, poultry, whole egg, cooked dry beans/peas		*0-4 Tbsp.
	Cheese		*0-2 oz.
	Cottage cheese		*0-4 oz. (volume)
	Yogurt ⁴		*0-8 oz. (1 cup)
	<i>*And:</i>		
	Vegetable or fruit, or a combination of both ⁷		*0-2 Tbsp.

Snack	Breastmilk ¹ or formula ²	4-6 fl. oz.	2-4 fl. oz.
	*And one or more of the following:		
	Bread ^{3,5}		*0-1/2 slice
	Crackers ^{3,5}		*0-2
	Infant cereal ^{2,3,5} or ready-to-eat cereal ^{3,5,6}		*0-4 Tbsp.
	*And:		
	Vegetable or fruit, or a combination of both ⁷		*0-2 Tbsp.
*NOTE: A SERVING OF THIS COMPONENT(S) IS REQUIRED WHEN THE INFANT IS DEVELOPMENTALLY READY TO ACCEPT IT.			

1. Breastmilk or formula or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
2. Infant formula and dry infant cereal must be iron-fortified.
3. Beginning October 1, 2019, ounce equivalents are used to determine the quantity of creditable grains.
4. Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
5. A serving of grains must be whole grain, whole-grain rich, enriched meal, or enriched flour.
6. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams of sucrose and other sugars per 100 grams of dry cereal).
7. Fruit and vegetable juices must not be served.

CCFP Meal Pattern for Infants

Guidelines to Follow

Breastmilk and/or Infant Formula:

- Breastmilk or iron-fortified infant formula, or portions of both, must be served to infants birth through 11 months of age.
- Breastmilk is recommended in place of formula from birth through 11 months.
- For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered. Additional breastmilk must be offered at a later time if the infant will consume more.
- Infant formula must be iron-fortified. Facilities must offer at least two infant formulas; one milk-based and one soy-based (Refer to the *CCFP Approved Formula List*).
- When a parent or guardian chooses to provide breastmilk or iron-fortified infant formula and the infant is consuming solid foods, the institution or facility must supply *all other required meal components* in order for the meal to be reimbursable.
- Meals in which a mother directly breastfeeds her infant at the institution or facility are eligible for reimbursement.

Fruits/vegetables:

- Fruit and vegetable juices must not be served.
- A vegetable, fruit, or combination of both must be served at snack to 6-11 month old developmentally ready infants.

Grain/bread foods:

- Grain/bread items (bread, soft tortilla, crackers, teething biscuit, ready-to-eat breakfast cereals) must be whole grain, enriched, or made from whole grain or enriched meal or flour.
- Only ready-to-eat breakfast cereals containing 6 grams of sugar or less per dry ounce may be served (Refer to the *Florida WIC Approved Cereal List*).

Solid foods:

- The gradual introduction of solid foods may begin at 6 months of age, or before or after 6 months of age if it is developmentally appropriate for the infant and in accordance with USDA/FNS guidance.
- Once an infant is developmentally ready to accept solid foods, the institution or facility is required to offer them to the infant.
- Must be of an appropriate texture and consistency and should only be introduced after consulting with the infant's parent or guardian.
- Parents or guardians should request in writing when an institution or facility should start serving solid foods to their infant.
- Can be either home-prepared baby foods or commercially prepared baby foods.
- Infant cereal must be iron-fortified.
- Do not serve honey or food that contains honey to infants less than one year of age - honey may contain botulinum spores, which can be harmful to infants.

Creditable Infant Foods: Ages 0 – 5 months

Serve these:

❖ **Breast milk**

- ✓ Expressed by the baby's mom and labeled appropriately

Why?

- ✓ Meets all of the nutritional needs of an infant and promotes health and development
- ✓ Protects infants from many illnesses and diseases, including diarrhea, respiratory disease, SIDS, allergies, and infections
- ✓ Reduces the risk of childhood obesity
- ✓ Is associated with improved mental development

AND/OR

❖ **Iron-fortified infant formula**

- ✓ Can be either milk-based or soy-based
- ✓ Approved Formula List: see website: www.flhealth.gov/ccfp, click "Nutrition and Menu Planning", "Feeding Infants in the Child Care Food Program", "Approved Formula List"

Why?

- ✓ Is an acceptable alternative to breast milk and is specially formulated to have the right balance of nutrients
- ✓ Includes iron, a very important nutrient during an infant's first year
- ✓ Does not protect infants against illness and disease as well as breast milk

The following foods are not creditable:

- × **Do not serve cow's milk, goat's milk, nondairy beverages (such as soy or rice milk), and other breastmilk and formula substitutes until 1st birthday**

Why?

- ✓ The American Academy of Pediatrics (AAP) recommends exclusive consumption of breast milk for at least the first six months of life. In addition, breast milk is the best source of milk for infants for *at least* the first 12 months.
- ✓ Not creditable for any age infant

Although solid foods are not a part of the 0-5 month age group, if a baby is developmentally ready for solids before 6 months of age, the child care provider must offer that infant a developmentally appropriate meal/snack.

Creditable Infant Foods: Ages 6 – 11 months

Serve these when the infant is developmentally ready to accept:

❖ **Iron-fortified infant cereal**

- ✓ Must be dry, plain, single-grain
- ✓ Mix with breast milk or formula to a smooth consistency
- ✓ Rice cereal is traditionally offered as the first solid (but not required to be the first)
- ✓ Oat, barley, and wheat cereals can be added at 1-week intervals. Check with parents first about what is introduced at home.

❖ **Ready-to-Eat Cereal with no more than 6 grams sugar/ounce**

- ✓ Creditable at snack only

❖ **Commercially prepared baby vegetables and fruits**

- ✓ First ingredient should be a vegetable or a fruit
- ✓ Can be either a single vegetable or fruit or multiple vegetables and/or fruit

Why?

- ✓ Baby fruits and vegetables usually do not contain sweeteners or salt

AND/OR

❖ **Fresh, frozen, or canned vegetables or fruits**

- ✓ Canned fruits should be packed in their natural juices or water
- ✓ Canned vegetables should have no added salt
- ✓ Cook, if necessary, without added salt or other seasonings; puree or mash to an appropriate consistency

❖ **Commercial jars of plain meat or poultry**

- ✓ First ingredient should be meat or poultry

❖ **Self-prepared lean protein sources, such as beef, pork, skinless chicken or turkey, or boneless fin fish**

- ✓ Cook meat and poultry without added salt or other seasonings
- ✓ Texture progresses from pureed → ground → finely chopped → small tender pieces

❖ **Meat alternates, such as egg; dried beans and peas; natural cheese; cottage cheese; or yogurt**

- ✓ Eggs should be hard-boiled (or scrambled)
- ✓ Cook dried beans and peas without salt or other seasonings. If using canned, drain and rinse thoroughly to remove salt.
- ✓ Puree or mash cooked, dried beans and peas to an appropriate consistency
- ✓ Natural cheeses should be sliced thin and served in strips to avoid choking
- ✓ Yogurt must contain no more than 23 grams sugar/6 oz or (15 g/4 oz or 3.8 g/oz)

❖ **Age-appropriate bread and crackers**

- ✓ Creditable at snack only
- ✓ Small strips or pieces of dry bread or toast, low salt crackers without seeds or nuts
- ✓ Small pieces of soft tortilla or soft pita bread
- ✓ Teething biscuits
- ✓ Animal crackers

NON-Creditable Infant Foods

The following foods are not creditable:

× **Low-iron infant cereals**

Why?

- Iron helps blood cells carry oxygen from the lungs to the rest of the body. If infants do not get enough iron, it can delay their growth and development.

× **Ready-to-Eat Cereal with more than 6 grams sugar/ounce**

× **Commercial jars of baby food with “dessert” or “pudding” on the label**

Why?

- Foods with added fat, salt, sugars, and other sweeteners are not needed in infant diets and can prevent infants from developing a liking for the natural flavor of foods

× **Honey graham crackers or other baked goods containing honey**

Why?

- Infants less than 1 year should never be fed honey or foods prepared with honey because honey may contain botulism spores that can cause a serious foodborne illness

× **Sweetened grains/baked goods, such as cookies, cakes, muffins, granola bars**

× **Do not serve *self-prepared* spinach, beets, turnips, carrots or collard greens for infants less than 6 months**

Why?

- May potentially contain enough nitrates to cause “blue baby syndrome”, a condition that causes difficulty in breathing and can lead to death

× **Do not serve peanut butter, nuts, and seeds**

Why?

- Peanut butter, nuts, and seeds can pose a choking hazard to infants

Serve Sparingly, if at all:

× **Processed meats, such as meat sticks, hot dogs, sausages, and fried or pre-fried breaded meats, such as fish sticks, chicken nuggets, or corn dogs**

Standard Infant Menu

The following iron-fortified infant formulas are offered at this facility:

Milk-based: _____ Soy-based: _____

Note: Breastmilk offered when provided by parent.

Birth to 5 Months																								
<p>Breakfast, Lunch/Supper, and Snack: <u>Breastmilk and/or iron-fortified infant formula</u></p>																								
6 to 11 Months																								
<p>Breakfast and Lunch/Supper: <u>Breastmilk and/or iron-fortified infant formula</u></p> <p><u>*One or more of the following:</u> Infant cereal (dry infant cereal mixed with breastmilk and/or formula) Variety of meats and poultry (cooked plain or from jar) Fish (cooked plain, boneless) Whole egg Cooked dry beans/peas (cooked plain) Cheese regular (plain, sliced thin or thin strips) Cottage cheese Yogurt</p> <p><u>*A variety of vegetables and/or fruits:</u></p> <table><tr><td>Carrots</td><td>Applesauce</td></tr><tr><td>Green Beans</td><td>Bananas</td></tr><tr><td>Mixed vegetables</td><td>Mixed fruits</td></tr><tr><td>Peas</td><td>Peaches</td></tr><tr><td>Potatoes/sweet potatoes</td><td>Pears</td></tr><tr><td>Squash</td><td></td></tr></table> <p>Snack: <u>Breastmilk and/or iron-fortified infant formula</u></p> <p><u>*One or more of the following:</u> Bread (small pieces of bread or toast) Crackers (small pieces of unsalted plain crackers or teething biscuits) Infant cereal (dry infant cereal mixed with breastmilk and/or formula) Ready-to-eat cereal (e.g. Cheerios, Chex)</p> <p><u>*A variety of vegetables and/or fruits:</u></p> <table><tr><td>Carrots</td><td>Applesauce</td></tr><tr><td>Green Beans</td><td>Bananas</td></tr><tr><td>Mixed vegetables</td><td>Mixed fruits</td></tr><tr><td>Peas</td><td>Peaches</td></tr><tr><td>Potatoes/sweet potatoes</td><td>Pears</td></tr><tr><td>Squash</td><td></td></tr></table>	Carrots	Applesauce	Green Beans	Bananas	Mixed vegetables	Mixed fruits	Peas	Peaches	Potatoes/sweet potatoes	Pears	Squash		Carrots	Applesauce	Green Beans	Bananas	Mixed vegetables	Mixed fruits	Peas	Peaches	Potatoes/sweet potatoes	Pears	Squash	
Carrots	Applesauce																							
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Potatoes/sweet potatoes	Pears																							
Squash																								
Carrots	Applesauce																							
Green Beans	Bananas																							
Mixed vegetables	Mixed fruits																							
Peas	Peaches																							
Potatoes/sweet potatoes	Pears																							
Squash																								

*A serving of this component(s) is required when the infant is developmentally ready to accept it.

Note: This menu is based on the NEW *Meal Pattern for Infants*.



Stages of Infant Development and Feeding Skills *(healthy, full-term)*

Developmental milestones are used as markers to ensure that infants and toddlers are growing in a healthy direction. During early years, a child's relationship with food is crucial for his or her health and development. Learning the physical stages that relate to feeding is important to understanding this process.

BIRTH - 3 MONTHS	4 - 6 MONTHS	5 - 9 MONTHS	8 - 11 MONTHS	10 - 12 MONTHS
<p>Reflexes:</p> <ul style="list-style-type: none"> Suck/swallow Tongue thrust Rooting Gag <p>Requires head, neck and trunk support</p> <p>Brings hands to mouth around 3 months.</p> <p>Coordinates suck-swallow-breathe while feeding.</p> <p>Moves tongue back and fourth to suck.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Wakes and tosses Sucks on fist Fusses or cries <p>Satiety cues:</p> <ul style="list-style-type: none"> Seals lips together Turns head away Decreases or stops sucking Falls asleep or spits nipple out 	<p>Gag and tongue thrust reflex starts to disappear.</p> <p>Up and down munching movement.</p> <p>Uses tongue to transfer food from front to back to swallow.</p> <p>Recognizes spoon and opens mouth.</p> <p>Draws in upper and lower lip as spoon is removed from mouth.</p> <p>Good head control and can sit with support.</p> <p>Introduction to pureed and strained foods without choking.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Fusses or cries Smiles or coos during feeding Moves head toward spoon <p>Satiety cues:</p> <ul style="list-style-type: none"> Turns head away Decreases or stops sucking Spits nipple out Distraction of surrounding 	<p>Begins control of food positioning in mouth.</p> <p>May sit without support.</p> <p>Follows food with eyes.</p> <p>Begins introduction to solid foods (6 months).</p> <p>Drinks small amounts from cup with help.</p> <p>Begins to feed self.</p> <p>Transfers food from one hand to another.</p> <p>Tries to grasp foods such as crackers and teething biscuits.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Reaches for spoon or food Points to food <p>Satiety cues:</p> <ul style="list-style-type: none"> Eating slows down Pushes food away or clenches mouth closed 	<p>Moves food side to side in mouth.</p> <p>Begins to use jaw and tongue to mash and chew food in rotating patterns.</p> <p>Begins to curve lips around rim of cup.</p> <p>Sits alone without support.</p> <p>Begins to use fingers to pick up objects (pincer grasp.)</p> <p>Can put food in mouth with hands and feed self finger foods.</p> <p>Begins to eat ground or finely chopped food and small pieces of soft food.</p> <p>Drinks from cup with less spilling.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Reaches food Points to food Gets excited about food <p>Satiety cues:</p> <ul style="list-style-type: none"> Eating slows down Pushes food away 	<p>Rotary chewing.</p> <p>Feeds self easily with fingers.</p> <p>Begins to feed self with spoon.</p> <p>Dips food with spoon rather than scoop.</p> <p>Begins to hold cup with two hands.</p> <p>Drinks from straw.</p> <p>Good hand-eye-mouth coordination.</p> <p>Begins eating chopped food and smalls pieces of table food.</p> <p>Bites through a variety of textured food.</p> <p>Hunger cues:</p> <ul style="list-style-type: none"> Uses words or sounds for specific foods. <p>Satiety cues:</p> <ul style="list-style-type: none"> Shakes head and says, "no."



Within the first few days of life, an infant has to first learn the coordination of sucking, breathing and swallowing. Next there is learning tongue control and movement that will eventually lead to chewing. With the introduction of complementary foods at around six months, infants learn how to open their mouths in response to food, start learning how to bite soft foods, and how to hold and bring it to their mouths. Every movement from bringing food to mouth, opening mouth, biting, moving tongue to chew food and then swallowing are all learned skills.

HUNGRY OR FULL?

FEEDING TIPS

Put your baby in a high chair and sit facing him.

Use a small, long-handled baby spoon.

Put cereal to her lips, not in her mouth, so she can use her sucking skills.

Introduce one food at a time.

Stop feeding as soon as he shows you he is full.



The amount your baby drinks or eats can vary from feeding to feeding, and day to day. Watch for signs your baby is giving you that he is hungry or full.

Don't push your baby to finish bottles or food.

Signs your baby is hungry

- Fussing and then crying
- Squirming and stretching, clenching fists
- Sucks fist
- "Roots" or turns head for breast or bottle
- Leans forward for food
- Opens mouth for spoon or even reaches for spoon

Signs your baby is full

- Stops sucking, lets go of breast or bottle
- Turns head away
- Becomes sleepy or falls asleep
- Pushes away bottle or spoon
- Closes mouth
- Loses interest in eating, starts to play

SAFETY TIPS

- Always wash your hands before feeding your baby.
- Clean all bottles and dishes with hot, soapy water, and rinse well.
- Check the temperature of any heated bottles to make sure they're evenly warmed, not hot.
- Never microwave a bottle or baby food.
- Throw away any leftover breast milk or formula left in a bottle at the end of a feeding.
- Don't feed your baby directly from a baby food jar. Put the baby food in a dish, and throw away any that is leftover.

FURTHER INFORMATION

Women, Infants, and Children
www.floridawic.org

La Leche League
www.lalecheleague.org

Feeding Infants – Team Nutrition
www.fns.usda.gov/tn/resources/feeding_infants.pdf

Lucile Packard Children's Hospital at Stanford
www.lpch.org/DiseaseHealthInfo/HealthLibrary/newborn/nfantfed.html

American Academy of Nutrition and Dietetics
www.eatright.org/kids/

Ellyn Satter Institute
www.ellynsatterinstitute.org/



Health Safety & Sanitation

It is critical that anyone who cares for young children – whether at home or in a child care setting – be aware of the special risks of foodborne infection faced by infants and toddlers. Centers for Disease Control and Prevention (CDC) data tell us that children under 4 years old are 4.5 times more likely to acquire bacterial infections from food compared to adults aged 20-49 years. Child care providers that handle food must actively promote a safe food service environment by following good hygiene and food safety practices.

The below information is provided as guidance from Department of Health and “Fight Bac!”.

Remember to always follow state or local health department and child care licensing requirements.

Bacteria and viruses can be located just about everywhere. Bacteria and viruses can be found on your hands, nose, mouth and eyes. Some beneficial bacteria live inside our bodies and keep us healthy. Many bacteria are opportunistic, meaning they are normally harmless, but may pose a threat if they are outside their natural environment. Bacteria and viruses can also be harmful when the opportunity for infection is available, such as with a weakened immune system. Since bacteria and viruses are so common and easily picked up, having good personal hygiene is essential in preventing their spread. This is especially important for people who prepare food, because there are many types of bacteria that can cause foodborne illnesses.

What does it mean to practice good personal hygiene in the kitchen?

It is very important for everyone, especially child care providers working with food, to have a good personal hygiene to prevent contaminating food with harmful microorganisms. Proper handwashing is the most important aspect of personal hygiene. Hand washing signs must be posted in each hand washing facility and bathroom. Personal hygiene means promoting good sanitary practices, which includes:

- Wash hands properly, frequently, and at appropriate times
- Use disposable towels or air driers for drying hands
- Cough or sneeze into disposable tissues only and wash hands afterwards
- Wash hands after touching face or hair
- Avoid coughing or sneezing onto food
- Avoid handling food if you're ill or if you have a skin infection that could come into contact with food
- Cover all superficial cuts with bandages and disposable gloves
- Restrain hair by using a hairnet or hat
- Remove jewelry from hands or wrists before handling or preparing food
- Keep fingernails clean and trimmed
- Wear single-use gloves
- Wear clean outer clothing

When to Wash Hands

Before	After
<ul style="list-style-type: none"> ▪ Children arrive ▪ Preparing food and beverages ▪ Serving food ▪ Eating ▪ Participating in food activities ▪ Putting on single-use gloves ▪ In between changing single-use gloves ▪ Handling clean dishes or utensils ▪ Changing food preparation tasks, such as working with ready-to-eat and raw food 	<ul style="list-style-type: none"> ▪ Helping children wash their hands ▪ Washing an infant's hands or face ▪ Using the toilet ▪ Changing diapers or assisting a child using the toilet ▪ Blowing nose, coughing, or sneezing ▪ Touching an animal/pet, animal waste, and pet food/treats ▪ Eating ▪ Participating in food activities ▪ Touching garbage ▪ Handling soiled dishes or utensils ▪ Touching body parts other than clean hands and arms ▪ Sweeping, mopping, or wiping counters ▪ Returning from outdoor playtime ▪ Using the phone ▪ Children have left for the day ▪ Hands become contaminated, look, or feel dirty

Wash hands using the following method:

- Wet hands and forearms with warm, running water and apply soap
- Scrub lathered hands and forearms, under fingernails, and between fingers for at least 20 seconds
- Rinse thoroughly under warm, running water
- Dry hands and forearms thoroughly with either a single-use paper towel or an air dryer
- Use a paper towel to turn off the water and to open the door when exiting the restroom

An alcohol-based hand sanitizer is NOT a substitute for hand washing. Hand sanitizers are only effective if hands are not visibly soiled. Hand sanitizers may be used in combination with hand washing when hands are washed first and dried following the steps above.

Cleaning and Sanitizing

Dirty or contaminated utensils and equipment can transfer contamination to food causing foodborne illness. To prevent this, utensils, food preparation equipment, and contact surfaces should be washed, rinsed, and sanitized at least once every 4 hours.

This can be done:

- In a 3-compartment sink
- In a mechanical dish machine
- In a clean-in-place procedure for large pieces of equipment
- A test kit or other device that accurately measures the concentration of the solution shall be available and used when chemicals are used for sanitization. Follow the your local child care licensing/health department instructions regarding the use of chemicals for cleaning and sanitizing food contact surfaces and equipment

Storage

- Hot foods should be promptly placed into a Cambro® unit or electric warmer after proper temperatures are verified.
- Cold foods should be immediately placed in refrigerators after proper temperatures are verified.
- Keep all storage areas clean.
- Store all food and supplies at least 6 inches off the floor.
- Keep food in original containers or labeled containers approved for food storage. All food should be labeled the component name and delivery date.
- Check products for damage or spoilage, and discard any that show signs of damage or spoilage.
- Dry storage areas should be maintained at 50°F-70°F.

Separate

Cross-contamination can occur:

- When foods come into contact with raw animal products or their juices.
- When foods come into contact with contaminated equipment, hands, or non-food sources such as garbage.

You can prevent cross-contamination by:

- Following good personal hygiene and handwashing.
- Separating raw animal foods from foods that are ready to be eaten during receiving, storage, and preparation.
- Ensuring that foods which are ready to be eaten are not prepared with raw animal products on the same cutting board, using the same knife or utensils, or without washing hands.

- Storing foods that are ready to be eaten above raw animal products in the refrigerator.
- Maintaining a fresh bucket of cleaning solution and a fresh bucket of sanitizing solution in the work area so that cleaning and sanitizing can be done easily. Use test strips to ensure the concentration of the sanitizing solution is at the appropriate level.
- Storing chemicals in a separate area away from food, preferably in a locked room or cabinet.

Cook

When using food thermometers:

- Check food temperatures with clean, sanitized, and calibrated thermometers.
- Clean and sanitize thermometers before and after each use. Wash the stem of the thermometer and sanitize by dipping the stem into sanitizing solution or wiping with a sanitizing wipe. Allow to air dry.
- Measure the internal temperature of food by inserting the thermometer into the thickest part of the food, being sure to cover the sensor. Wait for the indicator to stabilize and read temperature.
- Record time and food temperatures on a production record or on a separate cooking and reheating log (you must record temperatures on every copy of the daily delivery receipts).
- Calibrate thermometers at least weekly or if they are dropped.

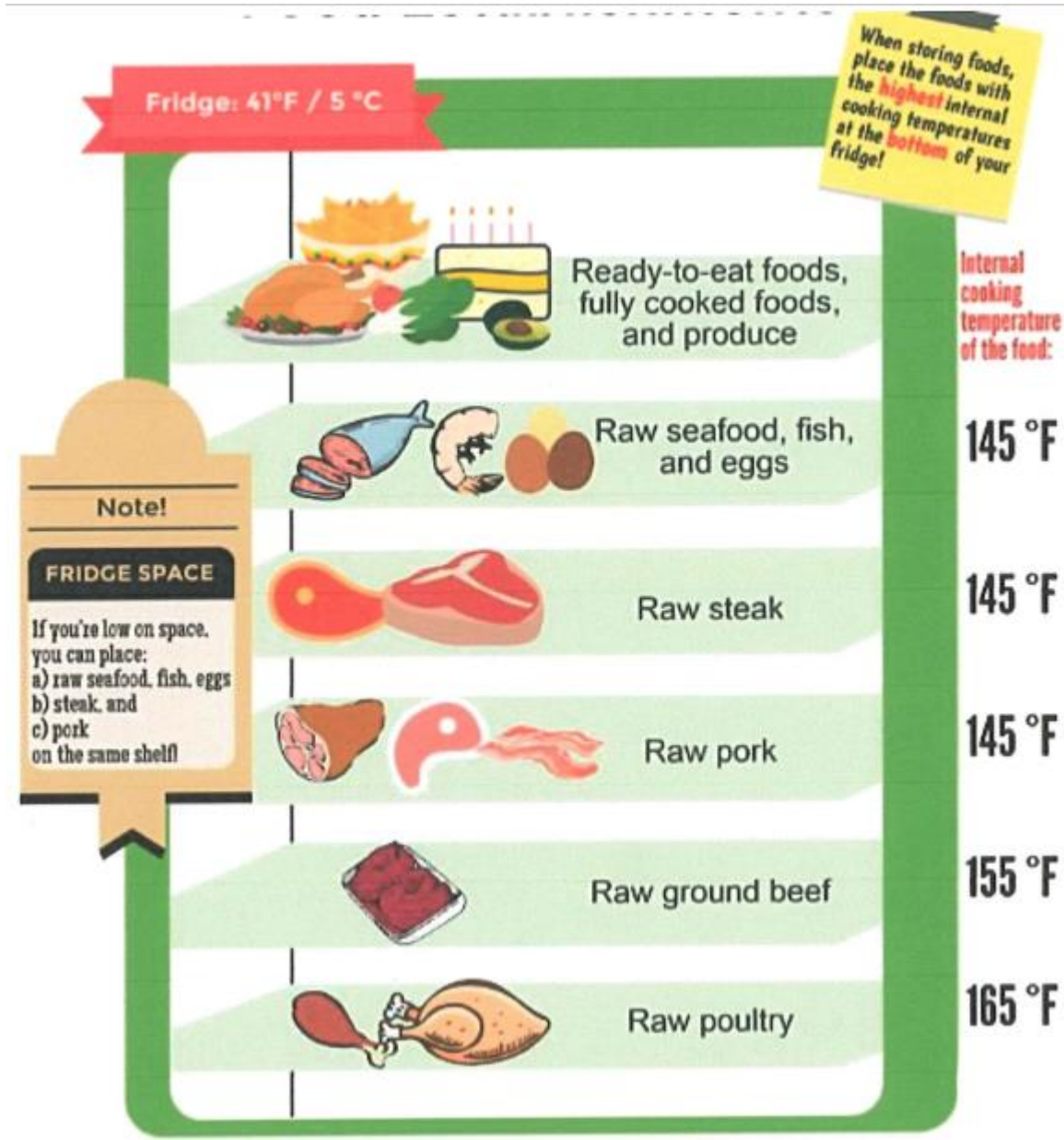
Safe Minimum Cooking Temperatures Charts

Food	Type	Internal Temperature (°F)
Ground meat and meat mixtures	Beef, pork, veal, lamb	160
	Turkey, chicken	165
Fresh beef, veal, lamb	Steaks, roasts, chops Rest time: 3 minutes	145
Poultry	All Poultry (breasts, whole bird, legs, thighs, wings, ground poultry, giblets, and stuffing)	165
Pork and ham	Fresh pork, including fresh ham Rest time: 3 minutes	145
	Precooked ham (to reheat) Note: Reheat cooked hams packaged in USDA-inspected plants to 140°F	165
Eggs and egg dishes	Eggs	Cook until yolk and white are firm
	Egg dishes (such as frittata, quiche)	160
Leftovers and casseroles	Leftovers and casseroles	165
Seafood	Fish with fins	145 or cook until flesh is opaque and separates easily with a fork
	Shrimp, lobster, crab, and scallops	Cook until flesh is pearly or white, and opaque
	Clams, oysters, mussels	Cook until shells open during cooking

Chill

- Temperature Danger Zone
 - The FDA Food Code has identified the temperature danger zone as 41°F to 135°F. This means that cold foods must be kept at 41°F or below and hot foods must be kept at 135°F or above. It is important to limit the amount of time that foods served cold or hot are in the range of 41°F to 135°F.
 - Discard food held in the temperature danger zone for more than 4 hours.
 - Refrigerated storage areas should be maintained at 41°F or below.
 - Frozen storage areas should be maintained at 0°F to -10°F.

Safe Food Placement in the Refrigerator



Cold Food Storage

These storage guidelines for home-refrigerated foods will keep them from spoiling or becoming dangerous to eat. The guidelines for freezer storage are for quality only. Frozen foods remain safe indefinitely.

Product	Refrigerator (40°F)	Freezer (0°F)
Eggs		
Fresh, in shell	3 to 5 weeks	Don't freeze
Hard cooked	1 week	Don't freeze well
Liquid Pasteurized Eggs, Egg Substitute		
Opened	3 days	Don't freeze well
Unopened	10 days	1 year
Deli and Vacuum-Packed Products		
Egg, chicken, ham, tuna & macaroni salads	3 to 5 days	Don't freeze well
Hot Dogs		
Opened package	1 week	1 to 2 months
Unopened package	2 weeks	1 to 2 months
Luncheon Meat		
Opened package or deli sliced	3 to 5 days	1 to 2 months
Unopened package	2 weeks	1 to 2 months

Luncheon Meat		
Opened package or deli sliced	3 to 5 days	1 to 2 months
Unopened package	2 weeks	1 to 2 months
Bacon & Sausage		
Bacon	7 days	1 month
Sausage, raw — from pork chicken, turkey & beef	1 to 2 days	1 to 2 months
Hamburger & Other Ground Meats		
Hamburger, ground beef, turkey, veal, pork, lamb & mixtures of them	1 to 2 days	3 to 4 months
Fresh Beef, Veal, Lamb & Pork		
Steaks	3 to 5 days	6 to 12 months
Chops	3 to 5 days	4 to 6 months
Roasts	3 to 5 days	4 to 12 months
Fresh Poultry		
Chicken or turkey, whole	1 to 2 days	1 year
Chicken or turkey, pieces	1 to 2 days	9 months
Seafood		
Lean fish (flounder, haddock, halibut, etc.)	1 to 2 days	6 to 8 months
Fatty fish (salmon, tuna, etc.)	1 to 2 days	2 to 3 months
Soups & Stews		
Vegetable or meat added	3 to 4 days	2 to 3 months
Leftovers		
Cooked meat or poultry	3 to 4 days	2 to 6 months
Chicken nuggets or patties	3 to 4 days	1 to 3 months
Pizza	3 to 4 days	1 to 2 months

- Preparing Cold Food
 - Pre-chill ingredients for cold foods, such as sandwiches, salads, and cut fruits, to 41°F or below before combining with other ingredients.
 - Prepare food in small batches so that ingredients are not at room temperature more than 30 minutes before cooking, serving, or returning to the refrigerator.
 - Thaw Frozen Foods:
 - In the refrigerator at a temperature at or below 41°F
 - By submerging under clean, drinkable, cold running water
 - In a microwave (and use immediately)
 - As part of the cooking process (frozen patties, nuggets, pizza, lasagna, chili, soup)



Principles of Cooling

Cooling is a critical control point

Safe cooling requires rapidly cooling foods enough to prevent microbial growth. Cooling too slowly allows pathogens to grow and contributes to foodborne illness. School nutrition staff must know, monitor, and document proper temperatures and times for cooling food.

Time and temperature guidelines

Use a calibrated food thermometer to monitor temperatures while cooling food. Document temperatures and times in a log. Prepare food that must be cooled early enough to allow staff to be present to monitor cooling and take corrective action when needed. Food that does not meet these time and temperature guidelines must be discarded.

- Hot food must be cooled from 135 °F to 70 °F within 2 hours.
- Food must be cooled from 135 °F to 41 °F within a total of 6 hours.
- Food at room temperature must be cooled to 41 °F within 4 hours.

Use one or more of these cooling methods

Using one or more cooling method outlined in the *Food Code* can help safely cool foods to the proper temperatures. These methods include:

- Place food in shallow pans. Food should be no more than 2 inches deep.
- Separate food into smaller or thinner portions depending on what foods you are cooling. For example, pour soups into smaller containers, and slice roasts into smaller slices.
- Use rapid cooling equipment and active cooling methods, such as ice water baths and/or chill sticks. When high volumes of food are processed, use a blast chiller whenever possible.
- Stir the food in a container placed in an ice water bath. Monitor and refresh ice as it melts.
- Use containers that facilitate heat transfer such as metal.
- Pre-chill ingredients and containers used for making bulk items such as salads.
- Loosely cover or uncover pans if protected from overhead contamination. Place cooling food on top shelf of freezer.

Please note: Infants and children must not be allowed in food preparation areas. Any employee with a communicable disease, a respiratory illness, an acute gastrointestinal illness (diarrhea and/or vomiting), or open wound shall be excluded from working in any area of food service.



Sanitizing Your Thermometer:

Proper sanitation of thermometers is imperative to avoiding cross-contamination and keeping food safe for young children.

Below are steps to clean and sanitize bi-metal pocket thermometers:

1. Wash the thermometer by hand in hot soapy water; do not immerse it in water.
2. After washing and rinsing the thermometer, sanitize it by hand using an alcohol based sanitizing wipe.
3. Thermometers should be washed, rinsed, and sanitized on a daily basis. The sheath should also be washed, rinsed, and sanitized regularly to ensure cleanliness.
4. Use an alcohol based sanitizing wipe between measuring the temperatures of different foods to clean the thermometer stem and avoid cross-contamination of foods.
5. Store the thermometer in the sheath to keep the stem clean and maintain safety as some thermometer probes can be sharp.

Covid-19 and Child Care

Information from the Florida Department of Children and Families

- Prohibit any person except the following from accessing an operation: operation staff; persons with legal authority to enter, including law enforcement officers, Child Care Licensing staff, and Department of Children and Families protective services staff; professionals providing services to children; children enrolled at the operation; and parents or legal guardians who have children enrolled and present at the operation.
- Ensure that each child is provided individual meals and snacks.
- Do not serve family style meals.
- Require pickup and drop-off in the lobby/entry way of the operation, unless it's determined that there is a legitimate need for the parent to enter an operation. For example, meet the parent at the pickup area and escort the child to the parent.
- Before allowing entry into the operation, screen all individuals listed above and deny entry to any person who meets any of the following criteria through verbal survey:
 - Do you have a fever of 100.4 or higher?
 - Have you had any respiratory infection, or have had a cough, shortness of breath, and low-grade fever?
 - In the previous 14 days, have you had any contact with someone with a confirmed diagnosis of COVID-19; is under investigation for COVID-19; or is ill with a respiratory illness?



- In the previous 14 days, have you traveled on a cruise or internationally to countries with widespread, sustained community transmission?

The Centers for Disease Control and Prevention has posted a Supplemental Guide for Child Care, this resource provides guidance specific to child care on issues such as:

- Social distancing
- Child pick up and drop off procedures
- Cleaning and disinfecting of toys and bedding
- Safely caring for infants and toddlers
- Food preparation and meal service

Visit www.cdc.gov

Monitoring and Oversight

Family Central is dedicated to developing and maintaining open communication and cooperative relationships with center staff while also identifying any areas of noncompliance. Family Central will work with providers to help correct any problems and provide additional training or technical assistance when necessary.

Sponsoring organizations must review each provider three times per year. These reviews are unannounced and will include a minimum of 2 observations of a meal service. Reviews are made during normal hours of operation and monitors making such reviews will show photo identification that demonstrates that they are employees of Family Central, Inc.

Any issues of non-compliance will be discussed with the provider during their review summary. Any findings must be corrected and will be revisited by the monitor within 30 days.



**CHILD CARE FOOD PROGRAM
PROVIDER REVIEW FORM
(For Sponsor Use)**

Provider: _____ This Review: **New** 1st 2nd 3rd Follow-up
 Provider Address: _____ Reviewer: _____
 Phone Number: _____ Date of Last Review: _____ Date of Last Follow-up: _____
 Hours of Operation: _____ to _____ Failed 5-Day Test Last Review: **Y N**
 Days Approved: **S M T W TH F S** Serious Deficiency Last Review: **Y N**
 Holiday Care: **Y N** If Yes, Type of Serious Deficiency: _____

Refer to detailed instructions before completing this report.											
Tier Level of Home	License #: Expiration Date:	Licensed Capacity:	Meals Approved to Claim:					Date of Review:	Unannounced <input type="checkbox"/>	Arrival Time:	
			B	MS	L	AS	S				ES
			Meal Observed:								
			B	MS	L	AS	S	ES	Announced <input type="checkbox"/>	Departure Time:	
			Non-Meal Review <input type="checkbox"/>								
Children in Attendance (List of Enrolled Children Attached)		Date of Enrollment	Provider's Own Child (✓)	DOB	Inf. (✓)	1-2 (✓)	3-5 (✓)	6-12 (✓)	Present (✓)	Claimed (✓)	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

RECORD KEEPING/ELIGIBILITY REQUIREMENTS	YES	NO	N/A	COMMENTS
1. The provider claims only approved meal types.				
2. The provider operates within its licensed capacity/ratios.				
3. Copies of current, complete, and accurate Enrollment Forms and Child Participation Forms (or combination forms) are on file with the provider for all enrolled children.				
4. The provider maintains on file a signed copy of the Sponsor-Provider Agreement.				
5. The provider retains program records for the current fiscal year plus the prior three years (or number of years on program if less than three years).				
6. If a Tier I home, the provider is claiming their own child(ren) only when other children are present and the provider is income eligible.				
7. If a Tier II home, the sponsor has offered to collect income statements from parents.				
PHYSICAL ENVIRONMENT/FOOD AND NUTRITION	YES	NO	N/A	COMMENTS
8. The provider, staff, and children wash their hands properly, frequently, and at appropriate times.				
9. Food is obtained from approved sources that meet federal and state health standards.				

10. Refrigeration units are maintained at 41° F or below and freezers are maintained at 0° F or below.				
PHYSICAL ENVIRONMENT/FOOD AND NUTRITION (Cont'd.)	YES	NO	N/A	COMMENTS
11. Cleaning supplies are stored separately from food.				
12. There is no evidence of rodent or insect infestation.				
13. Prepared food is stored in clean, covered containers that are clearly labeled and marked with date of preparation.				
MEAL OBSERVATION	YES	NO	N/A	COMMENTS
<p align="center">When observing a meal, answer all questions in the following section. If non-meal review, answer questions marked with an asterisk (*) and mark all others "N/A".</p>				
14. Posted Menu:	Observed Meal: <input type="checkbox"/> Same as posted menu			
15. The observed meal was served at the proper time.				
16. The weekly Menu Planning Worksheet is up-to-date.*				
17. The observed meal corresponds to the posted menu.				
18. The observed meal contains all required components, served in the required quantities. If no, list any missing and/or inadequate components:				
19. If applicable, parent notes and/or medical statements are maintained on file authorizing menu substitutions.*				
20. All the meals in the posted weekly or monthly menu meet the minimum CCFP meal pattern requirements.* Refer to Meal Pattern and Menu Review Guidance.				
21. Meals eaten away from the site and claimed for reimbursement adhere to all CCFP meal requirements.*				
22. Ready-to-eat cereal products served contain no more than 6 grams of sugar per dry ounce.*				
23. At least one grain serving per day, across all eating occasions, is 100% whole grain or whole grain-rich.* This is also clearly identified on posted menu.				
24. Grain-based desserts are not served as part of a reimbursable meal.*				
25. Juice is served no more than once a day.*				
26. Flavored milk is not served to children under 6 years of age.*				
27. If served, flavored milk is fat-free (skim) milk or low-fat (1%) and served only to children 6 years and older.*				
28. Low-fat (1%) or fat-free (skim) unflavored milk is being served to children age 2 and older and unflavored whole milk is served to children age one.*				
29. If using commercially processed/main dish combination foods, the provider follows regulatory guidelines.*				
30. The provider complies with all applicable infant-feeding requirements.*				
31. An accurate meal count is recorded daily.*				
TRAINING AND MONITORING	YES	NO	N/A	COMMENTS
32. Provider has attended required sponsor training.				
33. Issues of non-compliance noted on previous reviews have been fully and permanently corrected.				
CIVIL RIGHTS	YES	NO	N/A	COMMENTS
34. The WIC flier and Building for the Future letter are conspicuously posted or distributed to parents.				
35. The provider allows equal access to its site and provides meals regardless of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.				

36. If the provider advertises, the non-discrimination statement and complaint procedures are included in any provider advertisements regarding the CCFP.																																																																				
CIVIL RIGHTS (Cont'd.)																																																																				
37. Record meal count by child's racial/ethnic categories below:																																																																				
Ethnicity (Combined ethnicity total should equal the observed meal count)			Race (Children can be counted in more than one race category; combined race total can be more than combined ethnicity total but cannot be less)																																																																	
HISPANIC OR LATINO	NOT HISPANIC OR LATINO	ETHNICITY TOTAL =	AMERICAN INDIAN OR ALASKAN NATIVE	WHITE	BLACK or AFRICAN AMERICAN	ASIAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	RACE TOTAL =																																																												
38. If any civil rights problems are identified in questions #34-37 above, please provide an explanation. If no problems are identified, leave this section blank or write "N/A".																																																																				
5-DAY TEST (see instructions)																																																																				
39. DAY OF REVIEW – MEAL COUNTS: Meal count on day of review: _____																																																																				
<input type="checkbox"/> Check if planned non-meal review. This section is N/A. Skip to 5-Day Reconciliation (questions #42-44).																																																																				
<input type="checkbox"/> Check if meal review was planned, but no children are present. Conduct review as non-meal review for all other questions EXCEPT this section. Complete question #39 using a meal count of zero (0) and answer questions #40 & 41.																																																																				
Record meal counts for the same meal type observed on the day of the visit for each of the previous 5 consecutive meal service days. Use meal counts from prior weekend days if doing a weekend review.																																																																				
<div style="display: flex; align-items: center; justify-content: space-around;"> <div> <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> + <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> + <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> + <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> + <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> = <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> Divided by 5 = <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center;"> X .85 = <input style="width: 40px; height: 30px; border: 1px solid black;" type="text"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Meal Count Total Average </div>																																																																				
Dates: _____																																																																				
40. Is the number of meals served on the day of the review equal to or greater than 85% of the average? Yes _____ No _____ If "Yes", provider "passed" the 5-Day test. If "No", obtain an explanation:																																																																				
41. If #40 was answered "No," was the explanation provided adequate? Yes _____ (Provider "passed" 5-Day Test) No _____ (Provider "failed" 5-Day Test; CAP and follow-up are required)																																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Date</th> <th rowspan="2">Enrollment Total</th> <th rowspan="2">Attendance Total</th> <th colspan="5">Total Meal Counts</th> </tr> <tr> <th>Breakfast</th> <th>Morning Snack</th> <th>Lunch</th> <th>Afternoon Snack</th> <th>Supper</th> <th>Evening Snack</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>										Date	Enrollment Total	Attendance Total	Total Meal Counts					Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack																																													
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			Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack																																																												
42. Do any meal counts for the five consecutive days reviewed exceed the documented enrollment or attendance for those days? Yes _____ No _____																																																																				
Note: If meal counts, enrollment records and attendance records cannot be reconciled, monitor should expand review to include specific children. A meal disallowance and/or a Notice of Serious Deficiency may be necessary.																																																																				

REVIEW SUMMARY	YES	NO	N/A	COMMENTS
43. The provider has a good understanding of program rules.				
44. Is a disallowance required?				
45. Is a Corrective Action Plan (CAP) required?				
46. Is a Follow-Up Review required?				
47. Is a Notice of Serious Deficiency required?				

ITEM #	COMMENTS

A Corrective Action Plan (CAP) addressing the deficiencies identified above must be received by the sponsor by close of business on _____. The CAP must describe those actions being taken to correct the deficiencies and the date by which each deficiency will be corrected.

Training Materials Provided: _____

Provider Signature: _____

Date _____

Sponsor Signature: _____

Date _____

Sponsor's Second Party Check: _____

Date _____



Corrective Action Plans

What is a Corrective Action Plan?

A Corrective Action Plan is required as a result of issues of non-compliance found during a monitoring visit or during the claim process. Corrective Action Plans ensures the provider understands what they are doing wrong and documents the center's plan for improvement and permanent correction.

What does an effective Corrective Action Plan look like?

An effective Corrective Action Plan addresses the following:

- **What?** What process and/or procedure will be implemented to correct the findings?
- **Who?** Who is going to be responsible for implementing and complying with the process and/or procedures? (Name and Title)
- **How?** How will the program ensure that the processes and/or procedures are followed consistently in order to prevent future findings?
- **When?** When will the process and/or procedure be implemented?
- **Where?** Describe the location or new information will be explained to appropriate staff (such as at the next staff meeting) and/or new forms will be maintained.



Due Date: _____

Name of Provider: _____

Sponsor Fax #: _____

Page ____ of ____

Child Care Food Program
CORRECTIVE ACTION PLAN
 (For Sponsors of Day Care Homes)

DEFICIENCY	CORRECTIVE ACTION	INDIVIDUAL RESPONSIBLE	IMPLEMENTATION DATE

PROVIDER _____
DATE _____

Sponsor Use Only

SPONSOR REPRESENTATIVE _____
DATE _____

☐ Approved
 ☐ Denied

4/2009

D-067-01



Meal Disallowances

A center may have meals disallowed if program rules and regulations are not followed. The following are some examples of reasons meals might be disallowed:

1. Over licensed capacity
2. Not following meal pattern
3. Inadequate portions
4. Serving outside approved meal time

Child Care Food Program MEAL DISALLOWANCE (For DCH Sponsor Use)

Provider's Name:	Name (if different) and Address of Home:
Telephone #: () Ext.:	

Date of Review: _____

Deficiencies:

Total Number of Meals Disallowed: (If all meals on a day are disallowed, specify "all")

# Breakfasts	Date(s)
# Lunches/Suppers	Date(s)
# Snacks AM/PM	Date(s)

Signature of Sponsor Representative

Date(s)

I understand that the meals identified above are not eligible for reimbursement and must not be included on the meal count worksheet for the month in which the deficiency occurred.

Signature of Provider

Date(s)

MEAL DISALLOWANCE CLAIMS PROCEDURE

- The Meal Count and Attendance Worksheets submitted will be reviewed for accuracy to ensure that disallowed meals are not claimed.
- If disallowed meals are claimed, this will lead to a Notice of Serious Deficiency.

4/2011

D-053402

FOLLOW-UP REVIEW

(For Sponsor Use)

Date of Follow-up Review: _____ Date of Initial Review: _____

Name of Facility: _____	
Type of Follow up: (circle) office visit / mail / fax / on-site / desk review	CAP received? (circle) Y or N
DEFICIENCY(S)	FOLLOW-UP REVIEW COMMENTS
<p>If Follow-Up is performed as a result of a Disallowance or other deficiencies:</p> <p>Check One (<input checked="" type="checkbox"/>)</p> <p><input type="checkbox"/> The facility has corrected the deficiency(s) and maintained compliance with their Corrective Action Plan (CAP). Future reviews will determine if the deficiency(s) have been fully and permanently corrected.</p> <p><input type="checkbox"/> The facility has not corrected the deficiency or complied with their CAP and a Notice of Serious Deficiency will be issued.</p>	
<p>An additional Follow-Up Review will be performed:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>If Follow-Up is performed as a result of a Notice of Serious Deficiency:</p> <p>Check One (<input checked="" type="checkbox"/>)</p> <p><input type="checkbox"/> The facility has corrected the deficiency(s) and maintained compliance with their Corrective Action Plan (CAP), and future reviews will determine if the deficiency(s) have been fully and permanently corrected.</p> <p><input type="checkbox"/> The facility has not corrected the deficiency and a Notice of Proposed Termination and Proposed Disqualification will be issued.</p>	
<p>Is the review closed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
Facility Representative: _____	Date: _____
Sponsor Representative: _____	Date: _____
Sponsor's Second Party Check: _____	Date: _____

4/2011

D-063-01

Serious Deficiencies (Termination for Cause)

Termination for cause can occur when it is determined that the child care facility has committed one or more of the following serious deficiencies.

- a. Submission of false information on CACFP applications and/or required forms;
- b. Submission of false claims for reimbursement;
- c. Simultaneous participation under more than one sponsoring organization;
- d. Non-compliance with the current CACFP meal pattern;
- e. Failure to keep required records;
- f. Conduct or conditions that threaten the safety of a child(ren) in care, or the public health or safety (imminent threat to health and safety);
- g. A determination that the day care home has been convicted of any activity that occurred in the last seven years and that indicated a lack of business integrity;
- h. Failure to participate in training; or
- i. Any other circumstance related to non-performance under the agreement

Once a provider has been determined to be seriously deficient, it cannot avoid going through the serious deficiency process, whether by withdrawing an application or by terminating its agreement “for convenience.”

If a provider has not fully and permanently corrected the serious deficiencies identified in the Serious Deficiency Notice the agreement will be terminated.

If you choose to voluntarily terminate your agreement after receiving a serious deficiency the provider will be disqualified from future CACFP participation. If disqualified, the provider will be placed on the National Disqualified List. While on the list, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP sponsor or child care facility or any federally funded program. You will remain on the list until such time as the State agency determines that the serious deficiencies have been corrected or until 7 years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid in full.




QUICK TIPS

TO ENROLL A CHILD: Click +Add Child. Complete all required fields with an asterisk (*) and click “Next”. Create “Primary Guardian” contact information. Complete all required fields with an asterisk (*). Enter the days in care and participating meals then click “Enroll/Print”.



**** The parent AND child care provider must sign and date the enrollment form. ****

Fax the enrollment form to: 954-724-4067 within 3 business days and mail the original to:

**Family Central, Inc.
Child Care Food Program
1415 W Cypress Creek Road, Suite 103
Fort Lauderdale, FL 33309**

TO VIEW CHILDREN: From the side menu bar click “Home” then “My Kids”. On the top right corner, click the orange wheel . Select “Infants” and “Non-Infants” to view all children enrolled.

TO SCHEDULE MONTHLY MENUS AND/OR VIEW WHAT MEALS HAVE ALREADY BEEN SCHEDULED: From the side menu bar, click “Meals” then “Schedule Menus”. Select “Non-Infants” at the top of the calendar. Click the day you’d like to schedule meals for. Select the required components under each meal you are approved to serve. To choose a Master Menu, click the green “Menus” box (if you know the Master Menu #, you can click “Search” on the top right corner). After entering all of the meals for that day, click “Save”.

TO COPY AND PASTE A MONTH OF MENUS: From the side menu bar, click “Meals” then click “Schedule Menus”. The Calendar page opens to the Schedule Menus tab. Click  and  to navigate to the month to copy, if needed. Click “Copy Days”. The Repeat Menu pop-up opens. Select “Multi-Day”. Select “Infants” or “Non-Infants”. In the “What Days Would You Like to Copy” section, click the “From” and “To” boxes and select the start and end dates to copy. If you are copying meals for Monday through Friday, begin your copy on a Monday and end it on a Friday. Click the “Begin Pasting On” box and enter the day on which to begin copying menus. Leave the “Skip Weekends” box blank. Click “OK”. The meals are copied.


TO PRINT WEEKLY SCHEDULED MENUS: From the side menu bar, click “Reports”. From the drop down box select “Menu Planning” then “Scheduled Menus”. Select the date range for the week you’d like to print. Select “Run”. Once the menu displays, click “Print”.


TO RECORD MEALS AND ATTENDANCE: From the side menu bar, click “Meals” then “Enter



Meal”. Select “Infants” or “Non-Infants” then select the meal you’d like to enter. The scheduled menu will appear. Click on each child’s name who was in attendance for that meal. Their name will highlight in green when selected. Then click “Save”.

TO CLAIM A SCHOOL AGE CHILD FOR LUNCH ON A SCHOOL DAY: complete all of the

above. When selecting the child’s name, click the  icon and select the reason the child is present on a school day.

TO VIEW THE MEALS AND RECORDED ATTENDANCE: From the side menu bar, click “Calendar”. Select “Meals” at the top of the screen. The first letter of the meals that have been recorded will appear on each day (Ex: ). To view the meal you served and children recorded for that meal, select the letter of the meal you want to view.

TO REPRINT AN ENROLLMENT: From the side menu bar, click “Reports”. From the drop down box select “Child” then “Child Enrollment” then select the child’s name. Click “Run” then “Print”.

TO WITHDRAW A CHILD: From the side menu bar, click “My Kids”. Select the child you want to withdraw. Click the red “Withdraw” button. Select the date the child withdrew and then click “OK”.

TO SUBMIT A CLAIM: At the end of each month, from the side menu bar, click “Food Program”. Then click “Send to Sponsor”. Scroll to the bottom of the page and click the box agreeing to the Terms and Conditions. Then click “Send”. After the claim is sent, the system will automatically change to the next month.

TO CHANGE LANGUAGE: Above the side menu bar, click the three grey wheel icon. From the drop down box, select your preferred language.

TO REVIEW YOUR CLAIMED SUMMARY AND ERROR REPORT: From the side menu bar, select “Reports”. From the drop down box select “Claim Statements” then “Claim Summary and Error”. Select the month you’d like to view. Click “Run”.



FOR PRACTICING PURPOSES ONLY

Visit www.kidkare.com

Login ID: 083654321

Password: gbtru8nt

Once you receive your own Provider login, disregard this account.

Meal Recordings and Unlock Procedures

Per the CHILD CARE FOOD PROGRAM SPONSOR-PROVIDER AGREEMENT (Section II.B) you are required to record meal counts by the end of the day for that day's meal services. Providers are responsible for recording meal and attendance information daily by 11:59 pm. If meals are not recorded by 11:59pm you are subject to meal disallowances and/or corrective action plan.

If you are unable to record meals by 11:59 pm due to technical difficulties (computer/internet issues) you must record all meals on the Temporary Claim Form and report it immediately to the hotline for your county.

FOOD PROGRAM HOMES HOTLINE

Broward: (954) 724-7554

Miami Dade: (786) 363-5120

Palm Beach: (561) 514-3390

Per Federal Child Care Food Program Regulations meals must be recorded daily.

As a courtesy, Family Central will unlock the Provider up to three (3) different occasions per contract year (Oct-Sept).

Once you are unlocked you will receive a notification by email. You may need to hit the REFRESH button or log completely out of KidKare and log back in, in order to record past meals.

When unlocked, you may only record meals for the approved day(s). DO NOT MAKE CHANGES TO ANY OTHER DAYS.



Providers are responsible to verify that all meals were recorded for the previous day.

If you are experiencing long term computer/internet access problems, please contact the CCFP Claim Specialist, Jessy Allain, or the Quality Assurance Coordinator, Sheron Givings, to discuss the issue.

You must report all KidKare related technical issues to Minute Menu Provider Support for resolution at 972-671-5211. Please take note of any error messages received prior to contacting.

Pre-recording Meals is not allowed and may result in a serious deficiency. Prerecorded meals will be disallowed!