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**Child Care Food Program  
Center  
Overview Packet**

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Child Care Food Program Department  
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**2023-2024**



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

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## Child Care Food Program Overview

Good nutrition is an essential building block in promoting the cognitive, physical and emotional development of children. The U.S. Congress established the Child Care Food Program (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. 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 supplemental nutrition program that reimburses child care centers for nutritious meals and snacks served to eligible children.

**THIS PROGRAM IS INTENDED TO HELP WITH THE CENTER'S FOOD COSTS, HOWEVER, IT MAY NOT COVER ALL OF THE COSTS.**

The CCFP is **not** transferable, centers must inform FCI if any of the following changes occur:

- ✓ Sale/pending sale or ownership changes.
- ✓ Plans to re-locate.
- ✓ Changes to the business structure (*e.g. business name or EIN changes, this changes will require the completion of a new W-9 form*)
- ✓ New directors or new CCFP staff, must attend training.

### **Eligibility & Determination:**

- All centers must be licensed by the appropriate child care licensing authority.
- All centers must have a current health/sanitation permit or "compliant" child care licensing or Health Department inspection report issued by a local authority at least annually.
  - For DCF licensed centers:



- Department of Children and Families (DCF) licensing inspection report that indicates “Compliance” with food and food preparation standards
- For Broward County licensed centers:
  - Broward County Child Care Licensing inspection report that indicates “Compliance” with all food and food preparation standards
- For Palm Beach County licensed centers:
  - Department of Health inspection report that indicates “Compliance” with food and food preparation standards
- Centers must be a public or private nonprofit organization or a for-profit organization whose enrollment or licensed capacity consists of at least 25% low-income children meeting specific criteria
- Child care centers may participate in the CCFP under a sponsoring organization or as independent centers

### **Participating in the CCFP with a Sponsor**

When the center participates under the auspices of a sponsoring organization, the sponsor accepts some of the administrative and financial responsibility for the program. In return for these services, the sponsor retains a portion of the center’s meal reimbursement to cover their CCFP administrative costs.

- Sponsors cannot make a profit; they can only cover their costs
- On a fiscal year basis, the amount retained by the sponsors **cannot exceed 15% of the total annual meal reimbursement** or the sponsor’s actual administrative costs, whichever is less.

#### **Sponsor benefits:**

- Sponsors offer ongoing technical assistance to help the center maintain compliance with federal and state rules, and ensure proper child nutrition
- Sponsors assist in the claim compilation process to ensure the center is receiving the most accurate reimbursement



- Sponsors ensure eligibility determinations and confirm documentation is maintained to account for all program costs
- Family Central contracts with a State approved caterer
- State approved menus are provided, taking the worry out of menu planning

### **Funding & Reimbursement**

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.

#### **Reimbursements Rates**

The United States Department of Agriculture reimburses centers based on current federal reimbursement rates.

#### **Meal Reimbursement Rates for Child Care Centers**

**July 2023 – June 2024**

<b>Type of Meal Served</b>	<b>Free</b>	<b>Reduced-Price</b>	<b>Non-Needy</b>	<b>Cash in Lieu of Commodities</b>
<b>Breakfast</b>	<b>\$2.28</b>	<b>\$1.98</b>	<b>\$0.38</b>	<b>N/A</b>
<b>Lunch</b>	<b>\$4.25</b>	<b>\$3.85</b>	<b>\$0.40</b>	<b>\$0.295</b>
<b>Snack</b>	<b>\$1.17</b>	<b>\$0.58</b>	<b>\$0.10</b>	<b>N/A</b>



Providers will receive their reimbursement checks the month following each claim month. Eligible providers will also be issued a "1099" form for tax purposes by January 31<sup>st</sup> every year. *PLEASE NOTE* Providers must receive reimbursement in excess of \$600 to be eligible to receive a 1099. Providers with S and C Corporations are **exempt** from requiring a 1099-MISC.

Federal reimbursement rates are used to determine a monthly reimbursement amount by meal type for each center. These reimbursement amounts are calculated on a monthly basis.

For each meal type, reimbursement amounts are derived proportionally from the percentage of children in each eligibility category (free, reduced-price or non-needy) multiplied by the number of meals claimed multiplied by the reimbursement rates.

Cash-in-Lieu of Commodities: The cash-in-lieu reimbursement amount is calculated by multiplying the number of claimed lunches by the cash-in-lieu rate.

### **Claim Summary, Error Report and Additional Claim/Reimbursement Documentation**

#### **Claim Summary & Error Reports include the following:**

- **Claim month**
- **Center contact information**
- **Monitor:** this currently lists your claim specialist's name and not your monitor
- **Payment Type:** this will always list "Check" by default, regardless of actual payment type
- **Capacity:** center's licensed capacity
- **Participation information:** number of days claimed, attendance, ADA (average daily attendance), number of children claimed
- **Blended Rate %:** this percentage is based upon the classifications derived from the Free and Reduced Price Meal Applications



- **Meal reimbursement totals per meal type and the associated reimbursement rate**
- **Disallowed:** this will list any meal totals disallowed along with the estimated dollar amount of the associated disallowances, if applicable
- **Cash in Lieu:** this is additional amount of reimbursement received for each lunch claimed
- **Reimbursement amount:** this is your reimbursement total which includes the Cash In Lieu payment, minus the admin amount. *For self-prep centers and centers with independent catering contracts, this will be your final reimbursement amount.*
- **Admin rate:** Family Central's admin rate for the corresponding month *(As a reminder, the admin rate may not exceed 15% over the course of the program year, however, it may exceed 15% in any given month.*
- **Errors/Congratulations:** There are numerous error codes and/or messages that may be listed in the lower section of the Claim Summary and Error Report. Alternatively, there may be a congratulatory message stating no errors were found on your claim.

Currently, Minute Menu CX automatically performs most edit checks, lists error messages, and deducts associated disallowances for all errors. Additionally, other manual disallowances, including but not limited to catering and monitoring visits, may be applied. These manual disallowances will be applied as adjustments under the "Meal Reimbursed" column and listed without an error code.

An example of disallowances/adjustments could include:

**Meals disallowed over caterer - L5, P4**

*(This means that 5 lunches and 4 PM snacks were disallowed due to insufficient meals being ordered from the caterer)*

**It is possible that you have a report with a congratulatory message and still have disallowances/adjustments to your claim.**

**To view this report in Minute Menu CX/Kidkare monthly once the claim has been submitted:**





### **Minute Menu CX:**

- ⇒ Via the taskbar at the top of the screen: **Go to "Claims"**
- ⇒ **Click "List Claims"** A list of your claims will appear by month along with some basic claim information
- ⇒ **Click "View"** for detailed claim information and reports
- ⇒ **Click "Claim Errors"** to see the Claim Summary & Error Report

### **Kidkare:**

- ⇒ Via the taskbar at the left of the screen: **Go to "Claims"**
- ⇒ **Click "List Claims"** A list of your claims will appear by month along with some basic claim information
- ⇒ **Click the month you wish to review**
- ⇒ **Click "Claim Actions"**
- ⇒ **Click "Print Claim Report"** to see the Claim Summary & Error Report

***Please note that the displayed claim information and corresponding reports are not final until indicated that the claim was submitted.***

**Caterer Invoice:** This invoice summarizes the meals and snacks delivered to your site along with the associated invoice total. Family Central is required to provide you with a copy for your records.

**Non-Claim Payment Adjustment Report:** This report summarizes your claim reimbursement minus your catering invoice (if applicable) and lists your actual total amount paid for the claim month.



## Claim Summary Components Explained

**Claim Summary and Error Report**

Claim Month: September 2019

Center # 11	License: Center	Phone: (305) 893-3400
ABC School		Monitor: Rosa, Betzaida
123 Street City, FL 12345		Payment Type: CHECK
		Capacity: 103

← Your Claim Specialist's name

Days 19	Blended Rate %	
Attendance 1,929	67.21% Free	
ADA 102	9.02% Reduced	
Participated 122	23.77% Paid	

Percentages based upon the classifications from Meal Applications

Meals Reimbursed	Rate	Disallowed
Breakfast 1,273	\$1.44926229	0
AM Snack 0	\$0.69319672	0
Lunch 1,438	\$2.63942622	18
PM Snack 1,826	\$0.69319672	0
Dinner 0	\$2.63942622	0
Evening Snack 0	\$0.69319672	0
		\$47.51 *est

# of meals disallowed,

Estimated \$ amount of disallowances

Cash In Lieu Amount: \$341.52	Reimbursement Amount: \$6,191.75	Admin Rate: 15.29%	Admin Amount: \$1,055.95
-------------------------------	----------------------------------	--------------------	--------------------------

60 School aged child served a meal when child should have been in school

Guamadamuz, Naisha - 9/4:L, 9/5:L, 9/6:L, 9/9:L, 9/10:L, 9/11:L, 9/12:L, 9/13:L, 9/16:L, 9/17:L, 9/18:L, 9/19:L, 9/20:L, 9/23:L, 9/24:L, 9/25:L, 9/26:L, 9/27:L Disallowed L18

\*\*\* Meals disallowed over caterer - B37

Explanation of Errors/disallowances

Additional adjustments

Reimbursement amount includes cash in lieu and minus the admin. rate.  
Non Claim Adj: Caterer's invoice

## Sample Summary - No Errors

**Claim Summary and Error Report**

Claim Month: June 2020

Center # 10391	License: Center	Phone: (954) 583-2500
		Monitor: Ramirez, Elena
		Payment Type: CHECK
		Capacity: 112

Days 22	Blended Rate %	
Attendance 770	57.14% Free	
ADA 35	2.86% Reduced	
Participated 35	40.00% Paid	

Meals Reimbursed	Rate	Disallowed
Breakfast 704	\$1.21942857	0
AM Snack 0	\$0.58257142	0
Lunch 704	\$2.16257142	0
PM Snack 702	\$0.58257142	0
Dinner 0	\$2.16257142	0
Evening Snack 0	\$0.58257142	0
		\$0.00 *est

Cash In Lieu Amount: \$167.20	Reimbursement Amount: \$2,793.86	Admin Rate: 5.8506%	Admin Amount: \$163.23
	Non-Claim Adj: (\$2,026.20)	Total: \$767.66	

Congratulations! There are no errors on your claim.



## Sample - Catering Invoice

A copy of the caterer's invoice is provided with every claim summary

Diana Food Group Inc.  
 4020 N.E. 10TH WAY  
 POMPANO BEACH, FL 33064  
 Phone: (954) 788-2749 Fax: (954) 788-3662

School:

Meal	Breakfast				Lunch			Snack				Invoice \$	
	Age Group	Infants	Infants2	Small Kids	Large Kids	Infants	Infants2	Small Kids	Infants	Infants2	Small Kids		Large Kids
Unit Price	\$0.60	\$0.60	\$0.60	\$0.65	\$1.50	\$1.50	\$1.50	\$0.65	\$0.65	\$0.65	\$0.65	\$0.65	

Date:

3/2/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/3/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/4/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/5/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/6/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/9/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/10/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/11/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/12/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25
3/13/2020	2	10	42	8	2	19	91	2	19	48	52	\$284.25

Total by Type	20	100	420	80	20	190	910	20	190	480	520	2,950
Cost by Type	\$12.00	\$60.00	\$252.00	\$52.00	\$30.00	\$285.00	\$1,365.00	\$13.00	\$123.50	\$312.00	\$338.00	\$2,842.50 (Total Due)



## Documenting Expenses

Centers participating in the Child Care Food Program (CCFP) must demonstrate a non-profit food service operation. This means that all of the CCFP reimbursement must be used only for food service operations.

- o Centers are only paid for the meals served at the blended rate for infants & children as determined by the Free and Reduced-Price Meal applications.

Florida Department of Health policies require documentation in the form of invoices and receipts for all reported food and non-food costs.

The following are examples only and are not intended to be a complete guide to how CCFP funds may or may not be spent. Please contact Family Central if you have any questions about allowable expenses.

### Examples of what your reimbursement MAY be used for:

- **Food Costs**
  - o Infant food purchases
  - o Additional food purchases for children (ex: required menu substitutions for children with food allergies or disabilities)
  - o Shelf stable menu items
- **Non-Food Costs**
  - o Salaries of staff performing CCFP duties
    - Personnel Activity Reports are required for each staff member and must be submitted monthly
  - o Disposable paper products and utensils
  - o Cleaning products (ex: dishwashing detergent, hand soap, etc.)
  - o A percentage of regular health & safety maintenance services (ex: trash collection, pest control, food service equipment repairs, etc.)

### Examples of documentation for reported food and non-food costs:

- Personnel Activity Reports (required)
- Catered Sites: Daily delivery invoices (required)



- Receipts that include itemized cash register tapes or itemized invoices with cancelled checks or credit/debit card receipts
- Cash register receipts
  - Must be signed and dated by the person making the purchase

Examples of what your reimbursement MAY NOT be used for:

- Personal groceries or items (ex: candy, soda, pet food, etc.)
- General day care supplies or arts/crafts supplies (ex: toys, games, video equipment. Etc.)
- Laundry and general cleaning supplies not used in food service (ex: toilet paper, bathroom cleaner, etc.)
- Salaries of staff not performing CCFP duties

Please remember:

- **You are required to maintain documentation of ALL CCFP expenses; however, you will NOT receive a dollar-for-dollar reimbursement for these items. You are reimbursed at your determined blended rate for meals served only. Please refer to the section on 'Reimbursement'.**
- Keep personal expenses and general day care expenses separated from CCFP expenses on your receipts
- There must be a correlation between the foods shown on itemized receipts and your menus

**Effective October 1, 2023, all CCFP records must be kept for six (6) years (5 years plus the current fiscal year). It is required that you keep at least 13 months of records onsite, in paper form.**

### **Personnel Activity Reports (PARS)**

The PAR form must be completed by all full-time and part-time employees and must reflect an after-the-fact determination of the actual activity of each employee. Reporting intervals of less than 15 minutes is not permitted.



**You can access the Microsoft Excel version of the PAR form on our website at [www.familycentral.org](http://www.familycentral.org)**

1. Enter the employees name and month/year applicable to the PAR
2. Enter the following actual information:
  - In column (C) (2) enter the number of CCFP hours worked per day for operations of the program
    - Examples of CCFP operational activities include, but are not limited to: menu planning, grocery shopping, cooking, serving meals and cleaning up after meals
  - In column (C) (3) enter the total number of non CCFP work hours
  - Column (C) (4) will automatically calculate the total hours worked (CCFP + Non-CCFP) per day or you must calculate it manually
  - In column (C) (5) enter the total number of hours taken for annual, sick or holiday leave per day
  - In column (C) (6) the total hours worked and paid leave will automatically calculate per day or you must calculate it manually
  - Section (D) - The employee must sign and date the PAR form certifying the accuracy of the number of CCFP hours worked.
  - Section (E) - This section must be completed to calculate the employee's salary
  - Under "Hourly Wage" enter the employee's hourly rate of pay. The "Total admin. CCFP salary" will automatically calculate based on the information provided or you must calculate it manually
    - OR
  - Under "Gross Monthly Salary to be Paid This Month" enter the employee's gross monthly salary
  - Section (F) - Supervisor must sign and date the PAR form certifying that official payroll records verify the total wages listed above



## Sample PAR Form - Salary



### CHILD CARE FOOD PROGRAM

PERSONNEL ACTIVITY REPORT - 1 auth. number - **Salaried Employees Only** (administrative and/or operational)

(A) Enter your authorization number in the box, e.g., I-888

U-1976

(B) Employee Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Requires User Input						Automatically Calculates (read-only)							
Date	Hours Worked on CCFP		Non CCFP Work Hours	Total Hours Worked	Total Paid Leave	Total Hours Worked and Leave	Date	Hours Worked on CCFP		Non CCFP Work Hours	Total Hours Worked	Total Paid Leave	Total Hours Worked and Leave
	(1)	(2)	(3)	(4)	(5)	(6)		(1)	(2)	(3)	(4)	(5)	(6)
	Administrative*	Operational**		CCFP + Non-CCFP	Paid Leave			Administrative*	Operational**		CCFP + Non-CCFP	Paid Leave	
1				0		0	17				0		0
2				0		0	18				0		0
3				0		0	19				0		0
4				0		0	20				0		0
5				0		0	21				0		0
6				0		0	22				0		0
7				0		0	23				0		0
8				0		0	24				0		0
9				0		0	25				0		0
10				0		0	26				0		0
11				0		0	27				0		0
12				0		0	28				0		0
13				0		0	29				0		0
14				0		0	30				0		0
15				0		0	31				0		0
16				0		0	<b>Totals</b>	0.00	0.00	0.00	0.00	0.00	0.00

(D) I certify that this is an accurate record of the number of hours worked on the Child Care Food Program.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total <b>administrative</b> hours worked on CCFP for auth. #:	0.00	+	CCFP hrs. worked Gross Monthly Salary to be paid this month	X	=	Leave hrs. paid by CCFP*** allocated to CCFP	/	0.00	+	-	=	Total Paid Leave % allocated to CCFP #DIV/0!
<b>Total administrative CCFP Salary</b>												
Total <b>operational</b> hours worked on CCFP for auth. #:	0.00	+	CCFP hrs. worked Gross Monthly Salary to be paid this month	X	=	Leave hrs. paid by CCFP*** allocated to CCFP	/	0.00	+	-	=	Total Paid Leave % allocated to CCFP #DIV/0!
<b>Total operational CCFP Salary</b>												

\*\*\* Leave time must be distributed, by program, based on the employee's approved allocation in the CCFP budget.

I certify that official payroll records verify the total wages listed above.

(F) Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Sample PAR Form - Hourly



### CHILD CARE FOOD PROGRAM

PERSONNEL ACTIVITY REPORT - 1 auth. number - **Hourly Employees Only** (administrative and/or operational)

(A) Enter your authorization number in the box, e.g., I-888

U-1976

(B) Employee Name: \_\_\_\_\_ Month/Year: \_\_\_\_\_

Requires User Input			Automatically Calculates (read-only)										
Date	Hours Worked on CCFP		Non CCFP Work Hours	Total Hours Worked	Total Paid Leave	Total Hours Worked and Leave	Date	Hours Worked on CCFP		Non CCFP Work Hours	Total Hours Worked	Total Paid Leave	Total Hours Worked and Leave
	(1)	(2)	(3)	(4)	(5)	(6)		(1)	(2)	(3)	(4)	(5)	(6)
	Administrative*	Operational**		CCFP + Non-CCFP	Paid Leave			Administrative*	Operational**		CCFP + Non-CCFP	Paid Leave	
1			0		0	0	17				0		0
2			0		0	0	18				0		0
3			0		0	0	19				0		0
4			0		0	0	20				0		0
5			0		0	0	21				0		0
6			0		0	0	22				0		0
7			0		0	0	23				0		0
8			0		0	0	24				0		0
9			0		0	0	25				0		0
10			0		0	0	26				0		0
11			0		0	0	27				0		0
12			0		0	0	28				0		0
13			0		0	0	29				0		0
14			0		0	0	30				0		0
15			0		0	0	31				0		0
16			0		0	0	<b>Totals</b>	0.00	0.00	0.00	0.00	0.00	0.00

(D) I certify that this is an accurate record of the number of hours worked on the Child Care Food Program.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total <b>administrative</b> hours worked on CCFP for auth. #:	CCFP hrs. worked	0.00	+	Leave hrs. paid by CCFP***	=	CCFP hrs. worked plus Leave paid	x	Hourly Wage	=	Total admin. CCFP Salary
U-1976				#DIV/0!		#DIV/0!				#DIV/0!
Total <b>operational</b> hours worked on CCFP for auth. #:	CCFP hrs. worked	0.00	+	Leave hrs. paid by CCFP***	=	CCFP hrs. worked plus Leave paid	x	Hourly Wage	=	Total oper. CCFP Salary
U-1976				#DIV/0!		#DIV/0!				#DIV/0!

\*\*\* Leave time must be distributed, by program, based on the employee's approved allocation in the CCFP budget.

I certify that official payroll records verify the total wages listed above.

(F) Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Enrollment and Child Participation Information Requirement**

A Free and Reduced-Price Meal application must be completed for each child enrolled in your center. This includes children who do not receive meals at the center, infants, VPK students and school age children. The original application must be on file at Family Central's office and a copy kept on file at the center.

Current enrollment and child participation information must be on file in Family Central's office for all children enrolled in your center.

**This information must be updated annually.**

Centers have 2 options for submitting this information to the sponsor:

- 1. Option 1:** Centers may submit a complete Free & Reduced-Price application. It is IMPERATIVE to send COMPLETE & ORIGINAL applications to Family Central's office.

**Missing information from meal applications will create a higher non-needy rate resulting in a lower reimbursement!**

If centers do not receive a Free and Reduced-Price application from parents with all of the information above completed, the center can choose Option 2:

- 2. Option 2:** Centers may submit a current, completed DCF or school enrollment form (completed or updated within the last 12 months). All school enrollment forms must contain the following:

- Child's name
- Child's date of birth
- Child's enrollment date
- Parent/guardian name(s)
- Parent/guardian address
- Parent/guardian phone number(s)
- Signature of the parent/guardian
- Date of the parent/guardian signature
- Typical hours that the child is in care
- Typical days of the week that a child is in care
- Meals normally served to the child while in care



**A Free and Reduced-Price Application must be submitted when completed by the parent/guardian.**

### **Faxing/Email Policy**

Per USDA policy, the effective date of a child's eligibility status is based upon the date that the contractor (Family Central) signs the application to certify eligibility status of the child.

These applications must be classified & signed during the same month that the application is completed.

In order to comply with this USDA policy, centers are responsible for FAXING or EMAILING all Free and Reduced-Price Meal Applications for each child enrolled no later than 12:00 (noon) on the last business day of the month. Original Meal Applications may be dropped off in person or mailed with the monthly claim packet.

**Faxed/Emailed copies of the Free and Reduced-Price Meal Applications will not be valid until an original application has been received at Family Central.**

When faxing applications, please use our cover sheet to ensure we receive the correct number of applications are being faxed.

**Fax Number: 954-724-4067**

**Scanning & emailing:**

F/R applications, Infant Feeding Forms, Renewal licenses, & all other Food Program related documents must always be emailed to:

**[foodprogramdocs@familycentral.org](mailto:foodprogramdocs@familycentral.org)**



**CHILD CARE FOOD PROGRAM  
FAX COVER SHEET**

***Please, only use this cover when sending Applications & Enrollments***

**Fax to:** Family Central at 954-724-4067

**OR**

**Email to:** foodprogramdocs@familycentral.org

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

Claim Specialist's Name: \_\_\_\_\_

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

Number of Applications: \_\_\_\_\_

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## Free and Reduced-Price Meal Applications

To receive the maximum benefit from the Child Care Food Program, a Free and Reduced-Price Meal Application (F/R Application) must be submitted for every child currently enrolled in your center.

### DO NOT COMPLETE THESE APPLICATIONS FOR PARENTS

**F/R Applications are available in English, Spanish & Creole upon request.**

When parents/guardians are completing F/R Applications, the following must be completed:

1. Child name
2. Center Name & Address
3. Primary hours and days of the week in care
4. Meals typically served while in care

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

### Step 1: Infant & Children Information

- List all children and infants through age 18 in the household (child's name should be at the top of the application and listed again here in step 1)
- List date of birth and circle 'Yes' or 'No' for **all** 4 questions

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

Foster Children: With appropriate documentation, foster children may automatically qualify for meal reimbursement at the "Free" reimbursement rate, regardless of the income of the household with whom they reside.

1. Provide official documentation from the foster care agency or court that placed the child with the specific household. Current enrollment and child participation information



must be on file at the center on a F/R application or DCF/School enrollment form.

**OR**

2. Complete a F/R application. In step 1, "Foster Child" column is circled "Yes" with all other required information. Foster parent or other official representing the child must list home address, daytime phone number, signature, printed name and date of signature.

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)		Foster Child? (circle)		Migrant? (circle)		Homeless/Runaway? (circle)	
		Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No

**Step 2: (FAP/SNAP)/TANF Benefits**

- Households receiving FAP/SNAP or TANF must list their case number located on their letter of eligibility.
- The case number is always ten digits and always begins with the number "1"; this is not the number on the EBT card.
- When filling out this section, they may skip Step 3 & 4 and complete Step 5.

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.**

FAP/SNAP Case Number: | | | | | | | | | | | | | | | | | | | | | | or TANF Case Number: | | | | | | | | | | | | | | | | | | | | | |

**Step 3: Children's Income Information**

- List the combined income of children listed in Step 1 and circle how often the income is received (weekly, bi-weekly, twice a month, monthly or annually). If children do not receive any income, list a (0) zero or leave blank.

**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**  
 Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$	How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
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**Step 4: Household Income**

- List every adult (related and unrelated) in the household whether they receive an income or not. Indicate the amount of



income each household member regularly receives and circle how often that income is received

**STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in **whole dollars only (no cents)** and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write “none” or “0.” If you enter “none” or “0” or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: |\_|\_|\_|\_| If no SSN, write “none.”

**Zero income:** If an adult does not have any income, a (0) zero must be listed in every column. **Blank columns, “N/A” or line through a column will be considered incomplete.**

- Total number of household members must be listed (children & adults). This number must match the number of people listed on the F/R application.
- List the last four digits of the Social Security Number of the person who signs the F/R application.
  - If there is no Social Security Number, please write the word “NONE” in the space provided. Do not leave blank or crossed-out.

**STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in **whole dollars only (no cents)** and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write “none” or “0.” If you enter “none” or “0” or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: |\_|\_|\_|\_| If no SSN, write “none.”

**Step 5: Contact Information and Adult Signature**

- Home address and daytime phone number
- Signature and printed name of adult household member completing the form
- Date the F/R application was completed.



**STEP 5: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**Meal applications remain in effect for a maximum of one year from the end of the month in which the F/R application was signed.**

**Parent Refusal**

- F/R Applications with refused information will be classified as "Non-needy".
- If a parent refuses, a F/R Application may be submitted with Step 1 and Step 5 completed. Write the word "REFUSED" on the F/R application.
- If you are still unable to submit a F/R application, you may submit a school enrollment form with current child participation/enrollment information signed by the parent/guardian in the last 12 months.

**Best Practices**

- No white-out or pencil
- Have the parent initial any crossed out information
- Blue ink is preferable
- F/R applications are effective as of the first day of the month in which Family Central receives and classifies the F/R application (see *FAXING POLICY*)
- Children enrolled in your center that do not have completed F/R Applications will be classified as "Non-needy", even if their household income meets the guidelines for free and reduced-price meals.



**SAMPLE - Free and Reduced-Price Meal Application**

**CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO**

Child's Name: \_\_\_\_\_ Center Name & Address: \_\_\_\_\_  
 Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES None  
 Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (854) 724-7548.

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?** If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_  
**STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Children's income - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income - Total: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

Adult Household Members and Income - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly _____ Monthly _____ / Total: _____ / Annually _____	\$ _____ / Weekly _____ Monthly _____ / Total: _____ / Annually _____	\$ _____ / Weekly _____ Monthly _____ / Total: _____ / Annually _____
	\$ _____ / Weekly _____ Monthly _____ / Total: _____ / Annually _____	\$ _____ / Weekly _____ Monthly _____ / Total: _____ / Annually _____	\$ _____ / Weekly _____ Monthly _____ / Total: _____ / Annually _____

Total Household Members (Add STEP 1 & 4): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ / If no SSN, write "none."  
**STEP 5: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Street Address, City, State, Zip Code

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**OPTIONAL: Child's ethnic and racial identities** We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

**FOR CONTRACTOR USE ONLY:** Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Non-needy  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-needy  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_ How Often Income is Received (Frequency):  Weekly  Biweekly  Twice a Month  Monthly  Annually  
 NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check signature: \_\_\_\_\_ Date: \_\_\_\_\_





**Florida Department of Health  
Child Care Food Program**

**INCOME ELIGIBILITY GUIDELINES  
FOR FREE AND REDUCED-PRICE MEALS**

Effective July 1, 2023 – June 30, 2024

**FREE MEAL SCALE**

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	18,954	1,580	790	729	365
2	25,636	2,137	1,069	986	493
3	32,318	2,694	1,347	1,243	622
4	39,000	3,250	1,625	1,500	750
5	45,682	3,807	1,904	1,757	879
6	52,364	4,364	2,182	2,014	1,007
7	59,046	4,921	2,461	2,271	1,136
8	65,728	5,478	2,739	2,528	1,264
For each additional family member, add	+6,682	+557	+279	+257	+129

**REDUCED-PRICE MEAL SCALE**

HOUSEHOLD SIZE	ANNUAL	MONTHLY	TWICE PER MONTH	BIWEEKLY	WEEKLY
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
For each additional family member, add	+9,509	+793	+397	+366	+183

**Remember:** The total income before taxes, social security, health benefits, union dues, or other deductions, must be reported.



## **Minute Menu CX and Kidkare**

Claiming meals online through Minute Menu CX or Kidkare:

Centers claiming meals online through Minute Menu CX/kidkare must adhere to Child Care Food Program (CCFP) and Family Central policies for claiming meals.

**Meal counts must be taken at point of service and recorded within one hour of the meal service, then must be entered into Minute Menu CX/Kidkare by the end of each business day.**

**Meal counts and attendance must always be readily accessible.**

## **Minute Menu CX**

### **Recording Meals - Option 1:**

Enter meal counts directly into Minute Menu CX within one hour of meal service after each meal type.

### **Recording Meals - Option 2:**

Record meal counts using the **"Weekly Attendance & Meal Count Report"** from Minute Menu CX.

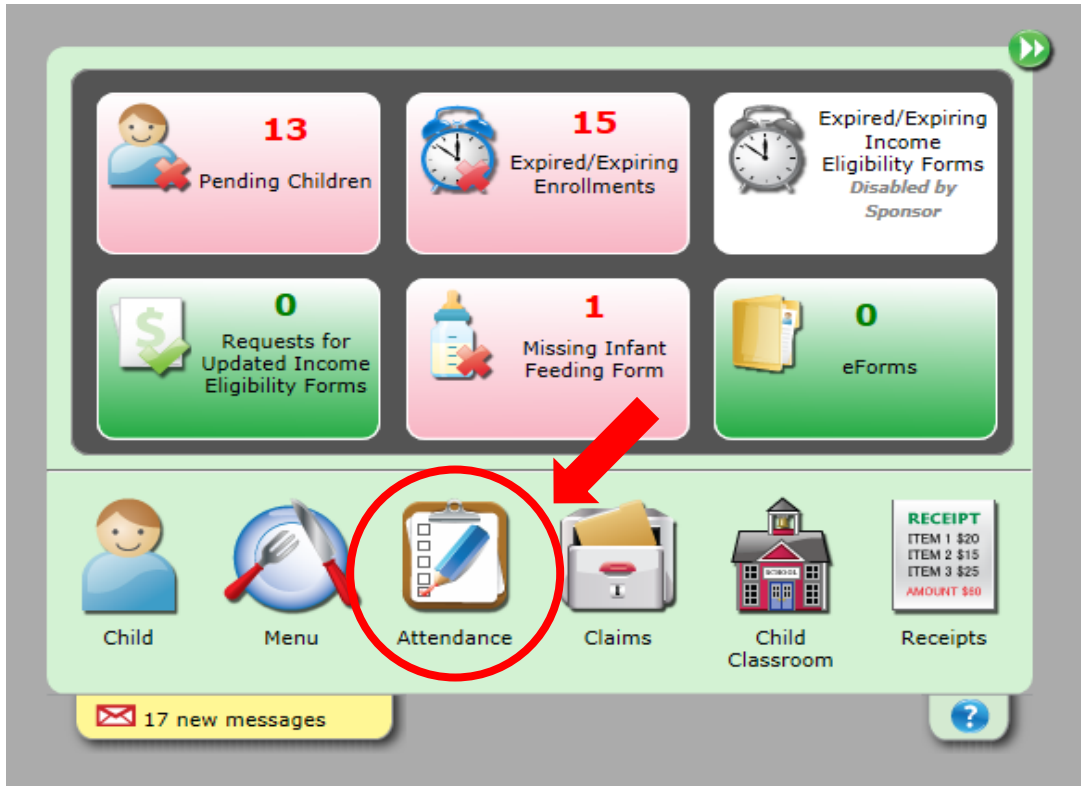
Manually record meals onto the **"Weekly Attendance & Meal Count Report"** within one hour of meal service for each child and meal type.

- *To print the "Weekly Attendance & Meal Count Report": Click "Reports" > Click "Attendance"> Click on "Weekly Attendance and Meal Count Report" > Select appropriate date.*



**To Record Meals:**

Open the clipboard icon labeled "Attendance"



Select each meal that is served to the enrolled children in your center:

Record Attendance: TEST CENTER 44444

### Record Attendance / Served Meals

Select Date: Wednesday, September 30, 2020 Time Started: 10:02 AM

Meal Times: Breakfast 7:00 AM 9:00 AM, Lunch 12:00 PM 1:00 PM, Dinner 4:00 PM

Filter by Classroom: All

Child	Child #	Age	Pend	Sick	Sch Out	Att	A	B	D	E	In	Out	In	Out
Barranco, Clara	12	4y 6m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Brown, Barry X	8	6y 0m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Collins, Cooper	19	1y 8m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Davis, Sarah	17	1y 8m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Debb, Debb	13	3y 4m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Garcia, Ana	32	1y 8m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Garcia, Felipe	23	0y 9m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Jane, Mary	7	10y 8m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
Johnson, Bobby	31	2y 10m	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

Supplying in/out times is not required by your Sponsor.

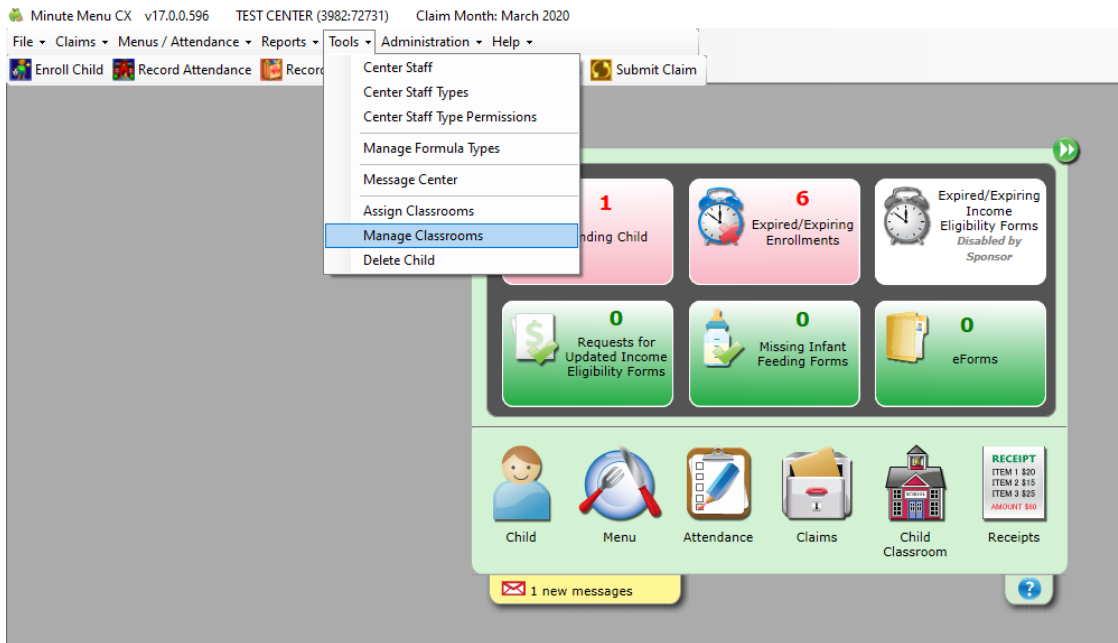
Served Meals	Infants	1 Year	2 Year	3-5 Year	6-12 Year	13-18 Year	Total
A	1	3	1	2	0	0	9
B	0	2	0	2	0	0	5
D	0	0	0	0	0	0	0
E	1	1	1	1	0	0	5

**SAVE, SAVE, SAVE!!!**

Don't forget to click Save before moving on.

**Creating Classrooms:**

- Click on **"Tools"** > Click **"Manage Classrooms"**



Click **"Add New"** to add classrooms.





You can edit the classroom names here at any time. You can also delete classrooms here.

### Enrolling Children

All children must be enrolled in Minute Menu CX, regardless if they receive a meal or not.

- Click on the **"Child"** icon > click **"Enroll Child"** at the bottom of the screen.



Look at the child's Free and Reduced-Price meal application and fill in all required fields highlighted in red. You must select a classroom for every child.



Enroll New Child

View Children Who Are:  Active  Pending  Withdrawn after:

Child | Parent

Child #  Classroom  Child First Name  Middle Name  Child Last Name  Birth Date  Age  Gender  Child Status

[ Race ] (Choose all that apply)  
 American Indian / Alaska Native  Asian  Black or African American  Native Hawaiian / Pacific Islander  White

[ Ethnicity ]  
 Hispanic / Latino  
 Not Hispanic

[ Enrollment info ]  
 Original Enrollment Form Date / First Day in Care   
 Current Enrollment Form Date   
 Enrollment Expiration

Infant Food Serving Preference   
 Infant Formula Serving Option   
 Formula Offered by Center   
 Parent's Preferred Formula

[ Specials ]  
 Special Needs  
 Migrant Workers Child  
 At-Risk Child  
 Special Diet  Milk Allergy  
 Diet expiration date   
 Special Diet Notes

[ Child In/Out Times ]  
 Copy In/Out Times  

Days of Week	IN	OUT	IN	OUT	Meals
Monday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Breakfast <input type="checkbox"/>
Tuesday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM Snack <input type="checkbox"/>
Wednesday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Lunch <input type="checkbox"/>
Thursday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PM Snack <input type="checkbox"/>
Friday	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Dinner <input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Eve Snack <input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Non-School Days	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

 Child Times Vary  Overnight Approved

Name  #  School District   
 Pay Source  Start  End   
 Type/Level

[ Doctor Info ]  
 Name  Phone #

Next Close

Ensure spelling of the child's name and date of birth are correct. If this information is entered incorrectly, you must contact your Claims Specialist to correct the error. You will not have the ability to correct this information once it is saved.

- **"Original Enrollment Form Date"** - This is the date the parent signed the application or enrollment form.

Once all required fields are filled in, click **"Next"**.

Fill in all primary guardian information. You must include a primary contact and at least one parent's first and last name. Click **"Save"**



Enroll New Child

View Children Who Are:  Active  Pending  Withdrawn after: [dropdown]

Child | **Parent**

[ Child Info ]  
Child: Nadler, Adam Classroom: 3-5 Birth Date: 1/20/2015

Select Parent: [dropdown] Language: [dropdown]

[ Primary Guardian Info ]  
Note: changing this child's parent information will automatically update parent information for all the child's siblings.

Primary Contact: [dropdown] Home Phone: [text] Address: [text]  
E-mail: [text] City: [text]

[ Mother Info ]  
Name: [text] SSN: [text] Comments: [text]  
Work Name: [text] Work Phone: [text] x [text]

[ Father Info ]  
Name: [text] SSN: [text] Comments: [text]  
Work Name: [text] Work Phone: [text] x [text]

[ Alternate Contact Info ]  
Name: [text] Relationship: [text]

Back Save Close

A message will appear after all information has been entered correctly. You do not need to print a report after the child is enrolled.

Child | **Parent**

[ Child Info ]  
Child: Nadler, Adam Classroom: 3-5 Birth Date: 1/20/2015

Select Parent: [dropdown] Language: [dropdown]

[ Primary Guardian Info ]  
Note: changing this child's parent information will automa

Primary Contact: Father Home Phone: [text] Address: [text]  
E-mail: [text] City: [text]

[ Mother Info ]  
Name: [text] SSN: [text] Comments: [text]  
Work Name: [text] Work Phone: [text] x [text]

[ Father Info ]  
Name: Howie Nadler SSN: [text] Comments: [text]  
Work Name: [text] Work Phone: [text] x [text]

[ Alternate Contact Info ]  
Name: [text] Relationship: [text]

**New Child Enroll Report**

This child has been enrolled! But the child's status is currently PENDING. You must print this child's enrollment form and send a signed and completed copy to Family Central, Inc. in order to receive reimbursement for this child. We also recommend you print a copy for the parent, and a copy for your own records.

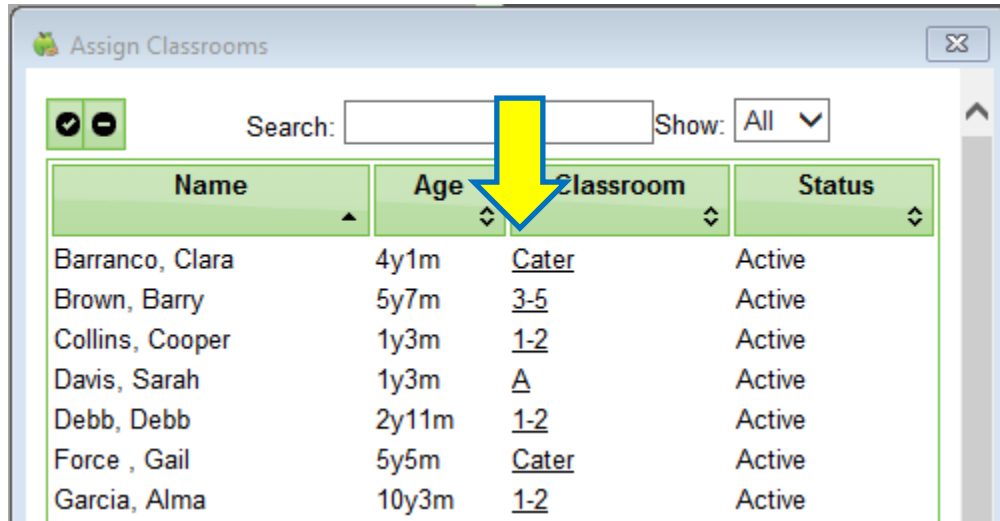
Save, No Report Save, Print Report



**To Assign Classrooms:**

- Click **"Tools"** > Click **"Assign Classrooms"**

Click on **"Classroom"** next to the child's name to change their classroom assignment.



**KIDKARE**

**Recording Meals - Option 1:**

Enter meal counts directly into Kidkare within one hour of meal service after each meal type.

**Recording Meals - Option 2:**

Record meal counts using the "Weekly Attendance & Meal Count Report" from **Kidkare**.



Manually record meals onto the **"Weekly Attendance & Meal Count Report"** within one hour of meal service for each child and meal type.

- To print the "Weekly Attendance & Meal Count Report":  
Click **"Reports"**> Click **"Meals & Attendance"**> Click **"Weekly Attendance + Meal Count Report"** > Select appropriate date.

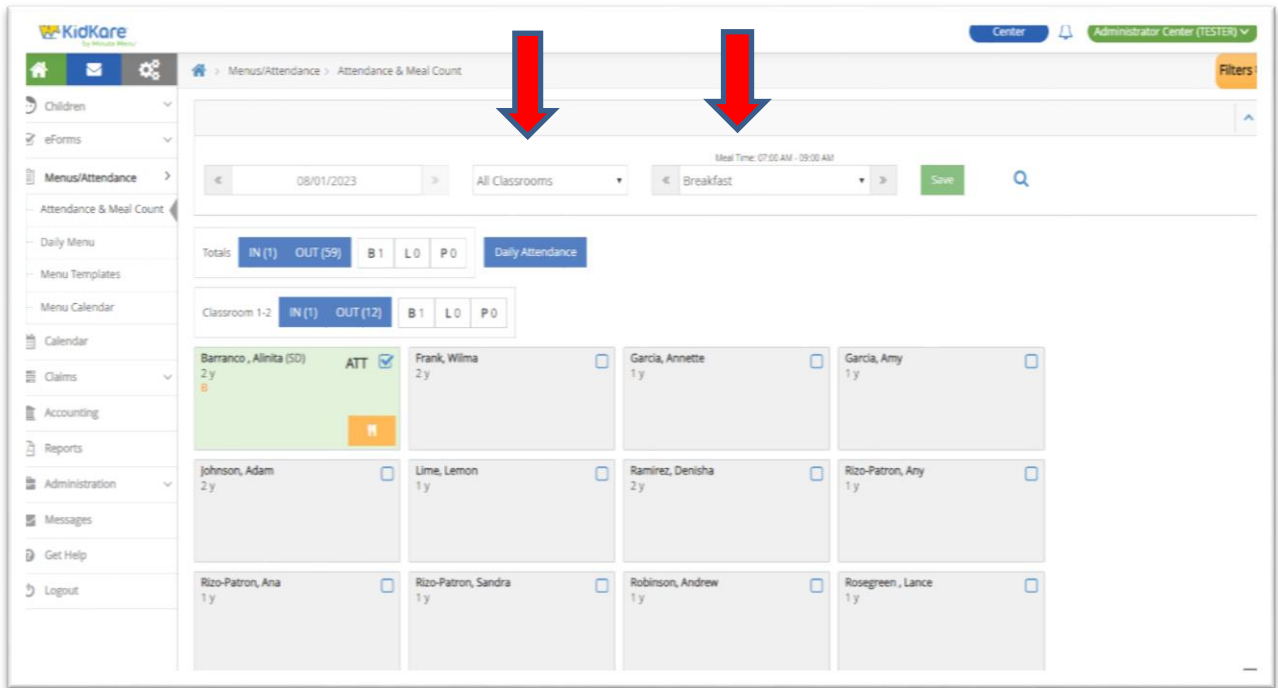




**To Record Meals:**

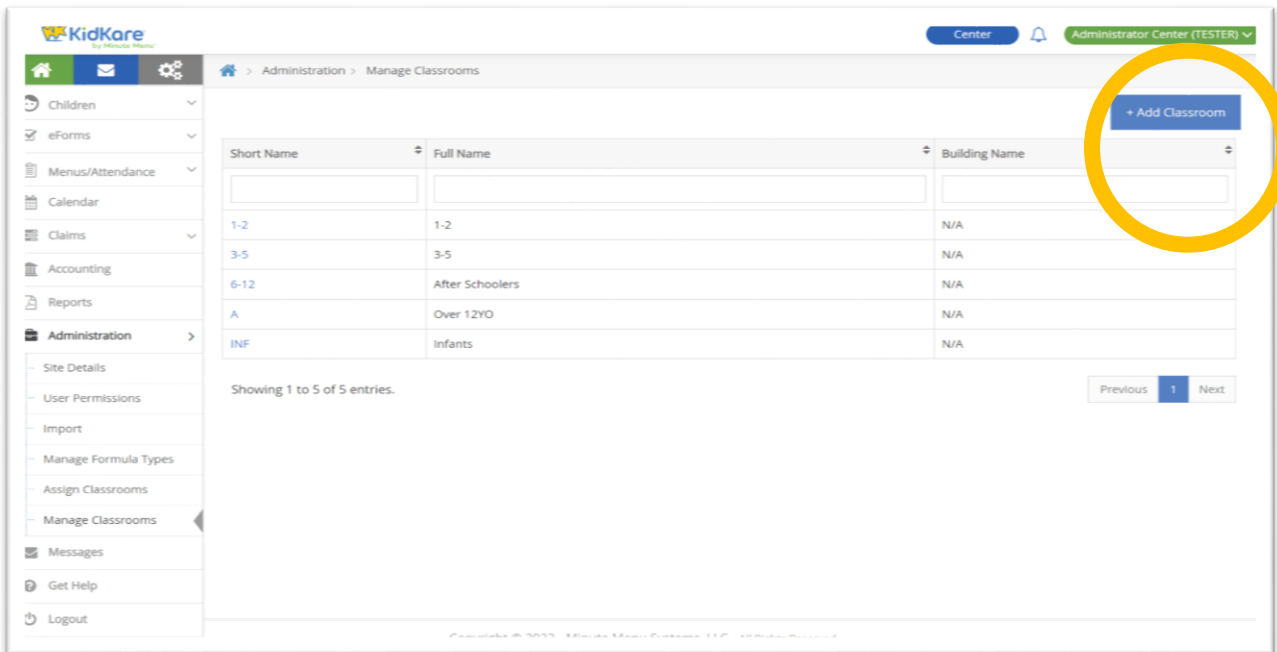
- Via the taskbar at the left of the screen **Go to "Menus/Attendance"** > Click **"Attendance & Meal Counts"**, Select Classroom and Meal type at the top > Click  icon > Click  icon for each child and meal type served.

**SAVE, SAVE, SAVE!!!** Don't forget to click Save before moving on.



**Creating Classrooms:**

- Via the taskbar at the left of the screen **Go to "Administration"**  
 > Click **"Manage Classrooms"** > Click **" + Add Classroom"** to the top right corner.  
 You can edit the classroom names here at any time. You can also delete classrooms here.



Short Name	Full Name	Building Name
1-2	1-2	N/A
3-5	3-5	N/A
6-12	After Schoolers	N/A
A	Over 12YO	N/A
INF	Infants	N/A

### Add New Classroom ✕

---

Short Name\*

Full Name\*

Building Name



**To Assign Classrooms:**

- Click **"Administration"** > Click **"Assign Classrooms"** > Click on the child's name to change their classroom assignment.

<input type="checkbox"/>	Children Name	Age	Classroom	Status
<input type="checkbox"/>	Allen, Deja	0y1m	INF	Pending
<input type="checkbox"/>	Amya, Mason	3y7m	3-5	Pending
<input type="checkbox"/>	Barr, Ani	5y10m	3-5	Active
<input type="checkbox"/>	Barran, Ana	4y0m	3-5	Active
<input type="checkbox"/>	Barranco, Alinita	2y0m	1-2	Pending
<input type="checkbox"/>	Barranco, Clara	0y4m	INF	Pending
<input type="checkbox"/>	Brown, Barry	8y10m	6-12	Withdrawn
<input type="checkbox"/>	Campbell, Herbert	3y6m	3-5	Withdrawn
<input type="checkbox"/>	Collins, Cooper	4y6m	3-5	Pending
<input type="checkbox"/>	Colson, Messiah	5y1m	3-5	Pending

Assign To

INF

--Select classroom--

**[NONE]**

1-2

3-5

6-12

A

INF

[NEW CLASSROOM]...

Cancel Save



## Enrolling Children:

All children must be enrolled in Kidkare, regardless if they receive a meal or not.

- Via the taskbar at the left of the screen **Go to "Children"** > Click **"List Children"** > click **"Add Child"** to the top right corner.

The screenshot shows the Kidkare web application interface. The top navigation bar includes 'Center' and 'Administrator Center (AppleseedLC)'. The left sidebar contains a 'Children' menu with options: Dashboard, List Children, Delete Children, Menus/Attendance, Calendar, Claims, Accounting, Reports, Administration, Messages, Get Help, and Logout. The main content area is titled 'Children' and includes a 'Classroom' dropdown menu set to 'All Classrooms'. A '+ Add Child' button is highlighted with a yellow circle. Below this, a grid of child profiles is displayed, each with a name, age, and meal type, along with a placeholder photo icon.

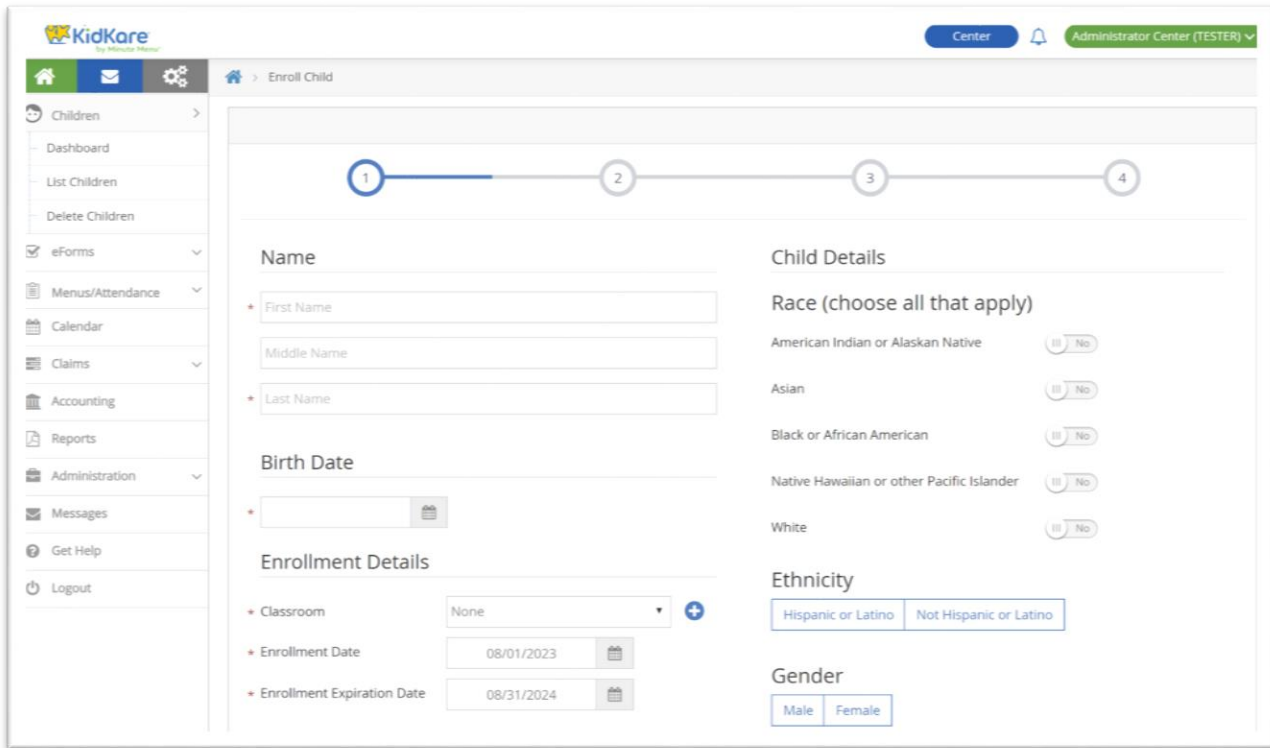
Name	Age	Meal Type
Bellamy, Gaith	3 years	Three's
Bridges, Taylor	4 years	Four's
Burris, Ny'Aria	4 years	Four's
Burris, Nyla	3 years	Three's
Butler, Stephon	2 years	Two's
Collins, Gelic...	5 years	Five's
Dorisa, Micah	2 years	Two's
Dowdell, Jackso...	3 years	Three's
Dowdell, Taylor	3 years	Three's
Fortin, Yveonna...	7 years	AS
Hamilton, Sumor...	5 years	Five's
Henderson, Ah'M...	7 years	AS

Look at the child's Free and Reduced-Price meal application and fill in all required fields.

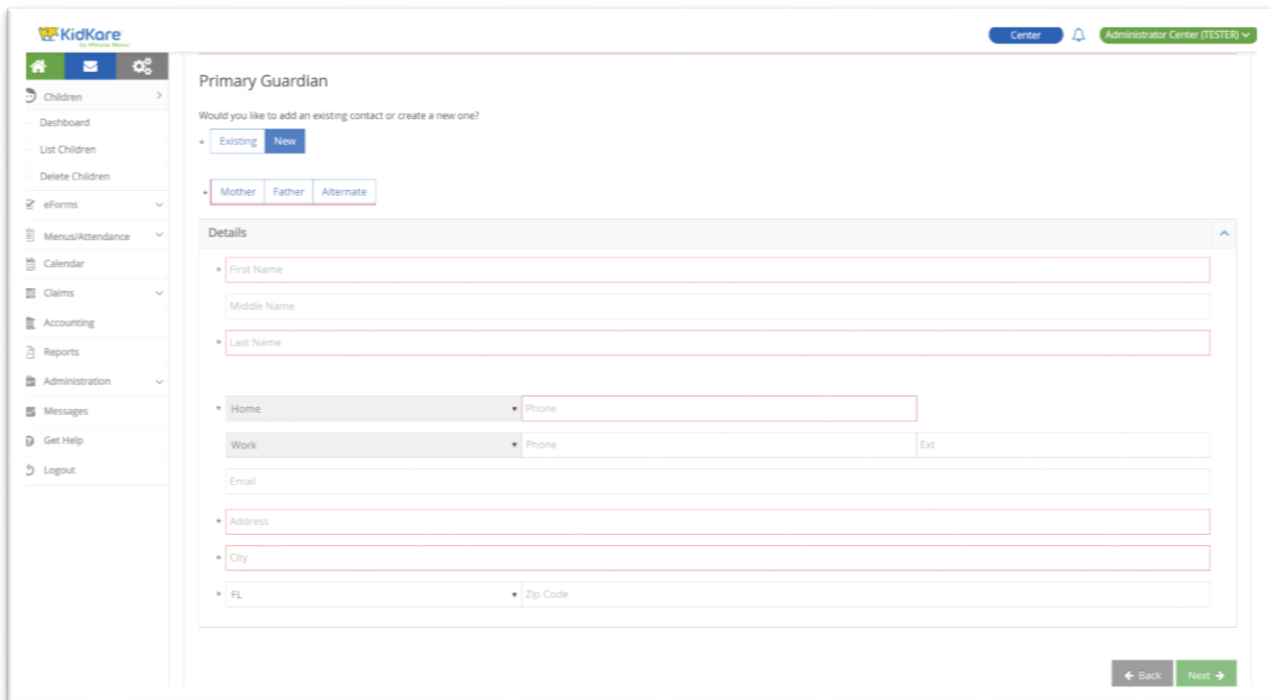
Ensure spelling of the child's name and date of birth are correct. If this information is entered incorrectly, you must contact your Claims Specialist to correct the error. You will not have the ability to correct this information once it is saved.

- **"Enrollment Date"** - This is the date the parent signed the application or enrollment form.

Once all required fields are filled in, click **"Next"**.



Fill in all **"Primary Guardian"** information. You must include a primary contact for at least one parent. Click **"Next"**





Fill in participation information. **"Days in Care"** are the center's Days and Hours of Operation. **"Participating Meals"** are the meals offer by the center. Click **"Enroll Child"**.

**Days in care**

Monday	08:00 AM	05:00 PM
Tuesday	08:00 AM	05:00 PM
Wednesday	08:00 AM	05:00 PM
Thursday	08:00 AM	05:00 PM
Friday	08:00 AM	05:00 PM
Saturday		
Sunday		

Will pick up and drop off times vary?  Yes  No

Will child stay overnight?  Yes  No

**Participating Meals**

Breakfast  AM Snack  Lunch  PM Snack  Dinner  Eve. Snack

**CACFP Eligibility**

Is this child the dependent of a migrant worker?  Yes  No

[Back](#) [Enroll Child](#)

**View Child** > Smith, John

**Smith, John (#215)**  
Age: 1 year  
Classroom: 1-2

Date of Birth: 07/19/2022  
Original Enrollment Date: 08/01/2023  
Enrollment Date: 08/01/2023  
Enrollment Expiration: 08/31/2024  
Status: Pending

**Schedule**

Day	Schedule
Monday	08:00 AM - 05:00 PM
Tuesday	08:00 AM - 05:00 PM
Wednesday	08:00 AM - 05:00 PM
Thursday	08:00 AM - 05:00 PM
Friday	08:00 AM - 05:00 PM

Times Vary  Yes  No    At-Risk After School  Yes  No

**Contacts**

**Ana B (Primary Guardian)**

Home Phone (954) 724-7548  
Work Phone  
Email anabarranco@familycentral.org  
Address 819 E 26th Street  
Fort Lauderdale, FL 33305  
Relationship Alternate



# Meal Pattern for Children

*Ages 1 - 18*

BREAKFAST  
3 REQUIRED COMPONENTS



## Milk

1-2

3-5

6-18

fluid milk	1-2	3-5	6-18
1 year olds: unflavored whole milk 2-5: unflavored 1% or skim 6-18: unflavored or flavored 1% or skim	4 oz	6 oz	8 oz

## Vegetables/Fruits

vegetables, fruits, or portions of both *juice may only be served once/day	1-2	3-5	6-18
	1/4 cup	1/2 cup	1/2 cup

## Grains

	1-2	3-5	6-18
bread, biscuit, muffin	1/2 oz eq	1/2 oz eq	1 oz eq
cereal, cooked	1/4 cup	1/4 cup	1/2 cup
cereal, dry: <i>granola</i>	1/8 cup	1/8 cup	1/4 cup
cereal, dry: <i>flakes or rounds</i>	1/2 cup	1/2 cup	1 cup
cereal, dry: <i>puffed</i>	3/4 cup	3/4 cup	1 1/4 cup

## Meat/Meat Alt. *optional*

	1-2	3-5	6-18
lean meat, poultry, or fish	1/2 oz	1/2 oz	1 oz
cheese (natural/processed)	1/2 oz	1/2 oz	1 oz
cottage cheese, cheese food, cheese spread	1 oz	1 oz	2 oz
egg, whole	1/4 egg	1/4 egg	1/2 egg
yogurt	1/4 cup	1/4 cup	1/2 cup
nut/seed butter	1 Tbsp	1 Tbsp	2 Tbsp

conversions:

1/2 c = 4 oz    1 pint = 2 c  
3/4 c = 6 oz    1 quart = 2 pints = 4 c  
1 c = 8 oz    1 gallon = 4 quarts = 16 c

Please note, portions listed are minimums.  
Serving larger portions is encouraged, especially to older  
children and those that ask for more.

JUNE 2022

# Meal Pattern for Children

*Ages 1 - 18*

LUNCH & SUPPER

5 required components



## Milk

1-2

3-5

6-18

fluid milk	1-2	3-5	6-18
1 year olds: unflavored whole milk 2-5: unflavored 1% or skim 6-18: unflavored or flavored 1% or skim	4 oz	6 oz	8 oz

## Vegetables

vegetables	1-2	3-5	6-18
*juice may only be served once/day	1/8 cup	1/4 cup	1/2 cup

## Fruits

fruits	1-2	3-5	6-18
*juice may be served once/day *a 2nd vegetable may be served in place of fruit	1/8 cup	1/4 cup	1/4 cup

## Grains

bread, biscuit, roll, bun, tortilla, crackers	1-2	3-5	6-18
	1/2 oz eq	1/2 oz eq	1 oz eq
pasta, rice, grits			
	1/4 cup	1/4 cup	1/2 cup

## Meat/Meat Alt.

	1-2	3-5	6-18
lean meat, poultry, or fish	1 oz	1 1/2 oz	2 oz
cheese (natural/processed)	1 oz	1 1/2 oz	2 oz
cottage cheese, cheese food, cheese spread	2 oz	3 oz	4 oz
cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
egg, whole	1/2 egg	3/4 egg	1 egg
yogurt	1/2 cup	3/4 cup	1 cup
nut/seed butter	2 Tbsp	3 Tbsp	4 Tbsp
nuts and seeds	1/2 oz = 50%	3/4 oz = 50%	1 oz = 50%

conversions:

1/2 c = 4 oz    1 pint = 2 c  
3/4 c = 6 oz    1 quart = 2 pints = 4 c  
1 c = 8 oz      1 gallon = 4 quarts = 16 c

Please note, portions listed are minimums.  
Serving larger portions is encouraged, especially to older  
children and those that ask for more.

JUNE 2022

# Meal Pattern for Children

*Ages 1 - 18*

## SNACK

2 required components  
only 1 may be a beverage



### Milk

1-2

3-5

6-18

fluid milk 1 year olds: unflavored whole milk 2-5: unflavored 1% or skim 6-18: unflavored or flavored 1% or skim	4 oz	4 oz	8 oz

### Vegetables

vegetables *juice may only be served once/day	1/2 cup	1/2 cup	3/4 cup

### Fruits

fruits *juice may be served once/day	1/2 cup	1/2 cup	3/4 cup

### Grains

bread, biscuit, roll, bun, tortilla, crackers	1/2 oz eq	1/2 oz eq	1 oz eq
pasta, rice, grits	1/4 cup	1/4 cup	1/2 cup
cereal, dry: granola	1/8 cup	1/8 cup	1/4 cup
cereal, dry: flakes or rounds	1/2 cup	1/2 cup	1 cup
cereal, dry: puffed	3/4 cup	3/4 cup	1 1/4 cup

### Meat/Meat Alt.

lean meat, poultry, or fish	1/2 oz	1/2 oz	1 oz
cheese (natural/processed)	1/2 oz	1/2 oz	1 oz
cottage cheese, cheese food, cheese spread	1 oz	1 oz	2 oz
cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
egg, whole	1/2 egg	1/2 egg	1/2 egg
yogurt	1/4 cup	1/4 cup	1/2 cup
nut/seed butter	1 Tbsp	1 Tbsp	2 Tbsp
nuts and seeds	1/2 oz	1/2 oz	1 oz

#### conversions:

1/2 c = 4 oz    1 pint = 2 c  
3/4 c = 6 oz    1 quart = 2 pints = 4 c  
1 c = 8 oz      1 gallon = 4 quarts = 16 c

Please note, portions listed are minimums.  
Serving larger portions is encouraged, especially to older  
children and those that ask for more.

JUNE 2022

# Meal Pattern for Children

## Important Reminders

### Milk

- Children age one (after first birthday and prior to second), must receive unflavored whole milk.
- Children ages 2 - 5 must receive unflavored 1% (lowfat) fat-free (skim).
- Children ages 6 and older must receive unflavored or flavored 1% or fat-free.
- Children 12 - 13 months may continue to receive infant formula as they transition to unflavored whole milk.
- Breastmilk is creditable for children of any age.
- Children 24 - 25 months may receive whole or 2% milk as they transition to 1% or fat-free.
- The type(s) of milk served must be noted on the menu (fat content and unflavored or flavored).
- Refer to the *Milk Substitutes & Creditable Milks* list for creditable non-dairy substitutes.

### Fruits & Vegetables

- Vegetable or fruit juice must be full-strength, pasteurized, and 100% juice.
- Juice may not be served more than once per day.
- One cup of raw, leafy greens credits as 1/2 cup vegetable.
- 1/4 cup dried fruit, such as raisins, credits as 1/2 cup fruit.
- Lunch and supper must contain at least one vegetable and one fruit. A second, different vegetable may be served in place of fruit.

### Grains

- All grains must be whole, enriched, or whole grain-rich.
- Pre-packaged grains must have enriched flour or meal or whole grains as the first ingredient (or 2nd after water). Sugar must not be the first ingredient.
- At least one serving of grains per day must be whole grain-rich and it must be noted on the menu (e.g. "WGR crackers"). 100% whole grain strongly encouraged.
- Corn masa and masa harina are considered whole grain-rich.
- Corn flour, corn meal, and other corn products must clearly state they are whole or enriched to be creditable as a grain. In order to be considered whole grain-rich, they must be whole or treated with lime (nixtamalized).
- Grain based-desserts such as cookies, donuts, granola/grain bars are not creditable.
- Cereals must have no more than 6 g sugar/dry ounce. See the *Florida WIC Approved Cereal List*.

### Meat/Meat Alt.

- Commercially processed combination foods such as breaded chicken, pizza, and lasagna must have a CN Label or Product Formulation Statement identifying the meal pattern contribution.
- Meat/meat alternates are not required at breakfast but may be served as an extra or in place of the entire grains component no more than 3 times/week.
- Yogurt must have no more than 23 g sugar/ 6 oz.
- A serving of cooked beans or peas may credit as either a meat alternate or vegetable.



JUNE 2022



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 ¼ cup for children ages 1-2; 1/3 cup for children ages 3-5; and ¾ cup for children ages 6-18.

Updated October 2017 with minor revisions October 2019

## **Milk Requirement – Self Prep Centers**

Centers must ensure correct types of milks are purchased in appropriate quantities.

Receipts for milk must be submitted with your monthly claim. It is recommended to use the Milk Calculator to ensure sufficient milk is purchased.

Visit [www.floridahealth.gov](http://www.floridahealth.gov) – Search “Milk Calculator”

### **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 the by 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. 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 beverages meet required nutritional standards for approved milk substitutions:



#### **For Children Ages Six and Older**

The following flavored non-dairy beverages meet required nutritional standards for approved milk substitutions:



**\*SHELF-STABLE VERSION ONLY**

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 <sub>12</sub>	1.1mcg	About 18%



**Deep-fat fried 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.

### **Safety:**

The Environmental Protection Agency (EPA) regulates public water systems and provides resources related to safe drinking water. The EPA recommends that water be tested routinely for lead and copper contamination and overall water safety. The local health department or water testing facility can provide resources and information about water testing laboratories. Cost related to the purchase of water testing services would be considered an allowable use of CCFP funds if the costs were considered to be reasonable, necessary and allocable.



In general, CCFP funds may not be used for costs that add significant to the value of the child care facility, such as fixing plumbing. Costs associated with repair to a child care facility's plumbing would add to the permanent value of the child care facility and should therefore come from the child care facility's general fund.

However, water filtration equipment could potentially be a reasonable and necessary cost under certain conditions. Participating CCFP children must be the group benefitting from this equipment.

**For more information:**

EPA: Drinking Water Best Management Practices for Schools and Child Care Facilities Served by Municipal Water Systems (2013) [www.epa.gov](http://www.epa.gov)

EPA: Drinking Water in Child Care Facilities:

<http://www.epa.gov/childcare/resources-about-drinking-water-child-care-providers>

Florida Department of Health: Florida Well Water Information and Testing: <http://www.floridahealth.gov/environmental-health/drinking-water/index.html>

National Drinking Water Alliance: <http://www.drinkingwateralliance.org>

Safe Drinking Water Hotline: 800-426-4791



## Ounce Equivalents for Grains



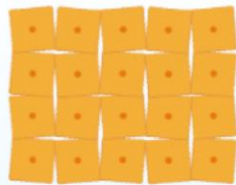
United States Department of Agriculture

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	1- through 5-year-olds at Breakfast, Lunch, Supper, Snack
 <b>Pita Bread/Round</b> (whole grain-rich or enriched) at least 56 grams*	<b>Serve at Least</b> ½ oz. eq., which equals about... ¼ pita or 14 grams
<b>Popcorn</b>	1 ½ cups or 14 grams
<b>Pretzel, Hard, Mini-Twist</b> (about 1 ¼" by 1 ½")**	7 twists or 11 grams

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



## Grains Measuring Chart for the Child and Adult Care Food Program


 <b>Grain Item and Size</b>	<b>Age Group and Meal</b>		
	<b>1- through 5-year-olds</b> at Breakfast, Lunch, Supper, Snack  <b>Serve at Least</b> ½ oz. eq., which equals about...	<b>6- through 18-year-olds</b> at Breakfast, Lunch, Supper, Snack <b>Adults at Snack only</b>  <b>Serve at Least</b> 1 oz. eq., which equals about...	<b>Adults at Breakfast,                      Lunch, Supper</b>  <b>Serve at Least</b> 2 oz. eq., which equals about...
<b>Bagel</b> (entire bagel) at least 56 grams*	¼ bagel or 14 grams	½ bagel or 28 grams	1 bagel or 56 grams
<b>Bagel, Mini</b> (entire bagel) at least 28 grams*	½ bagel or 14 grams	1 bagel or 28 grams	2 bagels or 56 grams
<b>Biscuit</b> at least 28 grams*	½ biscuit or 14 grams	1 biscuit or 28 grams	2 biscuits or 56 grams
<b>Bread</b> (whole grain-rich or enriched) at least 28 grams*	½ slice or 14 grams	1 slice or 28 grams	2 slices or 56 grams
<b>Bun or Roll</b> (entire bun or roll) at least 28 grams*	½ bun/roll or 14 grams	1 bun/roll or 28 grams	2 buns/rolls or 56 grams
<b>Cereal Grains</b> (barley, bulgur, quinoa, etc.)	¼ cup cooked or 14 grams dry	½ cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
<b>Cereal, Ready-to-Eat: Flakes or Rounds</b>	½ cup or 14 grams	1 cup or 28 grams	2 cups or 56 grams
<b>Cereal, Ready-to-Eat: Granola</b>	⅓ cup or 14 grams	¼ cup or 28 grams	½ cup or 56 grams
<b>Cereal, Ready-to-Eat: Puffed</b>	¾ cup or 14 grams	1 ¼ cup or 28 grams	2 ½ cups or 56 grams
<b>Corn Muffin</b> at least 34 grams*	½ muffin or 17 grams	1 muffin or 34 grams	2 muffins or 68 grams
<b>Cracker, Animal</b> (about 1 ½" by 1")**	8 crackers or 14 grams	15 crackers or 28 grams	30 crackers (~1 cup) or 56 grams
<b>Cracker, Bear-Shaped, Sweet</b> (about 1" by ½")**	12 crackers (~¼ cup) or 14 grams	24 crackers (~½ cup) or 28 grams	48 crackers (~1 cup) or 56 grams
<b>Cracker, Cheese, Square, Savory</b> (about 1" by 1")**	10 crackers or 11 grams	20 crackers (~½ cup) or 22 grams	40 crackers (~¾ cup) or 44 grams
<b>Cracker, Fish-Shaped or Similar, Savory</b> (about ¾" by ½")**	21 crackers (~¼ cup) or 11 grams	41 crackers (~½ cup) or 22 grams	81 crackers (~1 cup) or 44 grams



\*Check that the item you want to serve weighs this amount, or more. See "Using the Nutrition Facts Label" on page 5 for more information.

\*\*Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.

## Grains Measuring Chart for the Child and Adult Care Food Program

 Grain Item and Size	Age Group and Meal		
	<b>1- through 5-year-olds</b> at Breakfast, Lunch, Supper, Snack  <b>Serve at Least</b> <b>½ oz. eq.</b> , which equals about...	<b>6- through 18-year-olds</b> at Breakfast, Lunch, Supper, Snack  <b>Adults</b> at Snack only  <b>Serve at Least</b> <b>1 oz. eq.</b> , which equals about...	<b>Adults</b> at Breakfast, Lunch, Supper  <b>Serve at Least</b> <b>2 oz. eq.</b> , which equals about...
<b>Cracker, Graham</b> (about 5" by 2 ½")**	1 cracker or 14 grams	2 crackers or 28 grams	4 crackers or 56 grams
<b>Cracker, Round, Savory</b> (about 1 ¾" across)**	4 crackers or 11 grams	7 crackers or 22 grams	14 crackers or 44 grams
<b>Cracker, Saltine</b> (about 2" by 2")**	4 crackers or 11 grams	8 crackers or 22 grams	16 crackers or 44 grams
<b>Cracker, Thin Wheat, Square, Savory</b> (about 1 ¼" by 1 ¼")**	6 crackers or 11 grams	12 crackers or 22 grams	23 crackers or 44 grams
<b>Cracker, Woven Whole- Wheat, Square, Savory</b> (about 1 ½" by 1 ½")**	3 crackers or 11 grams	5 crackers or 22 grams	10 crackers or 44 grams
<b>Croissant</b> at least 34 grams*	½ croissant or 17 grams	1 croissant or 34 grams	2 croissants or 68 grams
<b>English Muffin</b> (top and bottom) at least 56 grams*	¼ muffin or 14 grams	½ muffin or 28 grams	1 muffin or 56 grams
<b>French Toast Stick</b> at least 18 grams*	2 sticks or 35 grams	4 sticks or 69 grams	8 sticks or 138 grams
<b>Grits</b>	¼ cup cooked or 14 grams dry	½ cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
<b>Melba Toast</b> (about 3 ½" by 1 ½")**	2 pieces or 11 grams	5 pieces or 22 grams	8 pieces or 44 grams
<b>Muffin and Quick Bread</b> (banana, etc.) at least 55 grams*	½ muffin/slice or 28 grams	1 muffin/slice or 55 grams	2 muffins/slices or 110 grams
<b>Oatmeal</b>	¼ cup cooked or 14 grams dry	½ cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
<b>Pancake</b> at least 34 grams*	½ pancake or 17 grams	1 pancake or 34 grams	2 pancakes or 68 grams



\*Check that the item you want to serve weighs this amount, or more. See "Using the Nutrition Facts Label" on page 5 for more information.

\*\*Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.

## Grains Measuring Chart for the Child and Adult Care Food Program

 <b>Grain Item and Size</b>	<b>Age Group and Meal</b>		
	<b>1- through 5-year-olds</b> at Breakfast, Lunch, Supper, Snack  <b>Serve at Least</b> ½ oz. eq., which equals about...	<b>6- through 18-year-olds</b> at Breakfast, Lunch, Supper, Snack  <b>Adults</b> at Snack only  <b>Serve at Least</b> 1 oz. eq., which equals about...	<b>Adults</b> at Breakfast, Lunch, Supper  <b>Serve at Least</b> 2 oz. eq., which equals about...
<b>Pasta</b> (whole grain-rich or enriched, all shapes)	¼ cup cooked or 14 grams dry	½ cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
<b>Pita Bread/Round</b> (whole grain-rich or enriched) at least 56 grams*	¼ pita or 14 grams	½ pita or 28 grams	1 pita or 56 grams
<b>Popcorn</b>	1 ½ cups or 14 grams	3 cups or 28 grams	6 cups or 56 grams
<b>Pretzel, Hard, Mini-Twist</b> (about 1 ¼" by 1 ½")**	7 twists (~½ cup) or 11 grams	14 twists (~¾ cup) or 22 grams	27 twists (~1 cup) or 44 grams
<b>Pretzel, Hard, Thin Stick</b> (about 2 ½" long)**	16 sticks or 11 grams	31 sticks or 22 grams	62 sticks or 44 grams
<b>Pretzel, Soft</b> at least 56 grams*	¼ pretzel or 14 grams	½ pretzel or 28 grams	1 pretzel or 56 grams
<b>Rice</b> (all types)	¼ cup cooked or 14 grams dry	½ cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
<b>Rice Cake</b> at least 8 grams*	1 ½ cakes or 11 grams	3 cakes or 22 grams	5 ½ cakes or 44 grams
<b>Rice Cake, Mini</b> (about 1 ¾" across)**	7 cakes or 11 grams	13 cakes or 22 grams	25 cakes or 44 grams
<b>Taco or Tostada Shell, Hard</b> at least 14 grams*	1 shell or 14 grams	2 shells or 28 grams	4 shells or 56 grams
<b>Tortilla, Soft, Corn</b> (about 5 ½")**	¾ tortilla or 14 grams	1 ¼ tortillas or 28 grams	2 ½ tortillas or 56 grams
<b>Tortilla, Soft, Flour</b> (about 6")**	½ tortilla or 14 grams	1 tortilla or 28 grams	2 tortillas or 56 grams
<b>Tortilla, Soft, Flour</b> (about 8")**	¼ tortilla or 14 grams	½ tortilla or 28 grams	1 tortilla or 56 grams
<b>Waffle</b> at least 34 grams*	½ waffle or 17 grams	1 waffle or 34 grams	2 waffles or 68 grams



\*Check that the item you want to serve weighs this amount, or more. See "Using the Nutrition Facts Label" on page 5 for more information.

\*\*Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.



## Using the Nutrition Facts Label

Some items on the Grains Measuring Chart may have weights listed by the name of the item. Follow the steps below to see if your grain meets the minimum weight listed in the chart:

- Find the grain item and its minimum weight in the Grains Measuring Chart.  
For example, the minimum weight for a pancake is at least 34 grams.

Grain Item and Size	Age Group and Meal		
	1- through 5-year-olds at Breakfast, Lunch, Supper, Snack	6- through 18-year-olds at Breakfast, Lunch, Supper, Snack Adults at Snack only	Adults at Breakfast, Lunch, Supper
<b>Serve at Least</b> ½ oz. eq., which equals about...	<b>Serve at Least</b> 1 oz. eq., which equals about...	<b>Serve at Least</b> 2 oz. eq., which equals about...	
<b>Pancake</b> at least 34 grams*	½ pancake or 17 grams	1 pancake or 34 grams	2 pancakes or 68 grams

- Look at the Nutrition Facts label of the grain you wish to serve. Find the weight of the serving size (usually provided as grams (g)). One serving of Brand P pancakes weighs 117 grams.

- Using the Nutrition Facts label, find how many items are in one serving. There are three pancakes in one serving of Brand P pancakes.

- If there is more than one of an item in a serving, you will need to divide to find the weight of each item. For example, the serving size of Brand P pancakes is three pancakes.


Divide the serving weight by the number of items in one serving to find the weight of each item.


### Brand P Pancakes

Nutrition Facts	
4 servings per container	
Serving size 3 Pancakes (117g)	
<b>Amount per serving</b>	
<b>Calories</b>	<b>280</b>
% Daily Value*	
<b>Total Fat</b> 9g	<b>12%</b>
Saturated Fat 1.5g	<b>8%</b>
Trans Fat 0g	

$$\begin{array}{ccccc} 117 \text{ grams} & \div & 3 \text{ pancakes} & = & 39 \text{ grams per pancake} \\ \text{Serving Weight} & & \text{Serving Size} & & \text{Weight of Each Item} \end{array}$$

Compare the weight of one item to the minimum weight listed in the Grains Measuring Chart (from Step 1). Is your item the same weight as, or heavier than, the minimum weight?

 **Yes:** Use the Grains Measuring Chart to see how much of your grain to serve to meet CACFP meal pattern requirements. In the example above, pancakes must weigh at least 34 grams in order to use the Grains Measuring Chart. Because each Brand P pancake weighs 39 grams, you may use the chart as a guide to the minimum serving amount.

 **No:** Use another method to determine how much of a grain item to serve. See "What If My Grain Is Different?" on page 6 for more information.



## Are There Other Menu Planning Considerations?

If you serve an item that is larger, or weighs more, than what's listed on the Grains Measuring Chart, then you might serve more grains than required by the CACFP meal pattern. The Grains Measuring Chart can help make serving enough grains easier. However, the tools described under "What If My Grain Is Different?" can also help you determine how much of an item to serve to meet the meal pattern without serving more than what is needed.

## What If My Grain Is Different?

Is the grain item you want to serve:

- Smaller than the item listed on the Grains Measuring Chart?
- Lighter in weight than the item listed on the Grains Measuring Chart?
- Not listed on the Grains Measuring Chart?

If so, you will need to use another way to tell how much to serve in order to meet CACFP meal pattern requirements. You could:

- Enter information from the Nutrition Facts label into the *Food Buying Guide for Child Nutrition Program's (FBG) Exhibit A Grains Tool*.  
This tool will let you know how many ounce equivalents of grains are in one serving of the item.
- Use the *FBG Recipe Analysis Workbook (RAW)*\* to determine the ounce equivalents per serving for standardized recipes.

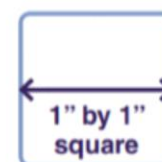
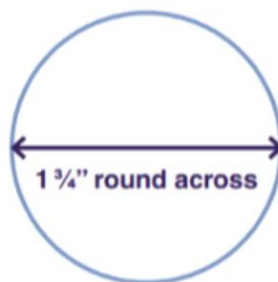
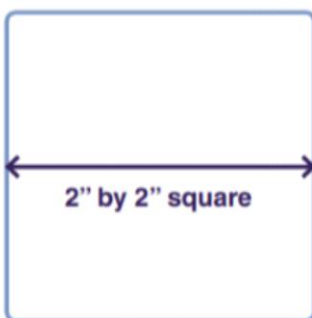
\*Available at <https://foodbuyingguide.fns.usda.gov>.



## Grains Measuring Tools

Compare your food to the guides below to see if it is the same size or larger than the item listed on the Grains Measuring Chart.

**Guides appear as actual size when this worksheet is printed at 100% on standard 8 ½" by 11" paper.**



FNS-862 October 2019

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# Cereal Shapes & Ounce Equivalents

*Ages 1 - 18*

## Cereal - FLAKES

1-5  
1/2 oz eq

6-18  
1 oz eq

<p>Bran Flakes Corn Flakes Fiber One Grape Nuts Flakes Great Grains Honey Bunches of Oats Mini Spooners Mini Wheats Oatmeal Squares Shredded Wheat Special K Total Wheaties</p>	<p>1/2 cup</p>	<p>1 cup</p>
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## Cereal - ROUND

<p>Cheerios Crispy Oats Tasteeos Toasted Oats</p>	<p>1/2 cup</p>	<p>1 cup</p>
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## Cereal - PUFFED

<p>Chex Cereal (Corn, Rice, Wheat) Crispix Crispy Rice Kix Life Rice Krispies</p>	<p>3/4 cup</p>	<p>1 1/4 cup</p>
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## Cereal - GRANOLA

<p>Granola Grape Nuts</p>	<p>1/8 cup</p>	<p>1/4 cup</p>
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## Breakfast Cereal

All cereals on this list are no more than 6g sugar per dry ounce\*

Cereals with ✓ meet the CCFP WG/WGR requirements

GF = Gluten Free

### General Mills



- Cheerios GF ✓
- Cheerios Oat Crunch Berry ✓
- Cheerios Vanilla Spice GF ✓
- MultiGrain Cheerios GF ✓
- Berry Berry Kix ✓
- Honey Kix ✓
- Kix ✓
- Total ✓
- Wheaties ✓
- Blueberry Chex GF
- Cinnamon Chex GF
- Corn Chex GF
- Rice Chex GF
- Wheat Chex ✓

### Avelina

Instant Rolled Oats GF ✓



### Broadus Foods

Snoop Frosted Drizzlerz ✓



### Jim Dandy

Iron Fortified Quick Grits



### Kellogg's



- All Bran Complete Wheat Flakes ✓
- Corn Flakes
- Corn Flakes Honey Flavored
- Crispix
- Special K Original
- Special K Protein Original Multi-Grain ✓
- Rice Krispies
- Frosted Mini Wheats:**
- Original ✓
- Little Bites Original ✓
- Chocolate ✓
- Pumpkin Spice ✓
- Cinnamon Roll ✓
- Golden Honey ✓
- Blueberry ✓
- Strawberry ✓

### Post



**Great Grains:**  
Banana Nut Crunch ✓  
Crunchy Pecan ✓

**Grape-Nuts:** ✓  
Grape-Nuts Flakes ✓

**Honey Bunches of Oats:**  
Honey Roasted  
with Almonds  
Cinnamon Bunches  
Vanilla  
Maple & Pecans



Hot Wheat Original  
Farina Original

### Quaker



**Instant Grits:**  
Original  
Oatmeal Original ✓

**Oatmeal Squares:**  
Brown Sugar ✓  
Cinnamon ✓  
Honey Nut ✓

**Life:**  
Original ✓  
Vanilla ✓



Frosted Mini Spooners ✓

Strawberry Cream Mini Spooners ✓

Crispy Rice GF

### 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 ✓
- Strawberry Frosted Shredded Wheat ✓

- MultiGrain Flakes ✓
- MultiGrain Medley, Tasteos, Spins, or Toasted Cereal ✓
- Nutty Nuggets/Crunchy Nuggets/Crunchy Wheat ✓
- Oat Crunch/Oat Wise/Oat Squares/Lively Oats ✓
- Oats & More with Almonds/Almonds & Oats
- Oats & More with Honey/Honey & Oats
- Rice Squares, Biscuits, Crisps, or Pockets
- Toasted Oats/Tasteos/Toasted Oat Spins/Happy O's ✓
- Wheat Flakes ✓
- Wheat Squares, Biscuits, or Crisps ✓

### Cream of Rice & Cream of Wheat



**Cream of Rice:**  
Stove Top & Instant GF

**Cream of Wheat:**  
Whole Grain Stove Top & Instant ✓

**Cream of Wheat:**  
2 1/2 minute, 1 minute & Instant

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

\*Please note: portion sizes listed on the label may vary. All cereals on this list meet the 6g sugar per dry ounce limit.





## Catered Meal Acceptance Guidelines

1. **Meal Delivery Time** - Lunches must arrive no earlier than 3 hours prior to the start of the center's scheduled meal time. If the delivery arrives earlier than the 3 hour timeframe, the entire meal delivery MUST BE REFUSED. If the meal delivery is late, the center has the right to REFUSE the meal. *It is possible for one meal to be rejected and another accepted. Example: lunch may be rejected due to lateness but snack and next day breakfast accepted.*
2. **Temperatures** - Center staff must check the temperatures of hot and cold meal components being delivered. Hot meal components must be delivered at 140°F or above and cold meal components must be delivered at 41°F or below. If the hot meal components are delivered below 140°F or the cold meal components are delivered above 41°F, the entire meal MUST BE REFUSED. It is the centers responsibility to ensure catered meals are maintained at a safe temperature after meal acceptance. *\*For centers with their own catering contract, the Standard Catering Contract requires hot meal components be delivered at 135°F or above.*
3. **Meal Components** - Center staff must ensure all meal components are delivered for each meal type. If any components are missing, the entire meal MUST BE REFUSED.
4. **Menu Substitutions** - All menu substitutions must be approved by the sponsor (Family Central) and must be documented on the daily delivery receipt. Center staff must ensure all delivered meal components correspond to the daily menu and any substitutions are listed on the daily delivery receipt. The entire meal MUST BE REFUSED if substitutions are not listed on the delivery receipt.
5. **Wholesome & Unspoiled** - Center staff must ensure all meal components are unspoiled and wholesome. If one or more of the components are spoiled or unwholesome, the entire meal MUST BE REFUSED.
6. **Delivery Receipts** - All 3 copies of the daily delivery receipts must be signed by the center staff member accepting the delivery, signed by the delivery driver, dated, time of delivery listed, and temperatures of hot and cold meal components upon delivery listed. Any discrepancies must be indicated on the delivery receipt. For example: If snack and next day breakfast are accepted, but lunch is refused, center staff must write this information on the



delivery receipt. Center staff must also ensure accuracy of delivery time documented by the delivery driver.

7. **Refusing Meals** - Center staff is REQUIRED to refuse an entire meal that does not meet the contracted terms at delivery (out of temperature, missing components, spoiled or unwholesome, unauthorized and undocumented menu substitutions). Remember it is possible for one meal to be rejected and another accepted. For example, lunch may be rejected due to lateness, but snack and next day breakfast are accepted.
8. **Caterer Deficiency Reports** - Center staff is REQUIRED to submit a Caterer Deficiency Report to Family Central after any and all occurrences of the caterer's contracted terms not being met.
9. **Shelf Stable Meal Components** - It is strongly recommended that centers maintain at least one day's worth of shelf stable meal components for use in case of an emergency, such as refusing meals.



## CCFP Renewal Requirements for Catered Meal Service

**1. Question: Can a center provide self-prep meals and receive catered meals?**

Answer: Yes. For example, a center may wish to receive catered lunches and provide self-prep breakfasts and snacks. This would be indicated on Attachments 5 and 7. The Institution or Facility must have a current food service inspection at the appropriate level of foodservice (full or limited) in order to claim reimbursement for self-prep meals. Note, all meals must meet meal pattern requirements and meal receipts must be available for review.

**2. Question: Can a center switch from catered meal service to self-prep?**

Answer: Yes, the center must have a current food service inspection that designates ability to be self-prep. If not, they would need to contact their local licensing authority. A change form must be submitted to CCFP Policy Section for approval.

**3. Question: Can a center located on a large complex receive meals from a central kitchen located across the parking lot?**

Answer: Yes, assuming the center is owned by the same organization that operates the kitchen. If not, they should procure catered meals competitively. Ensure food safety practices are followed.

**4. Question: Can a CCFP center also be a Caterer?**

Answer: No. Caterers are separate entities. A CCFP center may not act as both a CCFP contractor and Caterer at the same time as this is prohibited in the CCFP Contract.

**5. Question: What do child care staff serve the children if the Institution or Facility must refuse meal type(s) (breakfast, lunch, or snack, etc.) due to the meal not meeting contracted menu and/or terms and conditions of the Catering Contract?**

Answer: The Institution or Facility should have a shelf stable menu (see Shelf Stable Sample Menu following Qs & As) or meal plan which includes enough ready-to-eat shelf stable foods on hand. In order to be reimbursable, the shelf stable menu must include creditable food and meet minimum meal pattern requirements to be reimbursable. An example of a shelf stable menu is: shelf stable milk, individually portioned fruit and vegetable cups, small canned tuna salad, and crackers.

**6. Question: Are there any circumstances in which a menu item substitution may be allowed?**

Answer: The Cycle Menu that was bid or quote upon governs the meals prepared and delivered under the Catering Contract. The Caterer and the Institution or Facility are not allowed to make substitutions to the contracted menu except under rare and documented circumstances. For example, there may be occasions when the Caterer is not able to deliver a meal according to the contracted menu due to circumstances beyond the Caterer's control such as a cooler/freezer malfunction, breakdown of delivery vehicle, or unavailability of a specific food item. In these rare instances, the Caterer and the Institution or Facility must agree upon and document prior to delivery. Record of these documented substitutions must be maintained on file. At some future date, any menu substitution made by the Caterer in these circumstances is subject to evaluation and meal disallowance based on CCFP requirements.



7. **Question: What if only one meal component is deficient in that it does not meet contract terms (i.e., missing menu item, out of temperature, not contracted menu item, menu item is spoiled, etc.) at time of delivery but the rest of meal is acceptable. Can the Institution or Facility accept the meal?**

Answer: No, the Institution or Facility must reject the entire meal type and instead may serve its shelf stable menu (see Q & A #6). Also, the catered site must not accept a deficient meal and purchase the missing menu items (even if the Caterer promises to reimburse for these menu items). *However*, if the

Institution or Facility and the Caterer agree to allow the Caterer to replace the missing or deficient component *and* the component is received before the start of the meal service time, the meal may be considered acceptable by the Institution or Facility.

8. **Question: Some catered sites do not have multiple refrigerators to store cold items such as large storage containers of canned fruit. The Catering Contract specifies that bulk canned fruit must be delivered in suitable containers meeting food safety standards and maintain an airtight closure or seal, not #10 cans. Do these containers have to be stored in the refrigerator?**

Answer: It depends on the circumstances. For example, refrigeration is not required if canned fruits are served the same day of delivery and the canned fruits are delivered in suitable food-grade storage containers (such as a plastic container with tight fitting lid). However, refrigeration is required if canned fruits will be held for next day's meal service.

9. **Question: What can the Institution or Facility do if children do not like some of the menu items?**

Answer: If the Institution or Facility wants to make a future change to the menu after the Catering Contract is in place, CCFP State office approval is required. Menu changes will be reviewed on a case by-case basis. If approved, the Caterer must also agree to make the change(s) without an increase in unit price for the contract to continue. If the price changes, the Institution or Facility may terminate the Catering Contract and provide a 30-day notice to Caterer and seek new quotes with an approved menu. The Institution or Facility should review the State Cycle Menus before beginning informal or formal competitive procedures for catered meal service. Any changes to the State Cycle Menus or use of menus other than the State Cycle Menus, must receive prior written approval from CCFP State office.

10. **Question: What agency is responsible for training facilities on the proper way to take food temperatures?**

Answer: Department of Children and Families (DCF) or local child care licensing is the authority on food safety for child care. The Institution or Facility can inquire from local licensing on available trainings and/or refer child care facilities to available online trainings at CCFP Food Safety and Alerts Web page under CCFP Resources ([www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/Food-Safety/index.html](http://www.floridahealth.gov/programs-and-services/childrens-health/child-care-food-program/Food-Safety/index.html)). A best practice may include encouraging site staff to become a certified food handler or food service manager. These training costs are allowable CCFP expenses. The five approved test providers are 360training.com (Learn2Serve); National Registry of Food Safety Professionals; National Restaurant Association Education Foundation (ServSafe); Above Training/State Food Safety; and Prometric.

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**11. Question: What are some important considerations to keep in mind when complying with diets of children with disabilities?**

Answer: The term disability is very broad and includes major life activities such as eating and digesting food. Section 504 of the Rehabilitation Act and The Americans With Disabilities Act, Amendment Act of 2008 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, 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. *Most physical and mental impairments will constitute a disability.* An impairment does not need to be life threatening to be considered a disability, but reasonable modifications must be made for children with disabilities that affect their diet. If the child receives a meal that does not meet the meal pattern, a medical statement must be on file with the child care Institution or Facility which contains a description of the child's physical or mental impairment that restricts the diet, an explanation of what must be done to accommodate the disability (i.e. what food(s) to avoid and what foods to offer in their place), and a signature of a licensed physician, physician's assistant (PA), or nurse practitioner (ARNP). Also remember that CCFP Institutions and Facilities with 15 or more employees must designate at least one person to coordinate compliance with disability requirement known as the Section 504 Coordinator. Reimbursement for modified meals served to children with disabilities that

restrict their diet is at the appropriate rate based on the child's eligibility for free, reduced price, or non-needy, regardless of meal modification. The Caterer may elect to charge a higher unit price for substituted meals; but both parties must agree to the price in writing. Any changes in price constitute a contract amendment and must be sent to the CCFP State office for approval.

The following questions only apply to sponsoring organizations:

**12. Question: What is the Sponsor's responsibility for training both facilities under a Sponsor Catering Contract and facilities that have or plan to have their own Catering Contract?**

Answer: Sponsors must provide annual training on CCFP requirements including catering requirements to their facilities. For catering training, **Sponsors must require completion of the Attestation for sites with their own Catering Contract.** This requirement should be included in Sponsor's policies and procedures, training plans, etc. Please see question and instructions for #39 of Sponsor Site Review form which reads: Program staff has attended required Sponsor training. Please note, this question/instruction will be revised in the future to specifically include catering training for facilities. Sponsor training should include this Questions and Answers document, training on accepting and refusing meals, etc.

**13. Question: How does a Sponsor ensure facilities accept only meal type(s) that meet the contracted menu and terms and conditions of Catering Contract?**

Answer: Sponsor oversight must include facility training of how to correctly accept contracted meals and when to complete a Catered Meal Service Deficiency Report and reject meals. All contracted meals delivered must meet the terms and conditions of the executed Catering Contract, including all menu items, meal packaging, delivery time, food specifications, daily delivery ticket, etc. Examples of deficiencies requiring refusal of entire meal type include but are not limited to: unapproved substitutions (see Q & A #8), not enough meals, food items out of temperature, missing meal components, and spoiled or unwholesome food. Please note it is possible that a lunch meal type must be rejected and snacks may be accepted.



**14. Question: What does a Sponsor do if facilities accept meal type(s) that do not meet contracted menu and/or terms and conditions of the Catering Contract?**

Answer: Any meal type(s) not meeting the contracted menu and/or terms and conditions of the contract are not eligible for reimbursement. Sponsor must notify facility that it will not receive reimbursement for the meal type(s) that should have been refused and must provide technical assistance to the facility regarding proper catered meal acceptance (see Q & A #13). The Sponsor may seek legal advice regarding what action to take related to Caterer payment for meals delivered by Caterer that do not meet the contracted menu and/or terms and conditions of the Catering Contract, but were accepted by the facility.

**15. Question: How does a Sponsor ensure that a sponsored facility with its own Catering Contract has paid its Caterer on time?**

Answer: The Sponsor should require the facility to maintain a copy of cancelled checks for catering payment with their monthly claim documentation. At the facility visit, Sponsor monitor may ask for proof of payment to Caterer for prior month (e.g., ask for the printed version of the bank statement/cleared check verifying payment to Caterer.) Another way is to call Caterer prior to review and verify the sponsored facility is up to date with payments to Caterer. The Sponsor is not allowed to withhold meal reimbursement from facility for lack of payment to Caterer. If this lack of payment issue persists the Sponsor should terminate this facility's CCFP agreement with a 30-day notice.



### Catered Meal Acceptance Checklist

Use this checklist to ensure that all requirements are met during meal delivery (All answers in the requirement section must be marked "Yes") If you answer "No" to any of the questions in the requirement section, you are **REQUIRED** to submit a Caterer Deficiency Report to Family Central.

REQUIREMENTS	YES	NO
Is your meal delivery within 3 hours of scheduled meal time? <i>This is the approved meal start time, not the time you begin preparing for meal service.</i>		
Are all meal components for each meal type included in the delivery?		
Are the correct number of meals being delivered?		
<b>**</b> Are the hot meal components delivered at the 140 degrees Fahrenheit or above?		
Are the cold meal components delivered at 41 degrees Fahrenheit or below?		
Are the meal components unspoiled and wholesome?		
Are all menu substitutions documented on the daily delivery ticket?		
Did you sign, date, list delivery time and document temperatures on the delivery ticket?		
RECOMMENDED		
Do you have at least a one-day supply of shelf stable meal components on hand for use in an emergency?		

**\*\*Centers with own catering contract, per the Standard Catering Contract hot meal components will be delivered at 135 degrees Fahrenheit or above.**



## Caterer Deficiency Reports

Centers are required to submit Caterer Deficiency Reports to Family Central if any issue occurs with the caterer.

### Caterer Deficiency Reports must be:

- Submitted to Family Central directly, do not submit deficiency reports directly to the caterer
- Submitted in a timely manner, even if the deficiency is corrected
- Keep a copy for your records. You do not need to submit a copy with your claim.



### Caterer Deficiency Report – Diana Food Group

Family Central values your participation in its sponsorship of the USDA Child Care Food Program. To ensure that your center receives excellent customer service, we are requesting your assistance with any deficiencies noted in the catered food service. There may be occasional days when your center might notice a problem with the delivery of catered meals. When this occurs, please contact **Diana Food Group** immediately at **954-788-0411** to notify them of the problem, so that they can correct the deficiency as quickly as possible. Please also complete this form and fax to Family Central at 954-724-4067 or email to [Mealcountchanges@familycentral.org](mailto:Mealcountchanges@familycentral.org) so that we can follow-up with the caterer to ensure that any deficiencies noted are resolved in a timely manner.

#### CHILD CARE CENTER INFORMATION

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

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

#### PLEASE CHECK THE DEFICIENCY THAT APPLIES TO THE REPORT:

- |   |                        |
|---|------------------------|
| <input type="checkbox"/> Food not delivered on time. <b>Center Lunch Time:</b><br>(Delivery window is within 3 hours of your lunchtime) | <b>Delivery Time:</b>  |
| <input type="checkbox"/> Hot food delivered below 140 °F. <b>Item:</b>  | <b>Temperature:</b> °F |
| <input type="checkbox"/> Cold food delivered above 41 °F. <b>Item:</b>  | <b>Temperature:</b> °F |
| <input type="checkbox"/> Delivery does not include all meal components. <b>Missing:</b>   |                        |
| <input type="checkbox"/> Delivery does not include the quantity ordered. <b>Missing:</b>  |                        |
| <input type="checkbox"/> Delivery does not include the supplies requested. <b>Missing:</b>  |                        |
| <input type="checkbox"/> Delivered food that is spoiled or unwholesome.   |                        |
| <input type="checkbox"/> Other deficiency.  |                        |

Additional comments to explain the deficiency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Center Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPONSOR Response/Action: \_\_\_\_\_  
\_\_\_\_\_

Sponsor Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CATERER Comments/Action: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Caterer Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Caterer Confirmation:**

Revised: July 2021



### Shelf Stable Sample Menu

Certain sites must purchase all items as single serve items while others have the flexibility to buy in bulk. Consult with local licensing agency for packaging and preparation requirements.

Item	Shelf stable milk (UHT)	Shelf stable milk (UHT)	Shelf stable milk (UHT)	Shelf stable milk (UHT)
<b>Breakfast</b>				
<b>Milk</b> Ages 1-5: six oz; Ages 6-18: eight oz				Shelf stable milk (UHT)
<b>Vegetable/Fruit/Juice</b> Ages 1-18: ½ c	Peaches	Dried cranberries	Pineapple	Pears
<b>Grains/Breads</b> Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ¼ c	Cheerios	Life Original cereal	Scooters cereal	Wheat Chex cereal
<b>Lunch/Supper</b>				
<b>Milk</b> Ages 1-5: six oz; Ages 6-18: eight oz	Shelf stable milk (UHT)	Shelf stable milk (UHT)	Shelf stable milk (UHT)	Shelf stable milk (UHT)
<b>Meat/Meat Alternate</b> Ages 1-5: 1 ½ oz Ages 6-18: 2 oz	Peanut or Soy Butter & shelf stable cheese	Tuna Salad*	Black Beans (or other beans)	Chicken Salad*
<b>Vegetable</b> Ages 1-5: ¼ c; Ages 6-18: ½ c	Green Peas	Carrots	Corn	Green Beans
<b>Fruit or Vegetable</b> Ages: 1-18: ¼ c	Pineapple	Fruit Cocktail	Mandarin Oranges	Raisins
<b>Grains/Breads</b> Ages 1-5: ½ slice/serving, ¼ c Ages 6-18: 1 slice/serving, ½ c	Crackers	100% Whole grain crackers	Tortilla chips	Pretzels
<b>Snack</b>				
<b>Milk</b> <b>Meat/Meat Alternate</b> <b>Vegetable</b> <b>Fruit/Juice</b> <b>Grains/Breads</b>	100% Fruit juice	Applesauce	4 fl oz Low-fat milk (UHT)	100% Fruit juice
	Tortilla chips	Pretzels	Kix cereal	Peanut butter crackers

It is recommended to have at least one day's worth of shelf stable food on site at all times in case of refusal of catered meals or a power outage or other emergency.

\*CN labels or Product Formulation Statements must be on file for prepackaged chicken salad and tuna salad to determine the amount of creditable product per portion.



## **Disaster/Hurricane Plan**

In an effort to keep operations running as smoothly as possible should a tropical storm/hurricane occur, the following policy will be in effect:

### **Catered Child Care Centers:**

If the county school board closes public schools in the center's county, the caterer will not deliver meals. During times when schools are not in session, such as summer vacation and holidays, if the county government in the center's county closes their offices, the caterer will not deliver meals. Centers choosing to remain open may purchase food and claim meals for reimbursement that meet the required meal pattern if their licensing authority allows them to prepare meals. Center will be responsible for submitting menus and receipts for purchased foods to Family Central with the monthly claim paperwork. Meals not meeting required meal patterns may be reimbursed if the Florida Department of Health issues a disaster waiver.

**If a disaster does not directly impact our area, the caterer will deliver meals as soon as the public schools or county government offices reopen.**

### **Post-Disaster Plan - If a disaster does impact our area:**

The caterer will automatically begin delivering meals when the public schools or county government offices in the center's county reopen. Catered child care centers who wish to begin receiving meals prior to the opening of public schools or county government offices or who will not open when public schools or county government offices open should contact Family Central so that we may notify the caterer of the center's needs.

### **Self-Prep Centers:**

The center must have a plan in place in case a disaster were to impact the area.

Reimbursement for meals served post-disaster will be contingent upon centers following licensing authority regulations. The center will be responsible for all costs of meals incurred post disaster if the center



is deemed not to be operating within the licensing authority post-disaster guidelines.

Family Central staff will make every effort to contact each center to assess their immediate needs.

Family Central usually follows the school system closing procedures in the event of an emergency. If county public schools or county government offices are closed, Family Central's offices will be closed in that county. Since Family Central leases office space, the proper procedures must be followed as mandated by building owners. As such there may be other occasions that Family Central offices must remain closed.



# Catering Receipt - Sample

Delivery Date: 9/1/2010  
 Week: 1 Day: Wednesday

**DIANA FOOD GROUP**  
 4020 N.E. 10TH WAY  
 POMPANO BEACH, FL 33064  
 Phone: (954) 788-2749 Fax: (954) 788-3662



Group: Family Central  
 Lunch Menu: Menu C 2009  
 Breakfast Menu: Menu C 2009

	1-2	3-5	6-12	Totals
Breakfast	11	45	0	56
Lunch	11	45	0	56
Snack	11	45	0	56
Dinner	0	0	0	0

Route:  
 School:  
 Phone:

Qty	Container	Description		Portion Sizes			Packing Time/Temp	Receiving Time/Temp								
				1-2	3-5	6-12										
<b>Lunch Items - Hot</b>																
2	Deep	Chicken (Oven Fried)	20 pc.	1 pc	1 pc	1 pc	<table border="1"> <tr><td>200</td><td>8:55</td><td>10:10</td></tr> <tr><td>200</td><td></td><td>1:10</td></tr> <tr><td>200</td><td></td><td>1:45</td></tr> </table>	200	8:55	10:10	200		1:10	200		1:45
200	8:55	10:10														
200		1:10														
200		1:45														
1	Deep	Chicken (Oven Fried)	w/ 16 pc	1 pc	1 pc	1 pc										
1	Deep	Greens	80	2	2	3										
1	Shallow	Greens	40	2	2	3										
2	Deep	Mashed Potatoes	60	2	2	3										
<b>Lunch Items - Cold</b>																
1	Bag	Mini Corn Muffins	36 ea	1 ea	1 ea	2 ea										
1	Bag	Mini Corn Muffins	w/ 20 ea	1 ea	1 ea	2 ea										
<b>Afternoon Snack</b>																
1	Bag	Assorted Crackers	w/ 5 Slug	3 pc	3 pc	6 pc										
1	Bag	Cucumbers/Carrot/Celery Sticks	48 oz	1.4 oz	1.4 oz	2 oz										
1	Bag	Cucumbers/Carrot/Celery Sticks	w/ 31 oz	1.4 oz	1.4 oz	2 oz										
1	16 oz	Salad Dressing (Lowfat)-Ranch		0.4 oz	0.4 oz	0.4 oz										
1	8 oz	Salad Dressing (Lowfat)-Ranch		0.4 oz	0.4 oz	0.4 oz										
<b>Next Day Breakfast</b>																
1	Bag	Cantaloupe (Cubed/Sliced)	40 pc	1 pc	1 pc	1 pc										
1	Bag	Cantaloupe (Cubed/Sliced)	w/ 16 pc	1 pc	1 pc	1 pc										
1	Lg	English Muffin	w/ 28	0.5	0.5	0.5										
1	half	Margarine		0.2 oz	0.2 oz	0.2 oz										
1	quarter	Margarine		0.2 oz	0.2 oz	0.2 oz										

	Milk
	Light Blue (1%)
10	Half Gallon

32

*Mary*

Driver Signature \_\_\_\_\_ Time 8:55  
 I have thoroughly checked the above goods and find them to be complete and in good condition  
 Customer Signature \_\_\_\_\_ Date 9-1-10



# Meal Count Change Form – Sample



## DIANA FOOD GROUP

### CHILD CARE FOOD PROGRAM CATERED MEAL COUNT CHANGE FORM

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

Change Meal Count to:

Meal Type	Age 1	Ages 2	Ages 3–5	Ages 6-12	Totals
Breakfast					=
Lunch					=
Snack					=
Boxed Lunch					=

**\*PLEASE COMPLETE ALL BOXES\***

Ongoing - Start Date: \_\_\_\_\_

OR

Specific Date(s) Only – Date(s): \_\_\_\_\_

Menu Type: A  B  C  (PLEASE MARK **ONLY** IF CHANGE IS NEEDED)

NOTES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Center-Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\* Please allow at least 3 FULL Business Days for changes to take effect. \*\***

Fax to: Family Central at **954-724-4067** or

Email to: **Mealcountchanges@familycentral.org**

**Please do not write below this line:**

**Caterer Confirmation & Effective Change Date:**

Revised: August 2022



## Meal Count Change Forms

**Send Meal Count Change Forms, Caterer Deficiency Reports & Medical Statement with Substitution Requests to:**

**[mealcountchanges@familycentral.org](mailto:mealcountchanges@familycentral.org)**

**\*\*Child Care Centers are reimbursed for meals served, not for the amount of meals ordered.\*\***

**For Diana Food Group & NutriSpa:** 3 FULL business days are required to make a change

**For centers with their own caterer:** check with your caterer for meal count change time frames

### **Meal Count Change Form Best Practices:**

- × Fill in every column; Print clearly
- × Fax or Email to Family Central immediately - do not send Meal Count Change Forms with your claim.
- × Try not to order more than 2-3 extra meals for each age group; negative impact on reimbursement if too many meals are ordered
- × Regularly compare meal counts to number of meals being claimed in Minute Menu CX / KidKare
- Check **Monthly Claimed Meal Counts by Age Group Report in Minute Menu CX**: Click on the "Reports" > Click "Attendance"> Select "Monthly Claimed Meal Counts by Age Group"
- Check **Monthly Claimed Meal Counts by Age Group Report in Kidkare**: Click on the "Reports" > Click "Meals & Attendance"> Select "Monthly Claimed Meal Counts by Age Group"



**Monthly Claimed Meal Counts by Age Group**

Family Central, Inc. License: Center  
 TEST CENTER (44444) Claim Month: August 2023

Date	ATTENDANCE	Breakfast																			
		0-5 MONTHS	6-11 MONTHS	1 YEAR	2 YEARS	3-5 YEARS	6-12 YEARS	13-18 YEARS	ADULT	TOTAL	0-5 MONTHS	6-11 MONTHS	1 YEAR	2 YEARS	3-5 YEARS	6-12 YEARS	13-18 YEARS	ADULT	TOTAL		
08/02/2023	1				1					1											
<b>Totals</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>											

- × **If Diana or NutriSpa:** Do not send Meal Count Change Forms directly to the caterer
- × Do not send copies of Meal Count Change Forms with your claim - keep for you records

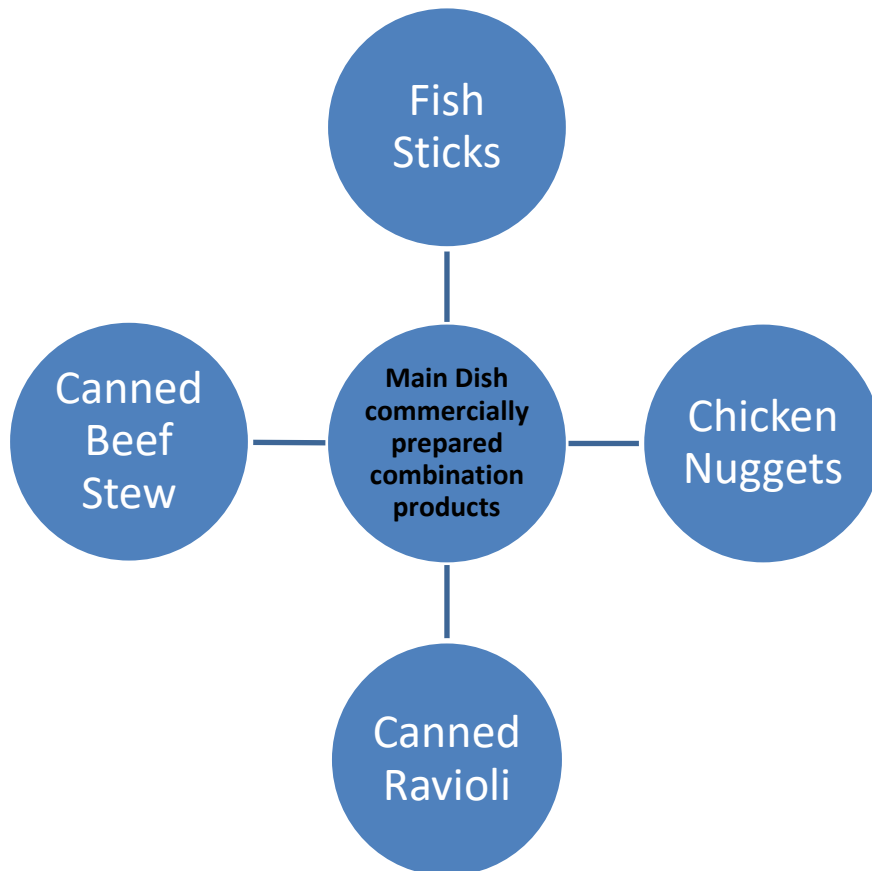
Use Meal Count Change Forms for ANY changes

- Boxed Lunches, closures, re-openings, menu change, meal time changes, etc.
- Caterer confirmations will be sent to you as soon as they are received

## Self-Prep Sites

### 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 (i.e.: 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.

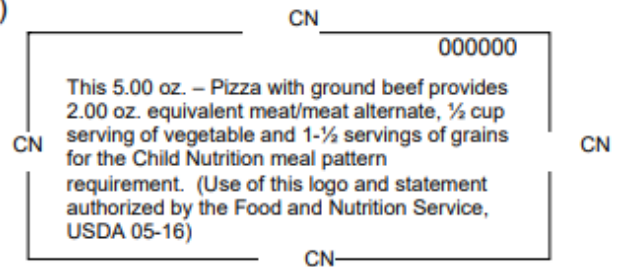
***The program provides a warranty against audit claims and disallowances for purchasers of CN-labeled products.***

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
- The month and year of approval



## Product Formulation Statements (PFS)

If a valid CN Label is not available, the contractor must obtain a PFS.

1. A PFS must be on signed letterhead that demonstrates how the processed product contributes to the meal pattern requirements.
2. Templates for documenting meal components are available on the FNS website at: <http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry>
3. PFS may be modified for various products contributing to more than one meal component. The crediting information for each meal component may be documented on the same PFS.



4. Creditable ingredients listed in the PFS must match a description in the Food Buying Guide for Child Nutrition Programs (see below)
5. PFS should verify that the product's contribution to the meal pattern requirements is not greater than the serving size of the product (i.e., a 2.15 ounce beef patty may not credit more than 2.00 ounce M/MA).
6. PFS should assure that the creditable components are in the finished product.

### **Standardized Recipes**

Standardized Recipes are recipes that have been carefully adapted and tested to ensure they will produce a consistent product every time they are used.

USDA-created standardized recipes can be found at:

<https://www.fns.usda.gov/tn/usda-standardizedrecipe>

A standardized recipe will help ensure that the best possible food items are produced every time and shall include the following:

- Recipe title, category (main dish, vegetable, soup/salad)
- Ingredients, weight and volume
- Preparation instructions, cooking temperature
- Serving size, recipe yield
- Cooking and serving equipment

### **Food Buying Guide**

The Food Buying Guide for Child Nutrition Programs has all the current information in one manual to help you and your purchasing staff.

- Buy the right amount of food and the appropriate type of food for your program(s)
- Determine the specific contribution each food makes toward the meal pattern requirements
- <https://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs>.



## 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

## Proper Cleaning to Remove Allergens



Wash with warm, soapy water



Rinse with clean water



Air dry



### Top 9 Allergens

But over 170 foods have caused food allergy reactions

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

## 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



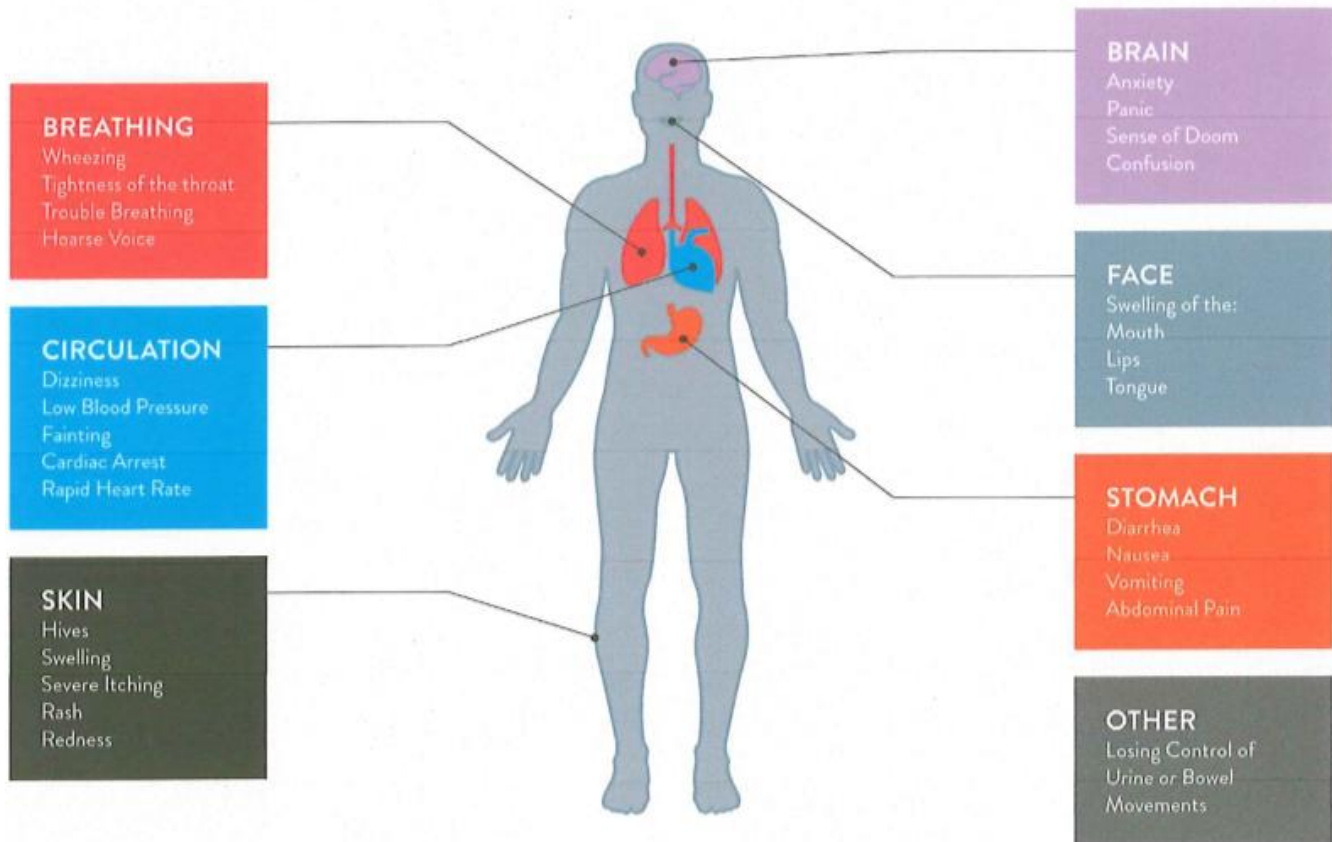
SESAME

### Top 9 Allergens

But over 170 foods have caused food allergy reactions

## 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 include<sup>1</sup>:



## 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

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

### **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:

**$10 \times \frac{1}{2}$  cup = 5 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.

## **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.

### **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 or dietary preference form 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).**

**Catered Centers (under Family Central's blanket catering contract):** The caterer is required to substitute food components of the meal for children with disabilities when the disability restricts their diet. Substitutions are made on a case-by-case basis and must be supported by a statement of the need for substitution that includes the recommended alternate foods. (The Medical Statement for Meal Modifications must be submitted to Family Central and not the caterer. A copy of the Medical Statement must be on file at the center. Family Central will coordinate with the caterer to ensure substitutions are delivered).

**Catered Centers with Independent Catering Contracts:** The caterer is required to substitute food components of the meal for children with disabilities when the disability restricts their diet. Substitutions are made on a case-by-case basis and must be supported by a statement of the need for substitution that includes the recommended alternate foods. (The Medical Statement for Meal Modifications must be kept on file at the center and a copy provided to Family Central). The center is responsible to work with the caterer to ensure the substitution is provided.

**Family Child Care Home Providers and Self -Prep Centers:** 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 Dietary Preference form or 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.



# Medical Statement

A state licensed healthcare professional who is authorized to write medical prescriptions under state law must complete Parts 2 and 3 and sign this form. In Florida, this includes a Physician, Physician's Assistant or Nurse Practitioner (ARNP). The parent or guardian must complete Part 1.

## PART 1: GENERAL INFORMATION - Completed by the parent/guardian

First and Last Name	Date of Birth
Name of Center/Care Provider	
Name of Parent/Guardian	Telephone Number

## PART 2: ACCOMODATIONS - Completed by a licensed medical professional

How does the participant's physical or mental impairment restrict their diet?

What food(s)/type(s) of food must be omitted? Please be specific.

List food(s) to be substituted for omitted food(s). (Avoid specific brand names, if possible)

Additional comments:

*Texture modification (Complete if needed):*

<input type="checkbox"/> Pureed	<input type="checkbox"/> Ground	<input type="checkbox"/> Bite-Size Pieces	<input type="checkbox"/> Other (specify)
---------------------------------	---------------------------------	---	--

## PART 3: SIGNATURE - Completed by a licensed medical professional

Licensed medical professional's name	Title: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner (ARNP) <input type="checkbox"/> Physician Assistant
Signature of licensed medical professional	Date signed
Medical office name and address	Phone number



## Dietary Preference Request Form

It is considered a dietary preference when you eat certain foods, or eliminate them from the diet, due to a general health concern and/or preference. This is not related to a disability. *For example: religious, ethnic, vegetarian, vegan.* **CCFP institutions/facilities are not required to, but strongly encouraged, to make meal modifications due to preference.**

Child's First and Last Name	Date of Birth
Name of Center/Care Provider	
Name of Parent/Guardian	Phone Number

**Dietary Preference (check all that apply):**

My child does not have a medical need or disability but I am requesting a dietary accommodation based on a dietary preference. *(Complete dietary accommodations section below)*

My child does not have a medical need or disability but I am requesting that they be served an approved fluid milk substitute in place of cow's milk: \_\_\_\_\_

**Dietary Accommodations:**  
List reason(s) for requested accommodation(s):

List specific food items to be omitted and substitutions requested below:  
(All food items MUST meet CCFP meal pattern requirements)

Foods to be Omitted	Foods to be Substituted

Parent/Guardian may supply ONE food item per meal. Check below and list food item(s) that will be supplied by parent/guardian

I will provide the following food item(s) \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This request  will be accommodated  will not be accommodated by child care center





## **Meal Times**

Centers must choose official meal times for each meal served. Meals must be served within assigned meal times to be claimed for reimbursement. Center staff may begin preparing meals before the assigned meal time, but may not serve the meals until the official meal time has begun. Children may continue eating outside of meal times, but any meals served outside of the official meal time cannot be reimbursed.

- A maximum of **two** hours per meal is allowed.
- At least one hour must elapse between the end of each meal time and the beginning of the next.

**Meal times cannot be changed without prior approval.**

## **Monitoring Visits**

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 centers to help correct any problems and provide additional training or technical assistance when necessary.

Sponsoring organizations must review each center **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 center during their review summary. Any findings must be corrected and will be revisited by the monitor within 30 days.



Name and Address of Center:		<b>Child Care Food Program SITE REVIEW FORM</b> (For Use by Sponsors of Affiliated and Unaffiliated Centers)			Name of Sponsoring Organization:		
Required Visit: (circle one) 1      2      3      F/U					Family Central, Inc 1415 W Cypress Creek Road, #103 Fort Lauderdale, FL 33309		
Refer to Instructions Before Completing the Review							
CCC License #	Exp. Date	Capacity	Enrollment	Date of Review	Arrival Time	Departure Time	
Meals Approved to Claim: B   MS   L   AS   S   ES		Meal Observed: B   MS   L   AS   S   ES <input type="checkbox"/> Non-Meal Review (U's only)			Date of Last Site Review: _____ Date of Last F/U Review: _____ CAP Required    Yes ___ No ___ Failed 5-Day Test    Yes ___ No ___		
RECORD KEEPING/ELIGIBILITY REQUIREMENTS				YES	NO	N/A	COMMENTS
1. The center has a current license and operates within its licensed capacity, age limits, and staff/child ratios.							
2. The center has a current license/permit/certificate, which allows for operation of food service.							Date of last inspection: _____
3. The center has an up-to-date enrollment roster for this fiscal year.							
4. Copies of completed Free and Reduced-Price applications are on file at the center for every child who is claimed as free or reduced.							
5. Copies of current and complete Enrollment Forms and CCFP Child Participation Forms are on file at the center for every child.							
6. Copies of complete and accurate Infant Feeding Forms are on file at the center for each child under the age of 12 months, if applicable.							
7. If for-profit, the center has the required number of low-income children enrolled to be eligible for the CCFP.							
8. The center is taking daily attendance on an approved form and copies of attendance records are accurately maintained at the center for all enrolled children.							
9. The center retains program records for the current fiscal year plus the prior three years (or number of years on program if less than three years).							
10. If the center receives catered meal service, a current catering contract is on file that meets DOH policies.							
11. The center followed proper procurement procedures (formal or informal) to secure a catered meal service contract.							
12. If the initial meal service contract totals \$50,000 or more, the center submitted required documents to the sponsor for DOH written approval before signing contract.							
PHYSICAL ENVIRONMENT/FOOD AND NUTRITION				YES	NO	N/A	COMMENTS
13. Employees, volunteers, and/or substitutes handling food do not show signs of communicable disease.							
14. Employees, volunteers, substitutes and children wash their hands properly, frequently, and at appropriate times.							
15. Food is obtained from approved sources that meet federal and state health standards.							
16. Refrigeration units are maintained at 41° F or below and freezers are maintained at 0° F or below.							
17. Cleaning supplies are stored separately from food.							
18. There is no evidence of rodent or insect infestation.							
19. Potentially hazardous foods are maintained, and (if catered), delivered at the proper temperatures.							
20. Prepared food is stored in clean, covered containers that are clearly labeled and marked with date of preparation.							
21. Proper procedures are followed for washing, rinsing, sanitizing utensils, food preparation equipment, and food contact surfaces.							



When observing a meal, answer all questions in the following section. If this is a non-meal review (Sponsors of Unaffiliated Centers only), answer questions marked with an asterisk (\*) and mark all others "N/A".

MEAL OBSERVATION	YES	NO	N/A	COMMENTS				
22. Posted Menu:	Observed Meal: <input type="checkbox"/> Same as posted menu							
23. The observed meal was served at the proper time.								
24. The observed meal corresponds to the posted menu.								
25. The observed meal contains all required components, served in the required quantities. If no, list any missing and/or inadequate components:								
26. If catered, the observed meal meets all requirements of the Catering Contract, including delivery, receipt and service. (Refer to Catering Contract Review).								
27. All the meals on the posted weekly or monthly menu meet minimum CCFP meal pattern requirements.* Refer to Meal Pattern/Menu Review Guidance.								
28. If using commercially processed/main dish combination foods, the center is following regulatory guidelines.*								
29. Ready-to-eat cereal products served contain no more than 6 grams of sugar, per serving.*								
30. One grain serving per day, across all eating occasions, is 100% whole grain.								
31. Grain based desserts are not served as part of a reimbursable meal.*								
32. Juice is served no more than once a day.*								
33. Flavored milk is not served to children under 6 years of age.*								
34. Flavored milk is fat-free (skim) or lowfat (1%) milk, and served only to children 6 years and older.*								
35. Low-fat (1%) and/or fat-free (skim) milk is being served to children age 2 and older.*								
36. The observed meal contains a variety of colors, textures, etc.								
37. The center follows regulatory requirements for feeding infants.*								
38. If applicable, parent notes and/or medical statements are maintained on file authorizing menu substitutions.*								
39. An accurate meal count is taken at the point of service and recorded within one hour of meal service.*								
40. If required, the center records meal counts by name.*								
41. If taking meal counts by name, or by individual classrooms, the site consolidates them on the Monthly Meal Count Record form on a daily basis.*								
TRAINING AND MONITORING	YES	NO	N/A	COMMENTS				
42. Program staff has attended required sponsor training.								
43. Issues of non-compliance noted on previous reviews have been completely and permanently corrected.								
CIVIL RIGHTS	YES	NO	N/A	COMMENTS				
44. The organization 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.								
45. The "And Justice for All" poster is posted in a conspicuous place.								
46. The WIC flyer and Building for the Future letter are posted in a conspicuous place or distributed to parents.								
47. Record meal count by child's racial/ethnic categories below:								
<b>Ethnicity</b> (Combined ethnicity total should equal the observed meal count)			<b>Race</b> (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 =
48. If any civil rights problems are identified in questions #44-47 above, please provide an explanation in the Review Summary. <input type="checkbox"/> N/A								



**5-DAY TEST**

49. Meal count on day of review \_\_\_\_\_ Do not complete for a non-meal review (U's only)

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 the 5 previous weekend day meal counts for weekend reviews.

$$\boxed{\phantom{00}} + \boxed{\phantom{00}} + \boxed{\phantom{00}} + \boxed{\phantom{00}} + \boxed{\phantom{00}} = \boxed{\phantom{00}} \text{ Meal Count Total} \text{ Divided by } 5 = \boxed{\phantom{00}} \text{ Average} \text{ X } .85 = \boxed{\phantom{00}}$$

Dates: \_\_\_\_\_

50. 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", the center "passed" the 5-Day test. If "No", obtain an explanation.

51. If #50 was answered "No," was the explanation provided adequate? Yes \_\_\_\_ (Center "passed" 5-Day Test)  
No \_\_\_\_ (Center "failed" 5-Day Test; CAP and follow-up are required)

**5-DAY RECONCILIATION**

52.

Date	Enrollment Total	Attendance Total	Total Meal Counts					
			Breakfast	Morning Snack	Lunch	Afternoon Snack	Supper	Evening Snack

53. Do any meal counts for the five consecutive days reviewed exceed the center's licensed capacity or ratio limits? Yes \_\_\_\_ No \_\_\_\_  
If yes, is the center approved to provide the same meal type(s) during different shifts? Yes \_\_\_\_ No \_\_\_\_

54. 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, a meal disallowance may be necessary.**

REVIEW AND SUMMARY	YES	NO	N/A	COMMENTS
55. Is a disallowance required?				
56. Is a Corrective Action Plan (CAP) required?				
57. Is a Follow-Up review required?				
58. Is a Warning Letter being issued? (Sponsors of Unaffiliated Centers only)				



<u>ITEM #</u>	<u>REVIEW SUMMARY</u>

A corrective action plan (CAP) addressing the issues of noncompliance identified above must be received by the sponsor by close of business on \_\_\_\_\_. **The CAP must describe those actions being taken to correct each issue of noncompliance and the date by which each issue of noncompliance will be corrected.**

TRAINING MATERIALS PROVIDED: \_\_\_\_\_  
 \_\_\_\_\_

Center Representative: \_\_\_\_\_ Date \_\_\_\_\_

Sponsor Representative: \_\_\_\_\_ Date \_\_\_\_\_

Sponsor's Second Party Check: \_\_\_\_\_ Date \_\_\_\_\_

Revised 12/2017

S-058-22



## 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 center staff understand 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?

Due Date: _____	Name of Center/Facility: _____		Page _____ of _____
Sponsor Fax #: _____			
<b>Child Care Food Program</b> <b>CORRECTIVE ACTION PLAN</b> (For Sponsors of Affiliated and Unaffiliated Sites)			
ISSUES OF NONCOMPLIANCE	CORRECTIVE ACTION	INDIVIDUAL RESPONSIBLE	IMPLEMENTATION DATE
CENTER REPRESENTATIVE _____ DATE _____			
SPONSOR REPRESENTATIVE _____ DATE _____		<input type="checkbox"/> Approved <input type="checkbox"/> Denied	
4/2009		S-052-05	



## **Meal Disallowances**

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

- Meals claimed for children without any enrollment/participation information on file (school enrollment or F/R application)
- Meals claimed for children who have an expired F/R application or school enrollment form
- Meals/snacks claimed in excess of the center's licensed capacity
- Meals/snacks claimed outside of meal times
- Meals served to children over age 13 (unless there is a Medical Statement for special needs or the parent is a migrant worker)
- Meals that do not meet the CCFP Meal Pattern (unless there is a Medical Statement on file)
- Meals claimed over the amount of catered meals ordered
- Pre-recording or not recording by the end of business day

## **Claim Submission & Review**

**CLAIM PACKAGES MUST BE RECEIVED BY THE 5<sup>TH</sup> OF THE MONTH.**

In order for the claim to be processed, the claim must be complete and accurate. Submission of incomplete paperwork may result in a delay of claim reimbursement to the center.

Your organization must continue to maintain records to backup reimbursement claims. These records may include menus, meal counts, attendance, Free and Reduce-Priced Meal Applications, CCFP enrollment rosters, and expenditure documentation.

Submission of attendance and meal counts is submitted online through Minute Menu CX/Kidkare.

**Submitting the claim online through Minute Menu CX/Kidkare:**



Centers claiming meals online through Minute Menu CX/Kidkare must submit the claim data information monthly by the 5<sup>th</sup> day of the following month.

**After reviewing information entered in Minute Menu CX:**

- Click on the **"Submit Claim"** button
- Check information and the click **"submit"** button again
- Printing Reports is optional. All reports are available for view in Minute Menu CX at all times.
- A message will pop up: **"The number of meals that you've recorded does not equal the number of days you've recorded menus"**. This is correct - click **"Yes"** to continue.
- After reading the next message **"ATTENTION CENTER..."** click **"Yes"** again to finalize the submission process.


**After reviewing information entered in Kidkare:**

- Click **"Claims"**
- Click **"List Claims"**
- Click **"Submit"** button for the corresponding month.
- Printing Reports is optional. All reports are available for view in Kidkare at all times.
- A message will pop up: **"The number of meals that you've recorded does not equal the number of days you've recorded menus"**. This is correct - click **"Yes"** to continue.
- After reading the next message **"ATTENTION CENTER..."** click **"Yes"** again to finalize the submission process.





## Claim Package Checklist - Sample



**Family Central's Sponsored Centers  
Child Care Food Program Claim Package Checklist**

**Please Complete & Submit this Checklist with Monthly Claim**

**Claim Package MUST BE RECEIVED BY THE 5<sup>th</sup> OF THE MONTH**

**Claim MUST be Complete and Accurate** in order for your claim to be processed.  
Submission of incomplete paper work may result in a delay in claim reimbursement to your center.

**Center:** \_\_\_\_\_ **Month:** MONTH YEAR

\_\_\_\_\_ **Free and Reduced-Price Applications for newly enrolled children with completed enrollment and child participation information**  **KEEP PINK COPIES ONLY** \_\_\_\_\_  
 \_\_\_\_\_ **or DCF/center enrollment forms with completed enrollment and child participation information**

\_\_\_\_\_ **Copy of Infant Feeding Form for all newly enrolled infants**  **KEEP YELLOW COPIES ONLY** \_\_\_\_\_

\_\_\_\_\_ **Original Personnel Activity Reports**  
**Employee & Supervisor Signatures Required (Please Write Center's Name)**

\_\_\_\_\_ **Receipts for food (including infant foods) and CCFP supplies**  
*(Make sure Receipts are securely bound with Clips or in an Envelope with Center's Name)*

\_\_\_\_\_ **Delivery receipts from caterer**  **KEEP ONE SET FOR YOUR RECORDS**  
*(EVERY Delivery Receipt must have Time, Date, Signatures & Temperatures)*  
*(Please indicate date(s) of any missing delivery receipts) Missing Receipts \_\_\_\_\_*

\_\_\_\_\_ **Weekly Attendance & Meal Count Report—Submitted Via MMCX**

\_\_\_\_\_ **Copy of Enrollment/Attendance Verification Forms for all subsidized children funded by the CCDF Title XX Funding Pool (Subsidized Attendance from ELC)**

\_\_\_\_\_ **Self-Prep Sites:**  
 Copies of Menus for the month *(With substitutions noted if applicable)*

\_\_\_\_\_ **Catered Sites:**  
 Copies of Menus required only if menu items have been changed

\_\_\_\_\_ **Sites with Own Catering Contract:**  
 Proof of payment to caterer for prior month's invoice  
*(Ex: Cancelled check, credit card receipt, EFT advice)*

\_\_\_\_\_ **Center Representative Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Family Central Staff Signature** \_\_\_\_\_ **Date**

*Revised: February 2023*



## Follow-Up Reports

Centers will receive a monthly report, in addition to their Claim Summary Report, directly from their assigned claims specialist each month. This report will detail any missing information or paperwork that is needed to improve the next month's claim process.

### Follow-Up Report - Sample

<b>Family Central, Inc.</b>				
<b>Child Care Food Program</b>		<b>Follow-up</b>		<b>Date: 01/02/12</b>
*Please <u>Mail Original Applications</u> and Fax other information back to .....954-724-4067 Thank you.				
Center's Name: XYZ SCHOOL		Attn: Janice Doe		Fax # 954-874-6475
Please make sure all relevant sections on food applications are completed including income frequency if parents are listing household income data. If we do not receive a Free and Reduced-Price Meal Application, or until we do, we will need an enrollment form that has parent signature, signature date, phone number and address, child's name, start date, DOB, hours of care, meals received and days of care. If current enrollment information is not available for that child, meals will be disallowed. You may use the DCF enrollment form included in your monthly packet as it has all the information required. Thank you.				
Child's First Name	Child's Last Name	Application Expiration Date	Information / Document Missing	Result / Comment
John	Doe	1/31/2012	Meal application	
Jane	Doe		Primary hours of care, meals served while in care & days of week	
Peter	Doe		New meal application - copy on file contains white out	
John	Smith		Infant Feeding Form	
Jane	Smith		Home address & phone number	
Peter	Smith		Original copy of meal application - Faxed copy on file	



## **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
- Wash hands before putting on gloves and after removing gloves
- Wear clean outer clothing

**Handwashing is one of the most important ways to promote food safety.**

Wash your hands:

- When you enter the kitchen
- After using the restroom
- After sneezing/coughing, or after touching any part of your body (face, hair, etc.)
- After handling any raw animal products (eggs, meat, etc.)
- After performing any non-food preparation activity (changing diapers, taking out the trash, using the phone, eating, etc.)
- Before touching any food, utensil, or food-contact surface
- Before using or when changing gloves
- At least every 4 hours

**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.

### 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.

**\*\*As a reminder, Family Central's catering contract requires hot food be delivered at 140 °F or higher. If the center has an independent catering contract, the Standard Catering Contract requires hot food be delivered at 135°F or higher.\*\***

- 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.
- 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



- o In a microwave (and use immediately)
- o As part of the cooking process (frozen patties, nuggets, pizza, lasagna, chili, soup)
- Chilling Foods:
  - o When cooling hot foods for later use, they must be cooled rapidly
  - o Divide food into small batches and chill in shallow containers.

**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.

Food supplied by the caterer must be inspected for quality and safety. At the time of delivery, ensure that foods are:

- Accepted by child care staff who are trained in food specifications, quality standards, and sanitation requirements
- Delivered according to the "Catered Meal Acceptance Guidelines"
- Delivered at appropriate temperatures





- Delivered in proper containers and/or packaging
- Maintained at proper temperatures until meal service

Discard any leftover food after the meal or after 4 hours pass from the delivery time of the food, whichever occurs first.

## **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: <https://www.fda.gov/food/infant-formula-guidance-documents-regulatory-information/exempt-infant-formulas-marketed-united-states-manufacturer-and-category>
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://www.fns.usda.gov/tn/feeding-infants-child-and-adult-care-food-program>

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

Formula(s) offered: \_\_\_\_\_

\_\_\_\_\_

Infant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to all enrolled infants. Solid foods are offered only when authorized by parents and when each infant is developmentally ready, in accordance with the CCFP Meal Pattern.

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

**Parents, please complete the following:**

**Breastmilk** - Please check if you plan to do one or both:

- Provide pumped breastmilk
- Visit facility to nurse

**Infant Formula:**

- I accept the formula(s) offered by the facility
- I prefer to supply my own formula: \_\_\_\_\_

Record changes and updates below, as needed (i.e. infant switches from breastmilk to a center-provided infant formula).

Notes	Date	Parent Initials

Please attach additional pages as needed.

- This facility has not requested or required me to provide infant formula or food.**
- If desired, I understand I may supply only one component per meal.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

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



## 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):



- o Infant is able to sit in a high chair or infant seat with good head control
- o 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
- o Infant can move food from a spoon into his or her throat
- o 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.

# Meal Pattern for Infants

*Birth - 11 months*



## Breakfast, Lunch, and Supper

3 required components when developmentally ready

### Breastmilk or Formula

required for all infants

birth - 5 mos

6 - 11 mos

breastmilk, formula, or portions of both	4 - 6 oz	6 - 8 oz
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### Good Sources of Iron

required when infant is developmentally ready- choose one or more of the following

infant cereal		0 - 1/2 oz eq
meat/poultry/fish/whole egg		0 - 4 Tbsp
cooked dry beans and peas		0 - 4 Tbsp
cheese		0 - 2 oz
yogurt/cottage cheese		0 - 4 oz

### Fruits or Vegetables

required when infant is developmentally ready

fruits, vegetables, or portions of both		0 - 2 Tbsp
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## Snack

3 required components when developmentally ready

### Breastmilk or Formula

required for all infants

birth - 5 mos

6 - 11 mos

breastmilk, formula, or portions of both	4 - 6 oz	2 - 4 oz
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### Grains

required when infant is developmentally ready- choose one or more of the following

bread		0 - 1/2 oz eq
crackers		0 - 1/4 oz eq
infant cereal		0 - 1/2 oz eq
cereal, dry: flakes or rounds		4 Tbsp or 1/4 cup
cereal, dry: puffed		5 Tbsp or 1/3 cup

### Fruits or Vegetables

required when infant is developmentally ready

fruits, vegetables, or portions of both		0 - 2 Tbsp
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Please note, portions listed are minimums. Serving larger portions is encouraged.

JUNE 2022



# Meal Pattern for Infants

## Important Reminders

### Breastmilk and Formula

- Breastmilk, 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.
- Breastmilk is creditable for children of any age.
- Some breastfed infants consume less than the minimum amount of breastmilk per feeding. A meal containing less than the minimum amount of breastmilk may still be claimed as long as additional breastmilk is offered at a later time.
- Infant formula must be iron-fortified. Facilities must offer at least one infant formula. It is strongly encouraged to offer two; one milk-based and one soy-based.
- If an infant is not yet ready for solids, then a meal containing only breastmilk or formula is creditable, regardless of whether the parent or provider provides it.
- 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.
- Fruits and vegetables may be served as separate items or may be combined (e.g. apple/banana/pumpkin).

### Grains

- Grain 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.
- Infant cereal must be iron-fortified.
- Only ready-to-eat breakfast cereals containing 6 g of sugar or less per dry ounce may be served. See 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.
- Once an infant is developmentally ready to accept solid foods, the institution or facility is required to offer them to the infant.
- Solids 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.
- Solids can be either home-prepared baby foods or commercially-prepared baby foods.
- If commercially-prepared combination foods are offered (e.g. chicken and rice), documentation from the manufacturer must be on file stating the portion of each component.
- 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.
- Yogurt must have no more than 23 g sugar/ 6 oz. Soy yogurt is not creditable for infants.

JUNE 2022

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## Creditable Infant Foods: Ages 0 – 5 months

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### **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](http://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 1<sup>st</sup> 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.

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## Creditable Infant Foods: Ages 6 – 11 months

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**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 (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

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## NON-Creditable Infant Foods

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***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**



Name of Child Care Facility: \_\_\_\_\_

## 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 style="text-align: center;"><b>Breakfast, Lunch/Supper, and Snack:</b></p> <p style="text-align: center;"><u>Breastmilk and/or iron-fortified infant formula</u></p>																								
6 to 11 Months																								
<p style="text-align: center;"><b>Breakfast and Lunch/Supper:</b></p> <p style="text-align: center;"><u>Breastmilk and/or iron-fortified infant formula</u></p> <p style="text-align: center;"><u>*One or more of the following:</u></p> <p style="text-align: center;">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 style="text-align: center;"><u>*A variety of vegetables and/or fruits:</u></p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="padding: 2px;">Carrots</td> <td style="padding: 2px;">Applesauce</td> </tr> <tr> <td style="padding: 2px;">Green Beans</td> <td style="padding: 2px;">Bananas</td> </tr> <tr> <td style="padding: 2px;">Mixed vegetables</td> <td style="padding: 2px;">Mixed fruits</td> </tr> <tr> <td style="padding: 2px;">Peas</td> <td style="padding: 2px;">Peaches</td> </tr> <tr> <td style="padding: 2px;">Potatoes/sweet potatoes</td> <td style="padding: 2px;">Pears</td> </tr> <tr> <td style="padding: 2px;">Squash</td> <td></td> </tr> </table> <p style="text-align: center; margin-top: 10px;"><b>Snack:</b></p> <p style="text-align: center;"><u>Breastmilk and/or iron-fortified infant formula</u></p> <p style="text-align: center;"><u>*One or more of the following:</u></p> <p style="text-align: center;">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 style="text-align: center;"><u>*A variety of vegetables and/or fruits:</u></p> <table style="margin-left: auto; margin-right: auto; border: none;"> <tr> <td style="padding: 2px;">Carrots</td> <td style="padding: 2px;">Applesauce</td> </tr> <tr> <td style="padding: 2px;">Green Beans</td> <td style="padding: 2px;">Bananas</td> </tr> <tr> <td style="padding: 2px;">Mixed vegetables</td> <td style="padding: 2px;">Mixed fruits</td> </tr> <tr> <td style="padding: 2px;">Peas</td> <td style="padding: 2px;">Peaches</td> </tr> <tr> <td style="padding: 2px;">Potatoes/sweet potatoes</td> <td style="padding: 2px;">Pears</td> </tr> <tr> <td style="padding: 2px;">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																							
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																								

\*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*.

Effective August 2016

I-123-0