



TRAINING INSTRUCTIONS

To validate your participation in this training and receive your certificate of attendance, you are required to complete a survey.

After finishing the civil rights section, please use the link provided on the last slide to access the survey. Upon survey submission, your certificate will be generated and available for printing. A copy of the certificate will also be emailed to you automatically.

Please be sure to ask any questions related to the annual training in the relevant section of the survey. All questions will be answered through an email Q&A document, once the training period ends.



Welcome, Centers!

Child Care Food Program Annual Training

2024-2025





Agenda

1. Updates
2. Common Errors
3. CCFP and Disabilities
4. Catered Meal Acceptance Guidelines
5. Food Safety and Sanitation
6. Program Reminders
7. Maintaining Records
8. Reimbursement - Rates 2024-2025
9. Meal Pattern
10. Combination Foods
11. Infants
12. Integrity in the CCFP
13. Claims Submission and Review
14. Civil Rights



A decorative border surrounds the central text. It features various vegetables: a red chili pepper, a yellow pepper, a green leaf, a leek, two red tomatoes, a carrot, and a bunch of green leafy vegetables. A small speaker icon is located in the top left corner. The background is a light beige color with faint watercolor splatters and small green dots.

01

Updates



Updated Requirements


Implementation Date

Added Sugar	<ul style="list-style-type: none">• Breakfast Cereal: Must contain no more than 6 gr of added sugar per dry ounce.• Yogurt: Must contain no more than 12 gr of added sugars per 6 ounces.	October 1, 2025
Meal Modification	Clarifies that both state licensed healthcare professionals and registered dietitians may write medical statements to request meal modifications on behalf of participants with disabilities.	October 1, 2025
Nuts and Seeds	Allows nuts and seeds to credit for the full meats/meat alternates component , removing the 50 percent crediting limit for nuts and seeds at breakfast, lunch, and supper.	July 1, 2024
Fluid Milk Substitutes	Per 8 fluid ounces: <ul style="list-style-type: none">• Vitamin A – 150 mcg retinol activity equivalent (RAE)• Vitamin D – 2.5 mcg	July 1, 2024
Miscellaneous Changes	Changes references to “dry beans and peas (legumes)” to “beans, peas, and lentils.” Changes references from “food components” to “meal components.”	July 1, 2024




Updated Resources

- Medical Statement
- Dietary Preference Form
- Accommodating Meal Modification Requests Due to Disability or Preference
- Crediting Combination Foods in the CCFP
- Creditable Infant Formulas
- WIC Cereal List 2024-2025
- Milk Substitutes and Creditable Milks 2024



These documents may look a little (or a lot) different in their updated form, but the information is essentially the same.

One change to note would be the addition of *refrigerated Silk Soy Milk* to the Milk Substitutions List!



Medical Statement

Medical Statement

A state licensed healthcare professional who is authorized to write medical prescriptions under state law or registered dietitian must complete Parts 2 and 3 and sign this form. In the Florida COPC, a licensed medical professional is a Physician, Physician's Assistant and Nurse Practitioner (ARNP). A Registered Dietitian (RD) may also complete and sign the form. 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. ACCOMMODATIONS - 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 avoided? Please be specific.

<p>If a "Cow's Milk"/Dairy allergy, can the child eat the following:</p> <p>1. Milk/Dairy products in baked goods? Y or N</p> <p>2. Milk/Dairy products like Mac & Cheese/Alfredo sauce? Y or N</p> <p>3. Yogurt? Y or N</p> <p>4. Cheese? Y or N</p>	<p>If Eggs/Whole Eggs are listed as an allergy but stated can be "cooked in", can the child eat the following:</p> <p>1. Baked breads with egg ingredient? Y or N</p> <p>2. French toast? Y or N</p> <p>3. Foods with mayonnaise as an ingredient? Y or N</p>
--	--

Additional comments:

Feature modification (Complete if needed):

Paved Sealed Blue-Sea Pavers Other (specify): _____

PART 3. SIGNATURE - Completed by a licensed medical professional or registered dietitian

Licensed medical professional's name _____ Title: Physician Nurse Practitioner (ARNP) Physician Assistant Registered Dietitian (RD)

Signature of licensed medical professional or registered dietitian _____ Date signed _____

Medical office name and address _____ Phone number _____

This institution is an equal opportunity provider. May 2024

<p>If a "Cow's Milk"/Dairy allergy, can the child eat the following:</p> <p>1. Milk/Dairy products in baked goods? Y or N</p> <p>2. Milk/Dairy products like Mac & Cheese/Alfredo sauce? Y or N</p> <p>3. Yogurt? Y or N</p> <p>4. Cheese? Y or N</p>	<p>If Eggs/Whole Eggs are listed as an allergy but stated can be "cooked in", can the child eat the following:</p> <p>1. Baked breads with egg ingredient? Y or N</p> <p>2. French toast? Y or N</p> <p>3. Foods with mayonnaise as an ingredient? Y or N</p>
--	--

Title:

Physician Nurse Practitioner (ARNP)

Physician Assistant Registered Dietitian (RD)



Dietary Preference Form

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. All substituted foods MUST meet CCFP meal pattern requirements in order to be claimed.

NAME'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 reasons for requested accommodation(s):)

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

Foods to be Omitted	Foods to be Substituted

Parent/Guardian may supply ONE food item per meal (food supplied MUST meet CCFP meal pattern requirements). 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 the child care center

This institution is an equal opportunity provider. April 2024 Sample

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





Milk Substitutions

Creditable Non-Dairy Beverages Approved for Use in the CCFP

Find these on store shelves:
(shelf-stable)

For Children
Ages 1-5
(Unflavored
Only)



Kikkoman Pearl Organic Soy milk Smart Original



Silk Original Soy milk



Pacific Ultra Soy Original



Ripple Original Dairy Free Milk



Sunrich Naturals Original Soy milk

For Children
Ages 6
and Older
(Flavored)



Kikkoman Pearl Organic Soy milk Smart Vanilla



Kikkoman Pearl Organic Soy milk Smart Chocolate



Ripple Vanilla Dairy Free Milk



Ripple Chocolate Dairy Free Milk



Sunrich Naturals Soy milk Vanilla



Silk Soy milk Very Vanilla



Silk Soy milk Chocolate

Find these in
the refrigerated
section:



Silk Original Soy milk



Better Goods Original Soy milk (formerly "Great Value" brand)



8th Continent Soy milk Original



8th Continent Soy milk Vanilla



Kidkare – “Select All”

Menus/Attendance > Attendance & Meal Count

06/23/2023 All Classrooms Lunch Meal Time: 11:45 AM - 01:00 PM Save

Totals IN (12) OUT (5) B 0 A 12 L 12 P 0 Staff Meal Count 0 Daily Attendance **Select All**

Classroom Bumble Bee IN (8) OUT (0) B 0 A 8 L 8 P 0

Chicken Little (SD) 6y LA	ATT <input checked="" type="checkbox"/>	Daffy Duck (SD) 3y AL	ATT <input checked="" type="checkbox"/>	Dora Explorer 10y AL	ATT <input checked="" type="checkbox"/>	Fancy Nancy 5y AL	ATT <input checked="" type="checkbox"/>	Hello Kitty 5y AL	ATT <input checked="" type="checkbox"/>	I am G 1y AL	ATT <input checked="" type="checkbox"/>
---------------------------------	---	-----------------------------	---	----------------------------	---	-------------------------	---	-------------------------	---	--------------------	---

Peppa Pig
5y
AL

Stanley Moon
5y
AL

Classroom Butterflies IN (1) OUT (0) B 0 A 1 L 1 P 0

Boss Baby (SD)
3y
AL

ATT



- Children
- eForms
- Menus/Attendance >
 - Attendance & Meal Count
 - Daily Menu
 - Menu Templates
 - Menu Calendar
- Calendar
- Claims
- Parachute
- Reports
- Administration
- Messages
- Get Help

Meal Time: 07:00 AM - 09:00 AM

« 08/29/2024 » 3-5 « Breakfast » Save 🔍

Daily Attendance

Classroom 3-5	IN (0)	OUT (46)	B 0	L 0	P 0
---------------	--------	----------	-----	-----	-----

Barranco, Alinita (SD) 3 y <input type="checkbox"/>	Cadogan, Lerna 4 y <input type="checkbox"/>	Campbell, Herbert 4 y <input type="checkbox"/>	Casas, Sandra 3 y <input type="checkbox"/>
Davis, Sarah 5 y <input type="checkbox"/>	Diaz, Alex 5 y <input type="checkbox"/>	Edri, Sammi 3 y <input type="checkbox"/>	Frank, Wilma 3 y <input type="checkbox"/>

A decorative border surrounds the central text, featuring watercolor-style illustrations of various vegetables. In the top left, there is a green leaf, a red chili pepper, and a yellow pepper. In the top right, there is a green leaf, a yellow pepper, and a head of green broccoli. In the bottom left, there is a green leaf, a leek, and two red tomatoes. In the bottom right, there is a carrot with green stalks and a green leaf. The background is a light beige color with faint watercolor splatters and small green dots.

02

Common Errors



Meal Counts Not Being Recorded

- ❖ An accurate meal count must be taken at point of service and **recorded within one hour.**
 - ✓ Print your “Weekly Attendance + Meal Count Reports” **weekly.**
 - ✓ Sign-in/sign out sheets are **NOT** permitted.
 - ✓ Meal counts **cannot** be repeated to your monitor off the top of your head.
 - ✓ Meal counts are **NOT** based off of attendance
- ❖ All meals for each child **MUST** be recorded in Minute Menu CX/Kidkare by the **end of each business day.**
- ❖ Meal counts **CANNOT** be changed after the end of the business day.

Centers will receive a meal disallowance and a Corrective Action Plan if meals are not recorded or are changed.

Weekly Attendance & Meal Count Report
Week Of 9/5/2011 - 9/9/2011

MM Center 12345 (872) 871-8211 Sponsor: Minute Menu Centers Inc. 832-456-7890

CLASSROOM #	2A	09/05/2011					09/06/2011					09/07/2011					09/08/2011					09/09/2011				
		M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F
AGE	NBR	CHILD NAME																								
02:30	251	Boston, Jennifer																								
02:30	345	Carrillo Padron, Roberto																								
02:30	290	Clark, Christine																								
02:30	233	Clark, Wendy																								
02:30	309	Clark, Natalie K.																								
02:30	283	Clark, Thomas W.																								
02:30	216	Cooper, Mia																								
02:30	354	Dalsiden, Samantha Kay																								
02:30	266	Evans, David																								
02:30	72	Perez, Dawn																								
11																										
12																										
13																										
14																										
15																										
16																										
17																										
18																										
19																										
20																										
21																										
22																										
* Special One																										
Daily Totals																										
Total Nbr of Program Staff Meals																										

CNFORMIDI 008 I certify that the information on this form is true and correct to the best of my knowledge and that I mark only an "X" within the boxes. This may be used by a machine. Page 1 of 1
56475 I will retain responsibility only for eligible meals served to eligible participants. I understand that non-compliance may result in penalties under applicable state or federal actions. Teacher: Mike Brayer Date: 9/10/11



Block Claiming



- ❖ Block claiming is claiming the exact same number of meal counts for **15 or more consecutive days**.
- ❖ Meal counts should **NOT** be based on daily attendance records, delivery receipts or enrollment.
- ❖ Block claiming is considered a misuse of CCFP funds.
Household contacts may be conducted by Family Central to verify actual attendance and meal service.
- ❖ Additional action may be taken as necessary.





Meal Counts Over Catering

Required Portions

When a center **serves more meals** than ordered from the caterer, it may result in children not receiving the required portion of food.

Meal Counts

Meal counts **MUST be reviewed** on a regular basis to ensure enough meals are ordered for each age group.

Holidays

Remember to order **extra meals** as required for school holidays or other days in which additional children may be attending.



Regularly check your meal counts!

Delivery receipt

Group: Family Central
 Lunch Menu: Menu A
 Breakfast Menu: Menu A

	1	2	3-5	6-12	Totals
Breakfast	5	3	6	5	19
Lunch	5	3	6	5	19
Snack	5	3	6	5	19
Dinner	0	0	0	0	0

COMPARE THIS

Monthly Claimed Meal Counts by Age Group

Family Central, Inc. License: Center
 Claim Month: July 2021

Date	ATTENDANCE	Breakfast						Lunch						P.M. Snack														
		0-4 MONTHS	5-11 MONTHS	1 YEAR	2 YEARS	3-5 YEARS	6-12 YEARS	13-18 YEARS	ADULT	TOTAL	0-4 MONTHS	5-11 MONTHS	1 YEAR	2 YEARS	3-5 YEARS	6-12 YEARS	13-18 YEARS	ADULT	TOTAL									
07/01/2021	21																											
07/02/2021	22																											
07/05/2021	15																											
07/06/2021	18																											
07/07/2021	19																											
07/08/2021	18																											
07/09/2021	19																											
07/12/2021	19																											
07/13/2021	19																											
07/14/2021	20																											
07/15/2021	20																											
07/16/2021	20																											
07/19/2021	19																											
07/20/2021	17																											
07/21/2021	20																											
07/22/2021	22																											
07/23/2021	21																											
07/26/2021	20																											
07/27/2021	20																											
07/28/2021	18																											
07/29/2021	20																											
07/30/2021	18																											
Totals	426	0	0	80	76	119	107	0	0	382	0	0	80	76	119	107	0	0	382	0	0	80	76	119	107	0	0	382

TO THIS



A decorative border surrounds the central text, featuring watercolor-style illustrations of various vegetables: a red chili pepper, a yellow pepper, a green leaf, a green leafy vegetable, a yellow and orange vegetable, a green leafy vegetable, a leek, two red tomatoes, and a carrot with green stalks. A small speaker icon is located in the top left corner.

03

CCFP and Disabilities



CCFP and Disabilities

- ❖ Child care providers **must make reasonable modifications** to meals to accommodate disabilities which restrict a child's diet.
- ❖ A **disability** means any person who has a physical or mental impairment which substantially limits one or more "major life activities".
 - ✓ "Major life activities" include eating, digestion, and feeding skills.
 - ✓ A physical or mental impairment does not need to be life threatening to constitute a disability.
 - ✓ Examples of a disability may include: diabetes, food allergy/intolerance, developmental delay, or autism.





Medical Statement

A state licensed healthcare professional who is authorized to write medical prescriptions under state law or registered dietitian must complete Parts 2 and 3 and sign this form. In the Florida CCFP, a licensed medical professional is a Physician, Physician's Assistant and Nurse Practitioner (ARNP). A Registered Dietitian (RD) may also complete and sign the form. 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.

If a "Cow's Milk"/Dairy allergy, can the child eat the following: Y or N
 1. Milk/Dairy products in baked goods? Y or N
 2. Milk/Dairy products like Mac & Cheese/Alfredo sauce? Y or N
 3. Yogurt? Y or N
 4. Cheese? Y or N

If Eggs/Whole Eggs are listed as an allergy but stated can be "cooked in", can the child eat the following: Y or N
 1. Baked breads with egg ingredient? Y or N
 2. French toast? Y or N
 3. Foods with mayonnaise as an ingredient? Y or N

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

Additional comments:

Texture modification (Complete if needed):

Pureed Ground Bite-Size Pieces Other (specify)

PART 3: SIGNATURE - Completed by a licensed medical professional or registered dietitian

Licensed medical professional's name _____ Title: Physician Nurse Practitioner (ARNP)
 Physician Assistant Registered Dietitian (RD)

Signature of licensed medical professional or registered dietitian _____ Date signed _____

Medical office name and address _____ Phone number _____

This institution is an equal opportunity provider. May 2024

Special Needs in the CCFP

- ❖ When substitutions are made and the meal pattern is not met, a medical statement is **required**.
- ❖ 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 the parents to bring in the substitute.*

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

Modifications Within the Meal Pattern

- ❖ Meals with substitutions that meet **ALL** meal pattern requirements are reimbursable and **no medical statement is needed.**
- ❖ A **“Dietary Preference Form”** or a note from the parent/guardian should be on file.
- ❖ CCFP providers are strongly encouraged to make meal modifications due to parent or child preference.
- ❖ 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.

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. All substituted foods MUST meet CCFP meal pattern requirements in order to be claimed.

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 in order to be claimed.)

Foods to be Omitted	Foods to be Substituted

Parent/Guardian may supply ONE food item per meal (food supplied MUST meet CCFP meal pattern requirements). 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 the child care center

This institution is an equal opportunity provider.
April 2024 Sample



Milk Substitutions

- ❖ Child care providers or parents may provide a non-dairy beverage that is **nutritionally equivalent to fluid milk.**
- ❖ For the meal to be reimbursable, the beverage must be listed on the current CCFP “**Approved Milk Substitution List**”.
- ❖ A “**Dietary Preference Form**” or note from the parent/guardian requesting a nutritionally equivalent milk substitute is **required** if no medical statement is on file.
 - ✓ **The note must state whether the parent/guardian or the center will provide the milk substitute.**
- ❖ All other milk substitutes (e.g. almond milk, rice milk, coconut milk) are **NOT** considered nutritionally equivalent to fluid cow’s milk and **require a medical statement.**





For Children Ages One through Five

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

Shelf-Stable



Kikkoman Pearl
Organic Soymilk
Smart Original



Silk Original
Soymilk



Pacific Ultra
Soy Original



Ripple
Original Dairy
Free Milk



Sunrich
Naturals
Original
Soymilk

Refrigerated



Silk
Original
Soymilk



Better Goods
Original Soymilk
(formerly "Great
Value" brand)



8th Continent
Soymilk
Original



For Children Ages Six and Older

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

Shelf-Stable



Refrigerated





04

Catered Meal Acceptance Guidelines



Catered Meal Delivery Time



Scheduled

Meals **must not** arrive earlier than 3 hours prior to the child care center's scheduled lunch time



Lateness

If the meal delivery is **late**, the center has the right to refuse delivery



Refuse

It is possible for one meal to be rejected and another meal to be accepted



Delivery Temperatures

- ❖ Under Family Central's catering contract, hot meal components must be delivered at **140°F or higher.**
- ❖ Centers with their own catering contract may receive hot meal components at **135°F or higher.**
- ❖ Cold meal components must be delivered at **41°F or below.**

Temperatures must be written on the delivery receipts.

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

Delivery Date: 3/13/2018
Week: 4 Day: Tuesday

Group: Family Central
Lunch Menu: Menu B - FC
Breakfast Menu: Menu B - FC

	1	2	3-5	6-12	Totals
Breakfast	4	12	32	0	48
Lunch	4	12	40	0	56
Snack	4	12	36	18	70
Dinner	0	0	0	0	0

Container	Description	Portion Sizes				Packing Time/Temp
		1	2	3-5	6-12	
Lunch Items - Hot						
Deep	Chicken Nuggets(Serv size 1.5oz/2oz/M/M) 60 pc	8 pc	4 pc	4 pc	6 pc	
Deep	Chicken Nuggets(Serv size 1.5oz/2oz/M/M) w/ 64 pc	4 pc	4 pc	4 pc	6 pc	
Deep	Winter Squash(Serv size 3oz/4oz) 60	2	2	2	4	
Shallow	Winter Squash(Serv size 3oz/4oz) 40	2	2	2	4	
Lunch Items - Cold						
16 oz	Honey Mustard(Serv size 0.25oz)	0.25 oz	0.25 oz	0.25 oz	0.25 oz	
Bag	Hot Soft (24 ct)(Serv size 0.5pc/1pc) 24 pc	1 pc	1 pc	1 pc	1 pc	
Bag	Hot Soft (24 ct)(Serv size 0.5pc/1pc) w/ 8 pc	1 pc	1 pc	1 pc	1 pc	
32 oz cont.	Tomatoes (Sliced)(Serv size 1sk) 30 pc	2 pc	2 pc	2 pc	3 pc	
32 oz cont.	Tomatoes (Sliced)(Serv size 1sk) w/ 22 pc	2 pc	2 pc	2 pc	3 pc	
Afternoon Snack						
Full	Bread (WQ)(Serv size 1 sk) 22 st	1 st	1 st	1 st	1 st	
Full	Bread (WQ)(Serv size 1 sk) w/ 4 st	1 st	1 st	1 st	1 st	
Tray	Cheese (Cubed /Sk)(Serv size 1pc/sk) w/ 66 st	1 st	1 st	1 st	2 st	
Next Day Breakfast						
Full	Bread (WQ)(Serv size 1 sk) 22 st	1 st	1 st	1 st	1 st	
Half	Bread (WQ)(Serv size 1 sk) w/ 4 st	1 st	1 st	1 st	1 st	
Half	Butter(Serving size 0.3oz/0.4 oz)	0.3 oz	0.2 oz	0.2 oz	0.2 oz	
Quarter	Butter(Serving size 0.3oz/0.4 oz)	0.2 oz	0.2 oz	0.2 oz	0.2 oz	
Tray	Cheese (Provolone)(Sk) (Serv size 1oz) w/ 48 st	1 st	1 st	1 st	1 st	
Bag	Seasonal Fresh Fruit (Bk) (Serving size 1) w/ 8 pc	1 pc	1 pc	1 pc	1 pc	
Bag	Seasonal Fresh Fruit (Bk) (Serving size 1) 40 pc	1 pc	1 pc	1 pc	1 pc	

Milk	
Light Blue (1%)	
White	
Red (Whole)	
Hot Water	



135	135
135	135

135



Spoiled and Unwholesome Components

Spoiled

Spoiled food includes molded or food that is out of safe temperature

Unwholesome

Unwholesome food is any food in which the quality is not appropriate for children consumption (burnt food, food not properly cooked, etc.).

Family Central is mandated to report ALL reported incidents of spoiled and unwholesome food deliveries to the FL DOH, who in turn reports the incidence to the food service regulatory body, Department of Business & Professional Regulation (DBPR)





Refusing Meal Delivery

The entire meal must be refused if any of the following are observed:

- ❖ Meal delivery is too early, more than 3 hours prior to center's lunch time, or too late.
- ❖ Menu substitutions were made without prior approval from Family Central and are not documented on the delivery receipts.
- ❖ Meal components are:
 - ✓ Out of safe temperatures.
 - ✓ Missing or not delivered in the required quantities.
 - ✓ Spoiled or unwholesome.





Have a plan ready!

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.

	Milk 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)
Breakfast	Vegetable/Fruit/Juice Ages 1-18 ½ c	Peaches	Dried cranberries	Pineapple	Pears
	Grains/Breads 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
Lunch/Supper	Milk 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)
	Meat/Meat Alternate 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*
	Vegetable Ages 1-5 ¼ c; Ages 6-18 ½ c	Green Peas	Carrots	Corn	Green Beans
	Fruit or Vegetable Ages 1-18 ¼ c	Pineapple	Fruit Cocktail	Mandarin Oranges	Raisins
Grains/Breads Ages 1-5 ½ slice/serving, ¼ c Ages 6-18 1 slice/serving, ¼ c	Crackers	100% Whole grain crackers	Tortilla chips	Pretzels	
Snack	Milk Meat/Meat Alternate Vegetable Fruit/Juice Grains/Breads	100% Fruit juice	Applesauce	4 fl oz Low-fat milk (UHT)	100% Fruit juice
		Tortilla chips	Pretzels	Kix cereal	Peanut butter crackers

- ❖ **Shelf Stable Menu**
- ❖ **Follow required meal pattern**
- ❖ **Submit itemized receipts with monthly claim**



Delivery Receipts

DIARRA FOOD GROUP
8000 N.E. 137th Street
POMPANO BEACH, FL 33064
Phone: (954) 786-6748 Fax: (954) 786-6822

Client: [Handwritten]

Item	Quantity	Unit	Price	Total
...

Meal Type	Age Group	Quantity
...

Driver: [Signature]

Center Representative: [Signature]

- ❖ The **name of the child care center** where meals are being delivered.
- ❖ **Date and time** of delivery.
- ❖ Individual **meal components** for each meal type and age group.
- ❖ **Number of meals** delivered for each age group.
- ❖ **Temperatures** for hot and cold items.
- ❖ **Name and signature of the driver** making the meal delivery.
- ❖ **Name and signature of center representative** accepting the delivery.

Delivery receipts with missing information could result in meal disallowance for the entire delivery!

DO NOT SUBMIT BLANK CATERING RECEIPTS



Caterer Deficiency Report

A Caterer Deficiency Report is **REQUIRED** any time a deficiency is observed during catered meal service, **even if the issue is corrected.**

Fax or email to FCI immediately; **do not** send directly to the caterer

Do not send copies with your claim – keep them for your records.

Family Central
Caterer Deficiency Report - Sample
Caterer Deficiency Report - Nutrispa, Inc.

Family Central values your participation in its sponsorship of the USDA Child Care Food Program. To ensure that your center receives the best customer service, we are improving your assistance with any deficiencies noted in the catered food service. There may be additional steps when your center might notice a problem with the delivery of catered meals. When this occurs, please contact **Nutrispa** immediately at 202-336-5325 to notify them of the problem, so that they can correct the deficiency as quickly as possible. Please complete this form and fax to Family Central at 664-754-4067 so that we can follow-up with the caterer to ensure that any deficiencies 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:

Food not delivered on time. Requested time: _____ Delivery time: _____ (Delivery window is within 3 hours of your lunchtime)	Temperature: _____ °F
Hot food delivered below 140°F. Item: _____	Temperature: _____ °F
Cold food delivered above 41°F. Item: _____	Missing: _____
Delivery does not include all meal components.	Missing: _____
Delivery does not include the quantity ordered.	Missing: _____
Delivery does not include the supplies requested.	Missing: _____
Delivered food that is spoiled or unwholesome.	



Other deficiency: _____
Additional comments to explain the deficiency: _____
Date: _____

Center Representative Signature: _____ Date: _____
SPONSOR Response/Action: _____ Date: _____
Sponsor Representative Signature: _____ Date: _____
CATERER Comments/Action: _____ Date: _____
Caterer Representative Signature: _____ Date: _____





Meal Substitutions

- ❖ If the caterer needs to provide a substitution, both Family Central and the caterer must agree prior to delivery.
 - **Centers must be notified of the menu substitution and substitutions must be noted on the posted menu at the center.**
 - **A copy of the menu listing substitutions must be submitted to Family Central with the monthly claim paperwork.**
 - ❖ Please continue to communicate with Family Central via Catering Deficiency Report regarding items not received in order for us to discuss alternatives with you and the caterer.
- 
- 

The slide features a decorative border with various vegetables and a speaker icon. In the top left, there is a speaker icon, a green leaf, a red chili pepper, and a yellow pepper. In the top right, there is a green leaf, a yellow pepper, and a head of broccoli. In the bottom left, there is a green leaf, a leek, and two red tomatoes. In the bottom right, there is a carrot with green stalks and a green leaf. The background is a light beige color with some faint, abstract shapes.

05

Food Safety and Sanitation

HAND WASHING

Stay healthy. Wash your hands!



1 Get your hands wet.



2 Put on soap.



3 Rub soapy hands for as long as it takes to sing "Happy Birthday" two times or about 20 seconds.



4 Scrub fingertips and between fingers. Make lots of bubbles!



5 Scrub just below your wrists.



6 Rinse off. Wash all those bubbles away!



7 Dry your hands with a paper towel.



8 Turn off water with the towel. Throw the towel away.





Staff should always wear gloves when preparing food

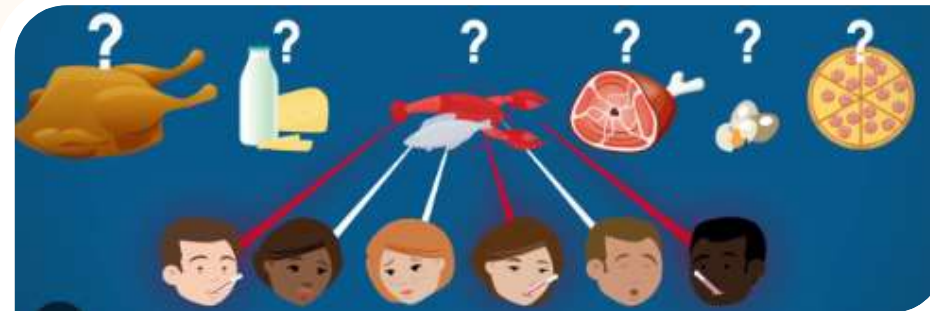
- ❖ Always consider wearing gloves during food service, even if you have already washed your hands
- ❖ Wash hands before and after using gloves
- ❖ Change gloves, as needed





Foodborne Illness

- ❖ A foodborne illness can be any disease or illness caused by eating contaminated foods or drinks.
- ❖ Preventing and protecting children from foodborne illness is an important responsibility.
- ❖ Children under the age of 5 are especially at risk of foodborne illness.





4 STEPS TO FOOD SAFETY



CLEAN



SEPARATE



COOK



CHILL



Safely Storing Foods

- ❖ Electric or Cambro warming units are provided for properly storing hot meal components. **Remember to wipe them down regularly and keep them clean.**
 - ✓ *Hot food items should be immediately placed in the warming units after their delivery temperature is verified.*
- ❖ Food items must be stored at least 6 inches above the floor.
- ❖ All food should be in original packaging or placed into a sealed, labeled container.



Cold Storage

- ❖ Centers must have working thermometers in fridge & freezer at all times.
- ❖ Keep cold items cold, do not leave out on counters or in sink.
- ❖ Do not tightly pack refrigerators .
- ❖ Regularly check that thermometers are:
 - ✓ Working.
 - ✓ Easy to find

Freezer:
0°F or below

Fridge:
41°F or below



A decorative border surrounds the central text. It features various vegetables: a red chili pepper, a yellow pepper, a green leafy vegetable, a green leaf, a yellow and orange pepper, and a head of green broccoli at the top. At the bottom, there are green stalks, red tomatoes, and a large orange carrot with green leaves. A small grey speaker icon is located in the top left corner. The background is a light beige color with faint watercolor-style splatters and dots.

06

Program Reminders



Post All Updated Materials

Name of Child Care Facility: _____

Standard Infant Menu

The following non-fortified infant formulas are offered at this facility:
Milk brand: _____ Day brand: _____

Note: Breakfast offered when provided by parent.

Birth to 3 Months

Breakfast, Lunch/Supper, and Snack:
Breakfast and/or non-fortified infant formula

6 to 11 Months

Breakfast and Lunch/Supper:
Breakfast and/or non-fortified infant formula

One or more of the following:
Infant cereal (any infant cereal mixed with breastmilk and/or formula)
Variety of meats and poultry (cooked plain or from jar)
Fish (cooked plain, boneless)
Egg (cooked)
Cheese (regular plain, sliced 1/8" or thin strips)
Congee (oats)

A variety of vegetables and/or fruits:

Cauliflower	Applesauce
Corn Beans	Strawberries
Mixed vegetables	Mixed fruits
Pasta	Peaches
Potato/vegetable potatoes	Pears
Squash	

Snack:
Breakfast and/or non-fortified infant formula

One or more of the following:
Bread (small pieces of bread or toast)
Crackers (small pieces of animal crackers or graham crackers)
Infant cereal (any infant cereal mixed with breastmilk and/or formula)
Ready to eat cereal (e.g. Cheerios, Chex)

A variety of vegetables and/or fruits:

Cauliflower	Applesauce
Corn Beans	Strawberries
Mixed vegetables	Mixed fruits
Pasta	Peaches
Potato/vegetable potatoes	Pears
Squash	

*A warning of this component is required when the infant is developmentally ready to accept it.
Note: This menu is based on the USDA Infant Menu of Options.

Florida August 2016 LCSA

AND JUSTICE FOR ALL

In accordance with Article I and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, including gender identity and sexual orientation, age, disability, and marital or marital-like status in any program or activity that receives federal financial assistance from USDA. This prohibition applies to all USDA programs and activities, including those that receive federal financial assistance through a subrecipient or contractor.

Culture is the belief in the inherent dignity and worth of every person, regardless of race, color, national origin, sex, including gender identity and sexual orientation, age, disability, and marital or marital-like status. This belief is the foundation of the USDA's commitment to provide equal access to its programs and services. The USDA is committed to providing a safe and healthy food supply for all people, and to ensuring that all people have access to the USDA's programs and services. The USDA is committed to providing a safe and healthy food supply for all people, and to ensuring that all people have access to the USDA's programs and services.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, or other accessible format) should contact the responsible USDA staff agency that administers the program for USDA. TOLL-FREE Center at (800) 728-5888 (voice) and TTY for contact USDA through the toll-free TTY line at (800) 847-8333.

**U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-8410 or
Apt. 2000 1880 S. (202) 895-7442 or
email: usdaocr@aphis.usda.gov
Program information: www.usda.gov/civilrights
This institution is an equal opportunity provider.**

**U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-8410 or
Apt. 2000 1880 S. (202) 895-7442 or
email: usdaocr@aphis.usda.gov
Program information: www.usda.gov/civilrights
This institution is an equal opportunity provider.**

Building for the Future

This facility participates in the Child Care Food Program (CCFP), a Federal program that provides healthy meals and snacks to children in child care settings. Each day more than 4.2 million children across the country participate in the CCFP. Providers are rewarded for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of child care and making it more affordable for low-income families.

Meals
CCFP facilities follow meal requirements established by USDA.

Meal	Lunch or Supper	Snacks (Part of the Day)
Fruit	Milk	Milk
Fruit or vegetable	Meat or meat alternate	Meat or meat alternate
Cereal	Vegetable	Vegetable
	Fruit	Fruit
	Cereal	Cereal

Participating Facilities
Many different facilities operate the CCFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- Child Care Centers: Licensed or approved public or private nonprofit child care centers, Head Start Program, and center for pre-kindergarten.
- Family Day Care Homes: Licensed private homes.
- After-school Programs: Sites that provide educational or enrichment programming and are located in the morning session.
- Homeless Shelters: Emergency shelters that provide temporary shelter to homeless children.

Eligibility
State-approved reimbursement facilities that offer non-residential child care to the following children:

- children age 12 and under,
- neglected children age 12 and younger, and
- children through age 18 in eligible after-school programs and homeless shelters.

Civil Rights
In accordance with these civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, including gender identity and sexual orientation, age, disability, and marital or marital-like status in any program or activity that receives federal financial assistance from USDA. This prohibition applies to all USDA programs and activities, including those that receive federal financial assistance through a subrecipient or contractor.

Contact Information: If you have questions about the CCFP, please contact one of the following:

State Agency:
Florida Department of Health
Bureau of Child Care Programs
6300 Bay Center Way, Suite 117
Tallahassee, Florida 32309-1707
(904) 437-3323
www.FloridaHealth.gov/child

Contact WIC Today!

WIC provides healthy foods that are good for you, your infant, and your child, plus helpful nutrition information—all at no cost. For more details, call your County Health Department, call toll-free 1-800-342-2056, or go to FloridaWIC.org.

WIC serves Women, Infants, and Children:

- Women who are pregnant or breastfeeding
- Women who have recently had a pregnancy
- Infants under 12 months of age
- Children under 5 years of age

This institution is an equal opportunity provider.

WIC Income Guidelines
Puntos de ingreso para WIC
Regimen por Ingresos WIC

Household Size	Monthly Income*
1	\$1,372
2	\$1,912
3	\$2,451
4	\$2,990
5	\$3,529
6	\$4,068
7	\$4,607
8	\$5,146

*Before taxes & deductions
*After the deduction for the dependent child
*After taxes and deductions

Revised/Revisado febrero 9/21/24

Kontakte WIC jodi a mami!
WIC bay mangi ki bay pou kontante ou, pou li bebe ou, ap pou moun ou, angwaj li se an enfòmasyon sou nètman li. Li bay bagay sa yo pou ou pou pou bay mami. Pou plis detay, kontakte Departman Sante a oua telefòn gratis nan 1-800-342-2056 obyen ale nan FloridaWIC.org.

WIC bay sèvis pou famin. Li bebe, ak li moun ki elaji:

- Femmen ki ansantan ouwa a ap bay titye
- Femmen ki te ansantan
- Li bebe ki pi gwo pase 12 mwa
- Li moun ki pi gwo pase 5 an

Enfòmasyon sa ou fè tout moun menm opòtinite a.

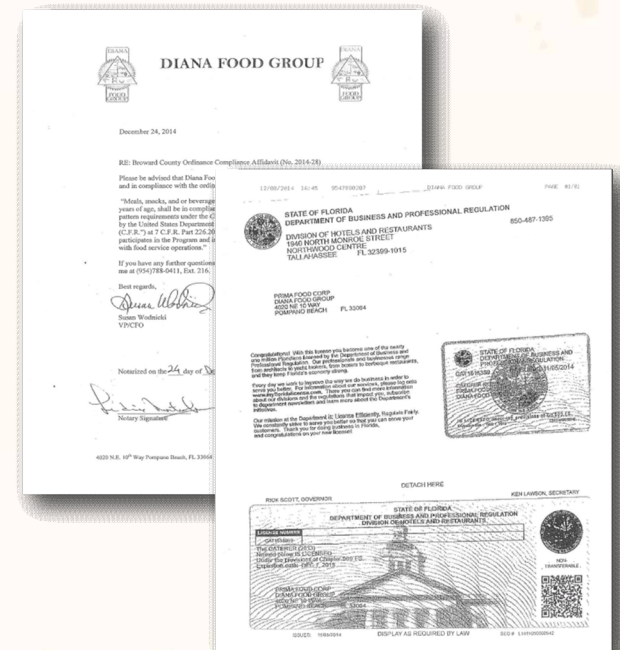
Florida Department of Health
WIC Program
FloridaWIC.org



Broward County


Must have a signed, notarized affidavit on file certifying that all meals, snacks and/or beverages served to infants, or children one (1) to two (2) years of age shall be in compliance with the rules and regulations for meal pattern requirements under the *Child And Adult Care Food Program*.

Catered sites: Must also have a copy of the caterer's current business license





Pizza & Meal Service

- ❖ If you purchase and serve pizza from a restaurant, you must have a Product Formulation Statement (PFS) on file that documents the amount of creditable components in the pizza
It is no longer acceptable to order pizza with extra cheese or extra meat.
 - ❖ The following two restaurants are the only pizza restaurants with pizzas that meet the CCFP meal pattern standards:
 - ✓ **Pizza Hut - School Lunch Pizza 14" or 16" - 8-cut pizza**
 - ✓ **Domino's - Smart Slice 14" - 8-cut pizza**
 - ❖ If you receive catered meals, please note that effective immediately the caterer **may not** have pizza delivered to you from any local pizza restaurant. This is considered subcontracting, which is not allowed under the catering contract
 - ❖ Ensure you have sufficient shelf stable foods on hand in case of an emergency
- 



Communication

We **MUST** have *up-to-date* contact information on file anytime there is a change in staff

Send in your Emergency Contact Forms annually or any time you have a change in director or food program manager

**Read your monthly memos!
Utilize our website for any misplaced forms**





Meal Applications

- ❖ No White-out;
- ❖ Blue ink is preferable.
- ❖ **Red** ink and pencil is discouraged
- ❖ If parent makes a mistake on an application, ***have them cross out, initial and date.***
- ❖ Do not print copies from CX/Kidcare & send them in unsigned.
 - ✓ **If an application or enrollment form is unsigned, it cannot be used**





Meal Applications, Infant Feeding Forms & Updated Licenses

Send to:
foodprogramdocs@familycentral.org



**Do not cc any other staff members
it is no longer necessary!**



Check your Follow-Ups!

Have parents contact Claim Specialists directly

OR

Submit a new meal application free from errors

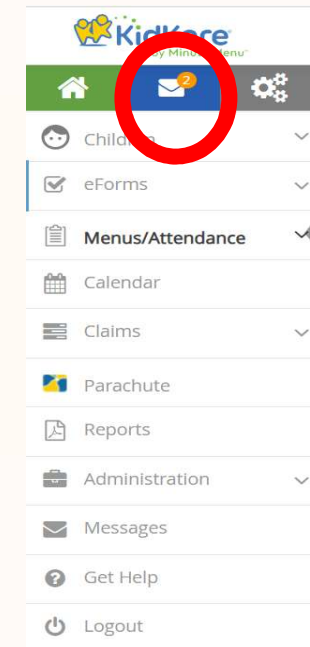
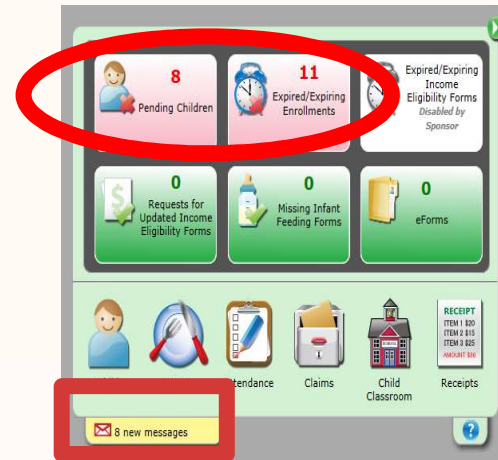


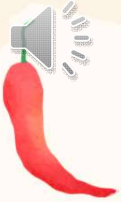
Family Central, Inc.				
Child Care Food Program		Follow-up	Date:	
Please Mail Original Applications and Fax other information back to954-724-4067 Thank you.				
ATTENTION: Janise Hears 954-724-7591				
			Center's email address:	
Center's Name: ABC Center		Attn:	Fax:	
Please make sure all relevant sections 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 Last Name	Child's First Name	Application Expiration Date	Information / Document Missing	Result / Comment
Doe	John	10/1/2020		
Garcia	Carlos	10/1/2020		
Smith	Amy		Missing last four digits of Social Security #	
Brown	Sarah		Household member # does not match # of people listed on the application	



Minute Menu CX and Kidkare

- ✓ All meals for each child **MUST** be recorded by the end of each business day.
- ✓ Enroll new children ***immediately*** into CX/Kidkare.
- ✓ Ensure you are entering meals, times & parent info in CX/Kidkare for each child.
- ✓ Enter any self-reported ethnicity & racial identity information.
- ✓ Check your messages.





Meal Count Changes

- **If Diana or NutriSpa:** Do not send Meal Count Change Forms directly to the caterer.
 - **Sites with independent catering contracts send directly to the caterer.**
- Fax or email to Family Central immediately, do not send with your claim.
- DO NOT cc any other email addresses.
- Caterer confirmations will be sent to you as soon as they are received.
- 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.
 - Please be careful when completing: all age groups must be completed, not just the changed age group; is this an on-going change or one day only.



Meal Count Change Form

- ❖ **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 Forms:
 - ✓ **Fill in every column**; Print clearly
- ❖ **Best practice: Order no more than 2-3 extra meals for each age group**

Mealcountchanges@familycentral.org



NUTRISPA, INC.

CHILD CARE FOOD PROGRAM
CATERED MEAL COUNT CHANGE FORM

Center Name: **Don't forget 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): _____

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

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(s): _____



Additional Program Reminders



- ❖ The CCFP is **not** transferable.
 - ✓ Centers must inform us of any sale/pending sale or ownership changes.
 - ✓ Notify us of plans to re-locate.
 - ✓ Any changes to the business structure (*e.g. Business name and EIN changes, this change will require the completion of a new W-9 form*)
- ❖ Inform us of new directors / new CCFP staff.
 - ✓ Must attend training.
 - ✓ Contact your food program monitor for any training needs.



A decorative border surrounds the central text, featuring watercolor-style illustrations of various vegetables: a red chili pepper, a yellow pepper, a green leaf, a green tomato, a yellow corn cob, a head of broccoli, a leek, and a carrot. A small speaker icon is located in the top-left corner of the border.

07

Maintaining Records



Maintaining Records

Centers are accountable for ensuring program funds are properly spent and that all required records are properly completed and maintained

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.





Free/Reduced 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 Th F S S Month Typically Served While in Care: BR HS LU AS SU ES None
 Please read the instructions and instructions on FamilyLink before completing this form. If you need assistance completing this form, call (562) 724-7344.

STEP 1: Complete and Return to the Center (This section is for the center to complete and return to the center.)

Child's Name & Birth Date (For Member)	Child's Birth Date	Child's Age	Child's Gender	Child's Ethnicity	Child's Religion	Child's Disability	Child's Special Needs	Child's Health Status	Child's Immunization Status
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

STEP 2: Complete and Return to the Center (This section is for the parent/guardian to complete and return to the center.)

Child's Income - Total \$ _____
 Child's Income - Total \$ _____
 Child's Income - Total \$ _____

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 Month Typically Served While in Care: BR HS LU AS SU ES None
 Please read the instructions and instructions on FamilyLink before completing this form. If you need assistance completing this form, call (562) 724-7344.

STEP 1: Complete and Return to the Center (This section is for the center to complete and return to the center.)

Child's Name & Birth Date (For Member)	Child's Birth Date	Child's Age	Child's Gender	Child's Ethnicity	Child's Religion	Child's Disability	Child's Special Needs	Child's Health Status	Child's Immunization Status
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

STEP 2: Complete and Return to the Center (This section is for the parent/guardian to complete and return to the center.)

Child's Income - Total \$ _____
 Child's Income - Total \$ _____
 Child's Income - Total \$ _____

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 Month Typically Served While in Care: BR HS LU AS SU ES None
 Please read the instructions and instructions on FamilyLink before completing this form. If you need assistance completing this form, call (562) 724-7344.

STEP 1: Complete and Return to the Center (This section is for the center to complete and return to the center.)

Child's Name & Birth Date (For Member)	Child's Birth Date	Child's Age	Child's Gender	Child's Ethnicity	Child's Religion	Child's Disability	Child's Special Needs	Child's Health Status	Child's Immunization Status
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

STEP 2: Complete and Return to the Center (This section is for the parent/guardian to complete and return to the center.)

Child's Income - Total \$ _____
 Child's Income - Total \$ _____
 Child's Income - Total \$ _____

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 Month Typically Served While in Care: BR HS LU AS SU ES None
 Please read the instructions and instructions on FamilyLink before completing this form. If you need assistance completing this form, call (562) 724-7344.

STEP 1: Complete and Return to the Center (This section is for the center to complete and return to the center.)

Child's Name & Birth Date (For Member)	Child's Birth Date	Child's Age	Child's Gender	Child's Ethnicity	Child's Religion	Child's Disability	Child's Special Needs	Child's Health Status	Child's Immunization Status
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

STEP 2: Complete and Return to the Center (This section is for the parent/guardian to complete and return to the center.)

Child's Income - Total \$ _____
 Child's Income - Total \$ _____
 Child's Income - Total \$ _____



- ❖ A Free and Reduced-Price Application must be submitted for **EVERY** child enrolled at the center.
 - ✓ Includes ALL children, regardless if they receive a meal.
- ❖ An application must be submitted for every sibling in a household who attends the center.
- ❖ Applications **must** be completed by the parent/guardian, **not by staff members**.
- ❖ All applications must be updated **annually**.

WHITE and YELLOW copies are to be sent to Family Central, **PINK** copies are for center records only. *Please do not send us the pink copies.*





Enrollment & Participation Policy

- ❖ Centers will only be **allowed 3** occurrences of missing enrollment & child participation information within the CCFP fiscal year (10/1/24 – 9/30/2025)
 - ❖ Centers not complying with this policy will be subject to corrective action leading up to termination from the program
- 
- 

Child Enrollment & Participation Information

- ❖ Child's name
- ❖ Center Name & Address
- ❖ Primary hours of care
- ❖ Days of the week in care
- ❖ Meals received while in care

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 Th 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 the form, call: (262) 724-7247.

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

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Married? (circle)	Homeless? (circle)	Special?
		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 Programs (FAP/NAP) 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 3.

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

STEP 3: Complete the following information for the household.

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) (use this step if you listed a case # in STEP 2)

Adult Household Members and Income - list all adult household members (age 18 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in which child's apply (see notes) 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 have 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?)	Pension/Retirement/Other Income (\$ Amount / How often?)
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

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: Complete the remaining information.

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): _____ Street Address, City, State, Zip Code _____ Daytime phone #: (____) _____ - _____

Signature of adult household member: _____ Printed name: _____ Date signed: _____

DECLARATION: I am certifying that I am the parent or guardian of the child named above. We are required to give information about your child's ethnicity and race. This information is required and helps make sure that we are fully serving the community. Responding in this section is optional and does not affect your child's eligibility for free or reduced-price meals. (Ethnicity) (check one): Lat./Hispanic or Latino Not Hispanic or Latino
Race (check one or more): American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander Other

DETERMINATION OF STATUS:

Eligibility Determination: Free Reduced-Price Non-needy Foster Child Total Household Size: _____ Total Household Income: \$ _____
How Often Income is Received (frequency): Weekly Bi-weekly 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, Bi-weekly 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: _____

Revised 9/2019 Page 1 of 2



Step 1: Child Information

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 TH 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: (954) 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

- ✓ List all children up to age 18 living in the household, *including child listed at the top of the application*
- ✓ List date of birth
- ✓ Each question **MUST** be answered by circling "Yes" or "No"



Step 2: Families with Food Assistance or TANF Benefits

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: | | | | | | | | | |



- ✓ Must be 10 digit case number.
- ✓ Begins with a '1'.
- ✓ Income & Social Security # not required.





Step 3 & 4: Household Data

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
-------------------------------	--

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 <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ / Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ / Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually
	\$ / Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ / Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	\$ / Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually

Total Household Members (Add STEP 3 & 4): Last four digits of Social Security Number (SSN) of adult household member: If no SSN, write "none."

- ✓ Zero income household members MUST put a zero (0) in EVERY column or the application is considered incomplete.
- ✓ Cannot accept N/A or a cross-out line in any column.
- ✓ Make sure a frequency is circled - No hourly rates.
- ✓ Total Household members must match number of people listed on the application
- ✓ Last four digits of Social Security Number are required





Step 5: Contact Information & Signature

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

- ✓ Parent Signature, Printed Name & Date
- ✓ Phone #
- ✓ Address (+ City & Zip)
- ✓ Optional: ethnic & racial identities





Foster Children

- ❖ Automatically qualify at the **“Free” reimbursement rate** regardless of household income.
- ❖ Center must submit:
 - ✓ Official documentation from foster care agency or court, or
 - ✓ Free and Reduced application completed by the Foster parent or other official representing the child.
- ❖ Foster Child must be circled **“Yes” in Step 1.**
- ❖ Can skip to Step 5.






Non-Needy (PAID)

- ❖ Parent Refusal.
 - ✓ Have parent sign and date application only – write the word **“REFUSED”** on the application.
 - ✓ Submit school enrollment form signed in the last 12 months.
- ❖ High income.
- ❖ Not receiving the fax/original meal application.
Copy of the application must be received the same month the child starts the program.
- ❖ Expired and incomplete applications.

Incomplete meal applications, failure to send copy and original of meal application will have a negative impact to the reimbursement



Best Practices

- ❖ **Make this application a part of your enrollment process**
 - ❖ **Try not to let parents take the applications home!**
 - ❖ **Highlight** required areas before giving to parent
- 

A decorative border surrounds the central text. It features watercolor-style illustrations of various vegetables: a red chili pepper, a yellow pepper, a green leaf, a green leafy vegetable, a yellow and orange vegetable, a green leafy vegetable, a leek, two red tomatoes, and a carrot with green stalks. A small speaker icon is located in the top left corner. The background is a light beige color with faint watercolor splatters and small green dots.

08

Reimbursement



The Child Care Food Program is a supplemental program intended to help with a Center's food costs.

It may not necessarily cover all of your food costs.





Reimbursement Rates for Child Care Centers 2024-2025

Type of Meal Served	Free	Reduced	Non-Needy	Cash in Lieu
Breakfast	\$2.37	\$2.07	\$0.39	N/A
Lunch	\$4.43	\$4.03	\$0.42	\$0.30
Snack	\$1.21	\$0.60	\$0.11	N/A

1099's are issued to eligible providers by January 31st annually.

PLEASE NOTE THE FOLLOWING:

Providers must receive reimbursement in excess of \$600 to be eligible to receive a 1099.

S and C Corporations are **exempt from requiring a 1099-MISC.**



Monthly Reports

Claim Summary & Error Report

Non Claim Payment Adj. Report

Claim Summary and Error Report																																		
Center # 10391		License: Cantor																																
		Phone: (954) 583-2500																																
		Monitor: Ramirez, Elena																																
		Payment Type: CHECK																																
		Capacity: 112																																
Claim Month: June 2020																																		
Days	22	Blended Rate %																																
Attendance	770	57.14%	Free																															
ADA	35	2.86%	Reduced																															
Participated	35	40.00%	Paid																															
<table border="1"> <thead> <tr> <th>Meals Reimbursed</th> <th>Rate</th> <th>Disallowed</th> </tr> </thead> <tbody> <tr> <td>Breakfast</td> <td>704</td> <td>\$1.21942857</td> <td>0</td> </tr> <tr> <td>AM Snack</td> <td>0</td> <td>\$0.58257142</td> <td>0</td> </tr> <tr> <td>Lunch</td> <td>704</td> <td>\$2.16257142</td> <td>0</td> </tr> <tr> <td>PM Snack</td> <td>702</td> <td>\$0.58257142</td> <td>0</td> </tr> <tr> <td>Dinner</td> <td>0</td> <td>\$2.16257142</td> <td>0</td> </tr> <tr> <td>Evening Snack</td> <td>0</td> <td>\$0.58257142</td> <td>0</td> </tr> <tr> <td colspan="3"></td> <td>\$0.00 *est</td> </tr> </tbody> </table>				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
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.																																		

Non Claim Payment Adjustments Report								
Sponsor Name		Family Central, Inc.						
From		7/1/2020 to 7/30/2020						
Center Name	Center #	Adj. Date	Amount	Paid	Paid Amt.	Check #	Check Date	Reason
	1039	7/1/2020	(2,026.20)	X				Dana Food Group Inc.




CCFP FUNDS



May be used for:

- 😊 Infant food purchases
- 😊 Additional food purchases for children (e.g. required menu substitutions for children with food allergies or disabilities)
- 😊 Shelf stable menu items

May NOT be used for:

- 😞 Personal items
 - 😞 General day care supplies (i.e. arts/crafts, toys, etc.)
 - 😞 Laundry
 - 😞 Salaries for staff NOT involved with CCFP duties
- 



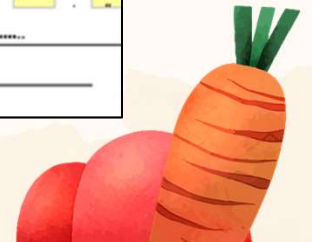
Personal Activity Reports (PAR'S)

- ❖ Must submit originals **monthly**.
- ❖ Must be completed by **each individual** staff member.

Hourly vs. Salary

- ❖ Fill in hours under **“Operational” ONLY**
This includes Center directors and Administrators.
- ❖ Be careful not to enter hours on **weekends/holidays**.
- ❖ Signed and dated by authorized representative.
- ❖ Complete them online at: www.familycentral.org

The image shows a screenshot of a 'PERSONNEL ACTIVITY REPORT' form for the 'CHILD CARE FOOD PROGRAM'. The form is titled 'Florida HEALTH CHILD CARE FOOD PROGRAM PERSONNEL ACTIVITY REPORT - Youth, Adults, Infants & Children, WIC'. It features a grid for recording hours worked, with columns for 'Hours Worked on EESP', 'WIC Hours Worked', and 'WIC Hours Worked on EESP'. The grid is divided into two main sections, each with a 'Total' row at the bottom. The form also includes fields for 'Employee Name', 'Center Name', and 'Date'. The form is partially filled out with data, including a 'Total' row showing '100' hours worked.





09

Meal Pattern Requirements



Menus

2024-2025 menus available soon

Menu must be posted at all times
for parent review & must reflect
actual meal served.

Refer to the Child Care Food Program Meal Pattern for Children (Attachment 1) when planning portion sizes for age groups specified in this contract. Milk must be served with every breakfast, lunch and supper meal. Milk must be served with snack when indicated. Children one year of age must be served unflavored whole milk. Children two through five years old must be served either unflavored lowfat (1 percent) or unflavored fat free (skins) milk. Children six years old and older must be served unflavored lowfat (1 percent), unflavored fat free (skins), or may be served flavored fat free (skins) milk.

	Week One	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
BREAKFAST	Milk Ages 1-5: six oz; Ages 6-18: eight oz	Milk	Milk	Milk	Milk	Milk
	Meat/Meat Alternate		Hard Boiled Egg (1)	Cheese Slice (1 oz)		
	Vegetable/Fruit/Juice Ages 1-18: ½ c	Blended 100% Juice	Pears	Fresh Orange Wedges	Cinnamon Apples	Cranberry Juice Blend
LUNCH	Grains/Breads Ages 1-5: ½ slice/serving, ⅓ c Ages 6-18: 1 slice/serving, ⅓ c	Cinnamon Raisin Bagel Cream Cheese	Wheat Chex Cereal	Whole Wheat Bread (1 slice)	French Toast	Whole Grain Bread Butter or Marg. & Jelly
	Milk Ages 1-5: six oz; Ages 6-18: eight oz	Milk	Milk	Milk	Milk	Milk
	Meat/Meat Alternate Ages 1-5: 1 ½ oz Ages 6-18: 2 oz	Baked Sliced Ham (2 oz)	*Beefaroni	*Picadillo	*Breaded Fish Ketchup	*Arroz Con Pollo
SNACK	Vegetable Ages 1-5: ¼ c; Ages 6-18: ⅓ c (Double portion for salads)	Sweet Potatoes	Spinach	Sliced Tomatoes	Mixed Vegetables	Mixed Greens Salad (Spinach, Romaine, Tomato, Cucumber) Lowfat French Dressing
	Fruit or Vegetable Ages 1-18: ⅓ c	Green Beans	Fruit Salad	Tropical Mixed Fruit	Mandarin Oranges	Peaches
	Grains/Breads Ages 1-5: ½ slice/serving, ⅓ c Ages 6-18: 1 slice/serving, ⅓ c	Whole Wheat Bread (1 Slice) Butter or Marg.	(Beefaroni) Macaroni, Garlic Bread	Congri, Cuban Bread	Whole Grain Roll	Cuban Bread or Roll
SNACK	Milk Ages 1-5: four oz; Ages 6-18: eight oz					
	Meat/Meat Alternate Ages 1-5: ½ oz Ages 6-18: 1 oz	Cottage Cheese			Sliced Ham (1 ½ oz)	
	Vegetable Ages 1-5: ¼ c Ages 6-18: ⅓ c			Carrot, Pineapple, and Raisin Salad		
SNACK	Fruit/Juice Ages 1-5: ¼ c Ages 6-18: ⅓ c	Pineapple	Applesauce			Banana
	Grains/Breads Ages 1-5: ½ slice/serving, ⅓ c Ages 6-18: 1 slice/serving, ⅓ c		Blueberry Muffin	Whole Grain Triangle Crackers	Whole Wheat Bread (1 slice) Mayo & Mustard	Pretzels (soft or thin)

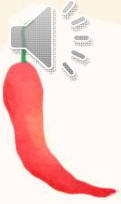


Self Prep Reminders



- ❖ Making changes to the planned menu is allowable.
- ❖ Menus must clearly identify the type(s) of milk served – the fat content and whether or not the milk is flavored.
- ❖ Ensure the daily whole grain item is clearly noted on menu with a “WG”.
- ❖ Must submit your approved menus monthly showing meals served.
 - ***Be sure to document the substitution on the menu prior to the beginning of meal service***
- ❖ CCFP policies strongly recommend the center’s monthly food costs comprise of at least 50% of the center’s total reimbursement.
- ❖ Receipts:
 - Must reflect approved menu
 - Must reflect components purchased in sufficient quantities





Nutrition Requirements

Meal pattern components



Grain



Vegetable



Fruit



Meat/Meat Alternate



Fluid Milk

- ✓ **A breakfast must include at least three food components.**
 - ✓ **Lunch/supper must include all five components.**
- ✓ **Snack must include at least two different food components.**





Milk

Required component at breakfast, lunch & supper



Whole Milk
One Year
Whole Milk
(unflavored)



1% Milk
2-5 Years
1% or Fat-Free
(unflavored)



Fat-Free Milk
6 & Older
1% or Fat-Free





Toddler Transition Time

12-13 months

Breastmilk, iron-fortified infant formula and/or unflavored whole milk

24-25 months

Breastmilk, unflavored whole, unflavored reduced-fat (2%), unflavored low-fat (1%), and unflavored fat-free (skim)



Creditable Milks

- ❖ Ultra-High temperature milk
- ❖ Acidified or cultured milk (Kefir)
- ❖ Organic milk
- ❖ Breastmilk
- ❖ Pasteurized types of cow or goat milk
- ❖ Lactose-free or lactose-reduced milk



Milk: Self Prep

- ❖ 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

Milk Calculator

Meal Type	Age Group	Serving Size	Total Number of Meals Claimed	Required Amount of Milk in Ounces
Breakfast	1-2 yrs	4 ozs	0	
	3-5 yrs	6 ozs	0	
	6-12 yrs	8 ozs	0	
	staff	8 ozs	0	
Lunch	1-2 yrs	4 ozs	0	
	3-5 yrs	6 ozs	0	
	6-12 yrs	8 ozs	0	
	staff	8 ozs	0	
Supper	1-2 yrs	4 ozs	0	
	3-5 yrs	6 ozs	0	
	6-12 yrs	8 ozs	0	
	staff	8 ozs	0	
*Snack	1-2 yrs	4 ozs	0	
	3-5 yrs	4 ozs	0	
	6-12 yrs	8 ozs	0	
	staff	8 ozs	0	

Calculate

Total minimum required amount of Milk in Ounces:

Minimum required amount of Milk in Ounces:



Vegetables & Fruit



- ❖ Fruit juice must not be served more than once a day.
 - ✓ Must be full-strength, pasteurized and 100% juice.
 - ✓ Unless orange or grapefruit juice, must be fortified with 100% or more of Vitamin C.
- ❖ One cup of leafy greens counts at ½ cup of vegetables.
- ❖ At lunch and supper, one vegetable and one fruit or two different vegetables may be served.

Two fruits may NOT be served.







Meat/Meat Alternates



- ❖ Lean meat, poultry, fish.
- ❖ Meat alternates:
 - Tofu & soy products, cheese, eggs, cooked dry beans or peas, nuts and seeds, yogurt.
 - **Yogurt** must contain no more than 12 gr of **added sugars** per 6 ounces
 - **Commercial tofu** and soy products may be used to meet all or part of the meat/meat alternate component. **2.2oz of tofu credits as 1oz meat alternate.**
- ❖ A serving of cooked dry beans or peas may count as a vegetable or as a meat alternate, but not as both in the same meal.
- ❖ At breakfast, meat/meat alternates may be used to meet the entire grains requirement a maximum of 3 times per week



Cooking

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



Whole Grains



- ❖ Grain and bread foods **MUST** be whole-grain, enriched or made from whole grain or enriched meal or flour.
- ❖ **At least 1 serving per day** across all eating occasions must be 100% whole grain or whole-grain rich.
 - Must be noted on the menu (WG).
 - Grain based desserts do not count towards the grain requirement (donuts, granola bars, cookies, etc.).
- ❖ Ready-to-eat and cooked breakfast cereals must contain no more of **added sugar** per dry ounce (refer to WIC-Approved Cereal List).

Self Prep: Your receipts must show the grains purchased were whole grain and reflected on your menu

Florida WIC Approved Cereal List for the Child Care Food Program 2024-2025

Whole Grain/Whole Grain-Rich Cereals

Enriched Cereals

Cold Cereals

Hot Cereals

Any store brand or Ralston Foods brand

WHOLE GRAIN/WHOLE GRAIN-RICH CEREALS

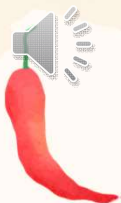
ENRICHED CEREALS



Whole Grains

- ❖ Prepackaged grain products must have enriched flour or meal or whole grains as the first ingredient listed on the package.
- ❖ Corn masa and masa-harina are considered whole grain-rich.
 - ✓ Corn flour, corn meal, and other corn products must be whole or treated with lime (nixtamalized) to be considered whole grain-rich.





Ounce Equivalents

Grains are an important part of meals in the Child Care Food Program (CCFP). To make sure children get enough grains at CCFP 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.

USDA
United States Department of Agriculture
Food and Nutrition Assistance

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 (CCFP). To make sure children and adults get enough grains at CCFP 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 grains 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 1/2" by 1 1/2") = 1 oz. eq.
5 seven whole-wheat crackers (1 1/2" by 1 1/2") = 1 oz. eq.

Using the Grains Measuring Chart
The Grains Measuring Chart on page 24 tells you how much of a grain item you need to serve to meet CCFP meal pattern requirements. To use this chart:

- Find the grain you want to serve under the "Grain Item and Size" column.
- Check if the chart lists a cup or weight by the name of the grain. If the chart lists a weight for the grain, such as 1/2 cup or 1/4 gram, then you do not need to check the size or weight of the product before using the chart. If the chart lists a cup or weight, such as 1/2 cup or 1/4 gram, then you must check the size or weight of the product before using the chart. If the chart lists a cup or weight, such as 1/2 cup or 1/4 gram, then you must check the size or weight of the product before using the chart.
- 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

6 through 18-year-olds at Breakfast, Lunch, Supper, Snack

Adults at Breakfast, Lunch, Supper

Serve at Least 1/2 oz. eq., which equals about...

Serve at Least 1/2 oz. eq., which equals about...

Serve at Least 2 oz. eq., which equals about...

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

6 through 18-year-olds at Breakfast, Lunch, Supper, Snack

Adults at Breakfast, Lunch, Supper

Serve at Least 1/2 oz. eq., which equals about...

Serve at Least 1/2 oz. eq., which equals about...

Serve at Least 2 oz. eq., which equals about...

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

6 through 18-year-olds at Breakfast, Lunch, Supper, Snack

Adults at Breakfast, Lunch, Supper

Serve at Least 1/2 oz. eq., which equals about...

Serve at Least 1/2 oz. eq., which equals about...

Serve at Least 2 oz. eq., which equals about...

More training, menu planning, and nutrition education materials for the CCFP can be found at <https://www.fns.gov/programs/child-care>.

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 Breakfast, Lunch, Supper
Bagel (entire bagel) at least 56 grams*	1/4 bagel or 14 grams	1/2 bagel or 28 grams	1 bagel or 56 grams
Bagel, Mini (entire bagel) at least 28 grams*	1/2 bagel or 14 grams	1 bagel or 28 grams	2 bagels or 56 grams
Biscuit at least 28 grams**	1/2 biscuit or 14 grams	1 biscuit or 28 grams	2 biscuits or 56 grams
Bread (whole grain/whole or enriched) at least 28 grams	1 slice or 14 grams	1 slice or 28 grams	2 slices or 56 grams
Bun or Roll (entire bun or roll) at least 28 grams*	1 bun/roll or 14 grams	1 bun/roll or 28 grams	2 bun/rolls or 56 grams
Cereal Grains (oats, millet, quinoa, etc.)	1/4 cup cooked or 14 grams dry	1/2 cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
Cereal, Ready-to-Eat: Flakes or Rounds	1/4 cup or 14 grams	1/2 cup or 28 grams	2 cups or 56 grams
Cereal, Ready-to-Eat: Granola	1/4 cup or 14 grams	1/2 cup or 28 grams	1/2 cup or 56 grams
Cereal, Ready-to-Eat: Puffed	1/4 cup or 14 grams	1/2 cup or 28 grams	2 1/2 cups or 56 grams
Corn Muffins at least 34 grams*	1 muffin or 17 grams	1 muffin or 34 grams	2 muffins or 68 grams
Cracker, Animal (about 1 1/2" by 1 1/2")	8 crackers or 14 grams	15 crackers or 28 grams	30 crackers (-1 cup) or 56 grams
Cracker, Bear-Shaped, Sweet (about 1" by 1 1/2")	12 crackers (-1/4 cup) or 18 grams	24 crackers (-1/4 cup) or 36 grams	48 crackers (-1/4 cup) or 72 grams
Cracker, Cheese, Square, Savory (about 1" by 1 1/2")	10 crackers or 11 grams	20 crackers (-1/4 cup) or 22 grams	40 crackers (-1/4 cup) or 44 grams
Cracker, Fish-Shaped or Similar, Savory (about 1 1/2" by 1 1/2")	21 crackers (-1/4 cup) or 11 grams	41 crackers (-1/4 cup) or 22 grams	81 crackers (-1/4 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 3 for more information.
**Check that the item you want to serve is about this size or larger. See "Grains Measuring Stick" on page 6 for more information.

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 Breakfast, Lunch, Supper
Cracker, Graham (about 3" by 2 1/2")	1 cracker or 14 grams	2 crackers or 28 grams	4 crackers or 56 grams
Cracker, Round, Savory (about 1 1/2" across)	4 crackers or 11 grams	7 crackers or 22 grams	14 crackers or 44 grams
Cracker, Square (about 2" by 2")	4 crackers or 11 grams	7 crackers or 22 grams	14 crackers or 44 grams
Cracker, Thin Wheat, Square, Savory (about 1 1/2" by 1 1/2")	6 crackers or 11 grams	12 crackers or 22 grams	23 crackers or 44 grams
Cracker, Woven Whole-Wheat, Square, Savory (about 1 1/2" by 1 1/2")	3 crackers or 11 grams	5 crackers or 22 grams	10 crackers or 44 grams
Croissant at least 34 grams*	1 croissant or 17 grams	1 croissant or 34 grams	2 croissants or 68 grams
English Muffin (top and bottom) at least 56 grams*	1 muffin or 14 grams	1 muffin or 28 grams	1 muffin or 56 grams
French Toast Stick at least 56 grams*	2 sticks or 36 grams	4 sticks or 69 grams	8 sticks or 138 grams
Ole	1/4 cup cooked or 14 grams dry	1/2 cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
Melba Toast (about 3 1/2" by 1 1/2")	2 pieces or 11 grams	5 pieces or 22 grams	6 pieces or 44 grams
Muffin and Quick Bread (bananas, etc.) at least 55 grams*	1 muffin/slice or 28 grams	1 muffin/slice or 56 grams	2 muffins/slices or 110 grams
Oatmeal	1/4 cup cooked or 14 grams dry	1/2 cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
Pancake at least 34 grams*	1 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 3 for more information.
**Check that the item you want to serve is about this size or larger. See "Grains Measuring Stick" 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 grains meet 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.
- Look at the Nutrition Facts label of the grain you wish to serve. Find the weight of the serving size (usually provided in grams). 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.

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

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 CCFP 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.

Nutrition Facts
Brand P Pancakes
117g (4.1 oz) per container
Serving Size 39g (1.4 oz) (3 pancakes)
Calories 260
Total Fat 10g 20%
Sodium 2g 40%
Total Carbohydrate 45g 90%
Dietary Fiber 1g 2%
Sugars 1g 2%





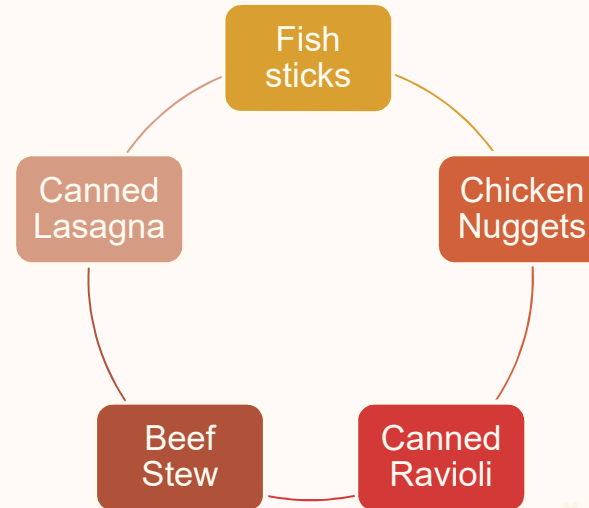
10

Combination Foods



Combination Foods

- ❖ Documentation is required to show that the combination foods have sufficient quantities of meat/meat alternate, grains, vegetables, and/or fruit to meet the meal pattern. Otherwise, it may not be counted towards a reimbursable meal.
- ❖ There are three forms of acceptable documentation:
 - Child Nutrition (CN) Labels.
 - Product Formulation Statements (PFS).
 - Standardized Recipes.

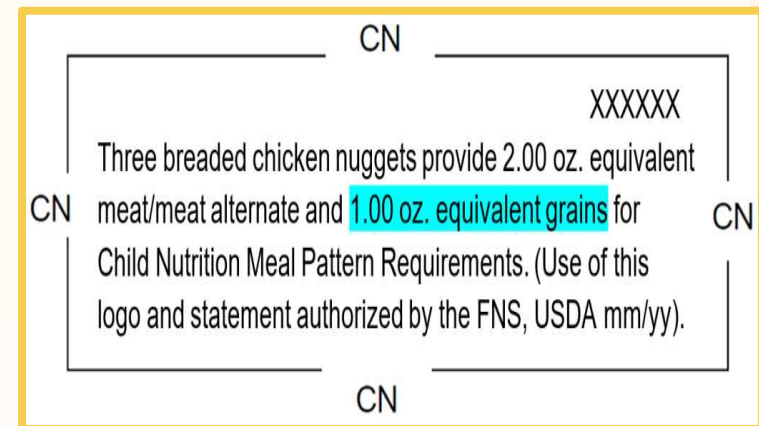




Child Nutrition Labels (CN)

Label that communicates how the product contributes to the CCFP meal pattern. 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)

TYSON CHILD NUTRITION SUMMARY
Product Name: Tyson Chicken Breast Meat Chicken Nuggets

Product Code: 10142/0208 **Label Weight:** 30.00 lb
UPC Information: 952390 01279 6 300.2710101279.7

Serving Size: 4 65/100 (3.50000) per serving *Does not count for Grain
1-2 yrs: 4pcs 3-5 yrs: 6pcs
6-12 yrs: 8pcs

Pack Information: 6 / 5.0000 (L.B.BAG) per Case

Product is not CN-labeled.
Analysis is by Piece.

Total Weight of Uncooked Product*	0.097000 oz
Weight of Creditable Raw Meat, Variety: Chicken	0.443952 oz
Percent Fat of raw meat:	30.000000 %
*Weight of Creditable Dry APP: (Variety): Rehydration Ratio:	n/a
*Weight of Rehydrated APP:	n/a
Weight of Meat Alternates (specify):	n/a
Weight of Binding: <u>Not checked</u>	0.201000 oz
Weight of Filling:	n/a
Weight of Other Non-Creditable Ingredients:	n/a
Total Weight of Finished Product:	0.830000 oz
Weight of Unrounded Cooked Meat/Meat Alternate **with APP:	0.319750 oz

Meat/Meat Alternate per serving: 1.0000 oz

I certify that the above information is accurate as presented on this date.
*I further certify that the alternate protein product (APP) meets the requirements set forth in Appendix A of 7 CFR Parts 210, 220, 225, and 226.
(1) Slight variance in piece weights is possible, due to normal process variance; however, average weights per case will meet or exceed the stated weight.

Additional Information:
N/A to:
Breaded items do not count towards weekly, maximum grain servings SY 2012-2013
Grain Requirements for School Lunch and Breakfast Program per Policy Memo Code: SP-36-2012
USDA/FNS

Karen Shank, MS, RD **Nutritional Services Manager**
Karen Shank, MS, RD Title
TYSON FOODS, INC. 10/23/13

Tyson Foods, Inc. 2200 Don Tyson Parkway, Springdale, AR 72762



GORTON'S
CHILD NUTRITION INFORMATION

Product Name: Gorton's Super Crunchy Fish Sticks
Product Codes: 44400 104900 Size: 64 ct - 60.8 oz (3.8 lbs)
Distributed by: Gorton's, Gloucester, MA 01930

List Varieties of Fish Used in Product: Alaska Pollack
Total Weight per Stick of Uncooked Product (as purchased): 0.95 oz per stick
Weight of Raw Fish per Portion: 0.47 oz raw fish per stick
Ounces Equivalent Meat:
0.95 oz precooked breaded fish stick x 49.8% raw fish = 0.47 oz raw fish/fillet x 78 % cooking yield = 0.37 oz equivalent meat
4 sticks = 1.48 oz equivalent meat = 1.5 oz equivalent meat
3 sticks = 1.11 oz equivalent meat = 1.1 oz equivalent meat

Jodi Blanch
Jodi Blanch
Quality Assurance Manager - Regulatory

Date: January 4, 2021

128 Rogers Street, Gloucester, MA 01930
978-243-3000

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

- ✓ Signed document on company's letterhead that demonstrates how the processed product contributes to the meal pattern requirements.
- ✓ See overview packet for PFS requirements.






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.
- ❖ A standardized recipe will help ensure that the best possible food items are produced every time and shall include the following:
 - **Name of the recipe (which should match the way it is listed on the menu)**
 - **List of all ingredients and the amount of each needed for the recipe**
 - **Specific instructions on how to make the recipe**
 - **Serving size**
 - **CCFP crediting information per serving size**

Preparation Time: 20 Minutes | Cook Time: 1 Hour 35 Minutes




Arroz Con Pollo

Arroz Con Pollo (Rice With Chicken) is a classic dish that is enjoyed throughout Spain and Latin America. Each country has its own version, but it remains a family favorite. Try this hearty, flavorful recipe today.

CACFP CREDITING INFORMATION:
1 chicken tenderloin and 1/2 cup (No. 8 scoop) rice and vegetable mixture provides 1 1/2 oz equivalent meat, 1/2 cup vegetable, and 1/2 oz equivalent grains.

SOURCE
Team Nutrition CACFP Multicultural Recipe Project.
<https://teammnutrition.usda.gov>

INGREDIENTS	25 SERVINGS		50 SERVINGS		DIRECTIONS
	Weight	Measure	Weight	Measure	
Brown rice, long-grain, uncooked	12 1/2 oz	2 cup	1 lb 9 oz	1 qt	<ol style="list-style-type: none"> 1 Preheat oven to 400 °F 2 Combine brown rice and water in a large stockpot. Stir once. Heat on medium-high heat to a rolling boil. 3 Cover and reduce heat to medium. Cook for 20-30 minutes over low heat until water is absorbed. Fluff the rice gently with a fork. 4 In a small bowl combine seasonings: salt, black pepper, garlic powder, and cumin.
Water	32 fl oz	1 qt	64 fl oz	2 qt	
Salt, table		2 tsp		1 Tbsp 1 tsp	
Black pepper, ground		2 tsp		1 Tbsp 1 tsp	
Garlic powder		2 tsp		1 Tbsp 1 tsp	
Cumin, ground		1 Tbsp 1 tsp		2 Tbsp 2 tsp	


Food and Nutrition Service
Page 1 of 4





Water Requirement

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.





11

INFANTS



Infant Feeding Policies

- ❖ 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.
- ❖ As long as the baby is in care during the meal service period, the Center is **OBLIGATED** to offer the baby a meal that meets CCFP requirements.
- ❖ Each meal served to infants must meet requirements for the appropriate age group as stated in the CCFP Meal Pattern for Infants
- ❖ Babies are fed when they are hungry, not by a strict schedule
- ❖ Parents may only supply **ONE** component of a meal in order to be reimbursable

Meal Pattern for Infants		
<i>Birth - 11 months</i>		
Breakfast, Lunch, and Supper		
3 required meal 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
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
beans, peas and lentils		0 - 4 Tbsp
cheese		0 - 2 oz
*yogurt/cottage cheese		0 - 4 oz
<small>*Starting October 1, 2025, yogurt must contain no more than 12 grams of added sugars per 8 ounces.</small>		
Fruits or Vegetables required when infant is developmentally ready		
fruits, vegetables, or portions of both		0 - 2 Tbsp
Snack		
3 required meal 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
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
<small>*Starting October 1, 2025, breakfast cereals must contain no more than 8 grams added sugars per dry ounce</small>		
Fruits or Vegetables required when infant is developmentally ready		
fruits, vegetables, or portions of both		0 - 2 Tbsp

Please note, portions listed are minimums. Serving larger portions is encouraged.

JUNE 2024





Infant Feeding Form & Selected Formulas

- ❖ Infant Feeding Forms must be on file for ALL infants.
- ❖ By agreeing to participate in the CCFP, you are **required** to offer at least one iron-fortified infant formula.
- ❖ Creditable infant formulas for the CCFP include major brands such as Similac and Enfamil, but also store brands such as Parent's Choice (Wal-Mart), Member's Mark (Sam's), CVS Health, and Well Beginnings (Walgreens).

**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. Date: _____

Parent Signature: _____

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.

Revised 5/2023 Infant Feeding Form Sample 38 1-22-07



Standard Infant Menu

- ❖ Required to be visibly posted in the Infant classroom.
- ❖ The child care facility name and offered formula must be listed in the space provided.

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
Breakfast, Lunch/Supper, and Snack: <u>Breastmilk and/or iron-fortified infant formula</u>
6 to 11 Months
Breakfast and Lunch/Supper: <u>Breastmilk and/or iron-fortified infant formula</u>
<u>*One or more of the following:</u> Infant cereal (dry infant cereal mixed with breastmilk and/or formula) Variety of meats and poultry (cooked plain or from jar) Fish (cooked plain, boneless) Whole egg Cooked dry beans/peas (cooked plain) Cheese regular (plain, sliced thin or thin strips) Cottage cheese Yogurt
*A variety of vegetables and/or fruits: Carrots Green Beans Mixed vegetables Pasta Potatoes/sweet potatoes Squash Applesauce Bananas Mixed fruits Peaches Pears
Snack: <u>Breastmilk and/or iron-fortified infant formula</u>
<u>*One or more of the following:</u> Bread (small pieces of bread or toast) Crackers (small pieces of unsalted plain crackers or teething biscuits) Infant cereal (dry infant cereal mixed with breastmilk and/or formula) Ready-to-eat cereal (e.g. Cheerios, Chex)
*A variety of vegetables and/or fruits: Carrots Green Beans Mixed vegetables Pasta Potatoes/sweet potatoes Squash Applesauce Bananas Mixed fruits Peaches Pears
<small>*A serving of this component(s) is required when the infant is developmentally ready to accept it. Note: This menu is based on the NCCCO Model Infant Care Policy.</small>



Introducing Solid Foods

- ❖ 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.
- ❖ Gradual introduction of solid foods may begin around **6 months** of age or when developmentally appropriate for the infant.
- ❖ Centers are **required** to offer solid foods to infants who are developmentally ready to accept them.
- ❖ Foods must only be offered at the appropriate texture and consistency & after consulting with parents.





Is baby ready for solid food?

Baby shows interest when you are eating

Holds head steady when upright

Baby can reach for food

Baby can sit with a bit of support



Combination Foods

Combination foods are foods that include a mixture of 2 or more foods, such as meat and vegetables.

How to Credit Combination Foods: must include a detailed food packaging label or Product Formulation Statement.



- **Step 1:** Look for the creditable ingredients.
- **Step 2:** Are the amounts of the ingredients listed as a unit of volume (cups, tbsp, tsp, etc.)?
- **Step 3:** Compare to required meal pattern requirements for each component.





Non-Creditable Infant Foods

Do not serve:

- ❖ Cow's milk, goat's milk, nondairy beverages (such as soy or rice milk), and other breastmilk and formula substitutes until 1st birthday.
 - **A medical statement from the baby's health care provider must document any substitutes to breastmilk or approved iron-fortified infant formulas.**
 - ❖ Fruit juices or drinks, vegetable juices, or fruit/vegetable blends or cocktails
- 
- 



Non-Creditable Infant Foods (Cont.)

- ❖ Low-iron infant cereals
- ❖ Ready-to-Eat Cereal with more than 6 grams of **added sugar** per dry ounce
- ❖ Commercial jars of baby food with “dessert” or “pudding” on the label
- ❖ Honey graham crackers or other baked goods containing honey
- ❖ Sweetened grains/baked goods, such as cookies, cakes, muffins, granola bars
- ❖ Do not serve peanut butter, nuts, and seeds.
- ❖ Do not serve self-prepared spinach, beets, turnips, carrots or collard greens for infants less than 6 months, **may potentially contain enough nitrates to cause “blue baby syndrome”, a condition that causes difficulty in breathing and can lead to death.**





Infant Reimbursement



- ✓ Must have the Infant Feeding Form on file.
- ✓ Must have a Free and Reduced-Price Meal Application on file.
- ✓ Claim infants in Minute Menu CX or Kidkare.
- ✓ Submit itemized receipts with monthly claim listing creditable infant food items.

Receipts should not contain personal items.

- ✓ Remember to be mindful of formula and food purchases.

Receipts are not reimbursed dollar-for-dollar







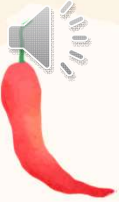
12

Integrity in the CCFP



Common CCFP Fraud Schemes

- Falsifying Free/Reduced-Price Meal Applications or Provider Income Statements.
 - Forgery.
 - Submitting falsified receipts.
 - Inflating meal count records – ***claiming meals for children not in attendance, claiming meals received and not served, multiple 5 day test failures.***
 - Falsifying attendance records.
 - Misrepresenting the meal type, amount or items served.
- 
- 



Criminal & Civil Remedies

- CCFP Program Termination.
- Criminal Prosecution.
- Placement on the National Disqualified List (NDL) for up to 7 years.
- Loss of ability to participate in any federally funded program.
- False Claims Act covers fraud involving any federally funded contract or program. Those who knowingly submit, or cause another person or entity to submit, false claims for payment of government funds are liable for three times the governments damages plus civil penalties of \$5,500 to \$11,000 per false claim



A decorative border surrounds the central text, featuring watercolor-style illustrations of various vegetables: a red chili pepper, a yellow pepper, a green leaf, a green tomato, a yellow corn cob, a head of green broccoli, a bunch of green leeks, and a large orange carrot with green stalks. A small grey speaker icon is located in the top left corner. The background is a light beige color with faint, abstract shapes and small green dots.

13

Claim Submission & Review



Claim Submission



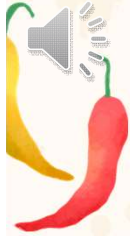
- ✓ Submit the electronic claim by the 1st business day of each month. **All supporting records must be submitted by the 5th day of each month.** If the 5th day of the month falls on a weekend or holiday, these records must be submitted on the first business day following the weekend or holiday.
- ✓ If you are nearby, please consider dropping off your claim envelope.
- ✓ If your claim is late, send priority mail or deliver to our office ASAP.
 - Risk of delayed payment if claim is late.

Sites with their own caterer: you MUST submit proof of payment to your caterer with every claim.



**Fast Claim
Submissions**





Follow your Claim Package Checklist

If subsidized/VPK attendance is not available please send remainder of claim.
Send VPK/Subsidized attendance as soon as it becomes available

ONLY SEND WHAT IS LISTED AND APPLIES TO YOU

SELF-PREP: Be sure to submit a copy of the cycle menu listing substitutions with your monthly claim packets along with receipts to support your purchases.

Family Central
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 5TH 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 CCFP center enrollment forms with completed enrollment and child participation information **KEEP YELLOW COPIES ONLY** _____

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

Original Personnel Activity Reports
Supplies & Supplies Required (Please Write Center's Name) _____

Receipts for food (including infant foods) and CCFP supplies
*(Make sure Receipts are securely bound with **Clips or Staples** with Center's Name)* _____

Delivery receipts from caterer **KEEP ONE SET FOR YOUR RECORDS**
*SEVERY Delivery Receipt must have **Date, Quantity & Temperature*** _____
Other information required on my receipt: **Receipt Receipts**

Weekly Attendance & Meal Count Report: **Submitted Via IMCXA** _____

Copy of Enrollment/Attendance Verification Forms for all subsidized children funded by the CCFP 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, PDF invoice) _____

Center Representative Signature _____ Date _____

Family Central Staff Signature _____ Date _____

Revised February 2013



Keep your claim package organized

Do NOT send:

- Duplicate caterer delivery receipts.
- If sending receipts, staple them together or put in a separate envelope.
- Copies of meal count change forms or deficiency reports.
- Pink copies of meal applications.
- Any reports from CX/KidKare.
- Sign-in/sign out sheets.
- Rental property receipts.





This concludes the first segment of our annual training. We will now proceed with the second segment, focusing on civil rights.

Please remember that upon completing the civil rights portion, it is essential to fill out the survey provided to generate your certificate of attendance for this training.

Thank you for your attention and participation.



Civil Rights

Training for Child Care Food Program Providers





Civil Rights Training Requirement

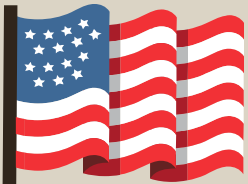
Annual Civil Rights trainings are required by the United States Department of Agriculture (USDA) for all persons working with the Child Care Food Program (CCFP)

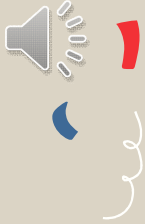




Why Civil Rights?

Ensures equal access for all to the Child
Care Food Program





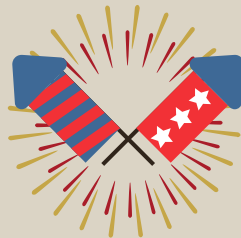
CIVIL RIGHTS ASSURANCES



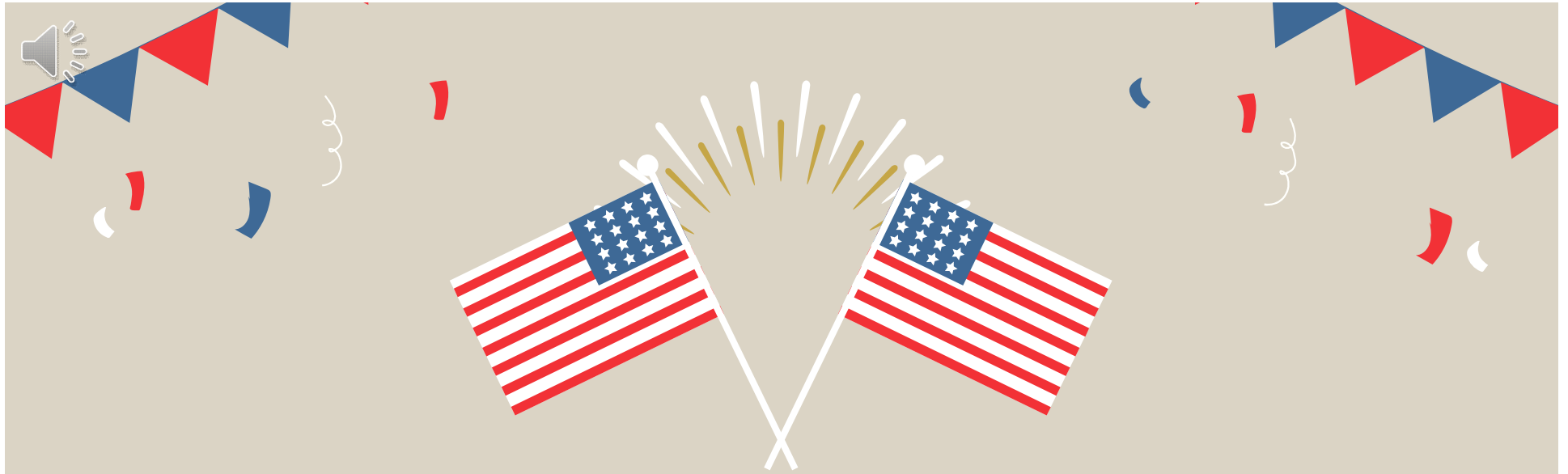
Incorporated in all agreements to ensure children have equal access to the CCFP. Included in the agreement between the Department of Agriculture and the State of Florida



Included in agreement between the Florida Department of Health and Family Central



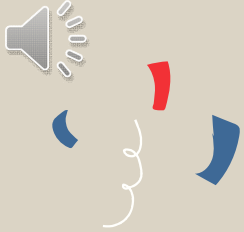
Included in agreement between Family Central and Child Care Providers



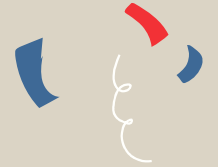
Civil Rights Act, 1964



DISCRIMINATION



6 PROTECTED CLASSES



AGE



DISABILITY



SEX



RACE



COLOR



**NATIONAL
ORIGIN**



RELIGION

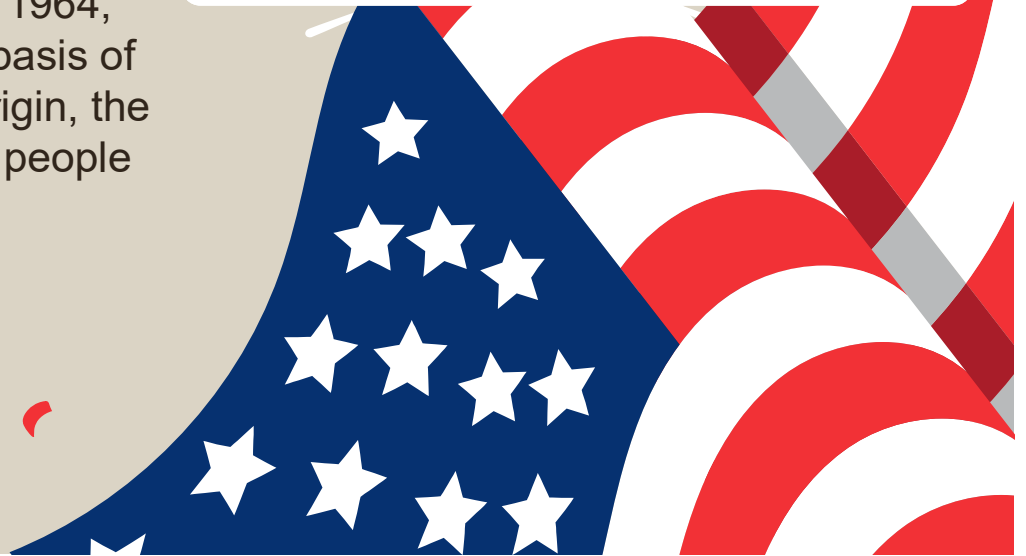
Though not part of the six protected classes in civil rights legislation, religious discrimination is prohibited in the State of Florida.





Americans with Disabilities Act

Modeled after the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color, religion, sex, or national origin, the ADA is an "equal opportunity" law for people with disabilities



The background is a light beige color decorated with various festive elements. There are several circular patterns of radiating lines in blue and red, resembling fireworks or sunbursts. Scattered throughout are small, colorful confetti pieces in red, blue, and white. A small grey speaker icon is located in the top left corner. A blue ribbon banner is positioned horizontally across the middle of the image.

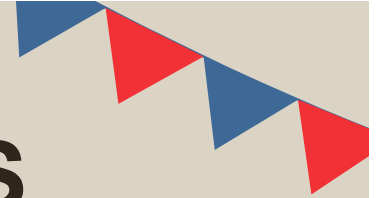
ACCOMODATION



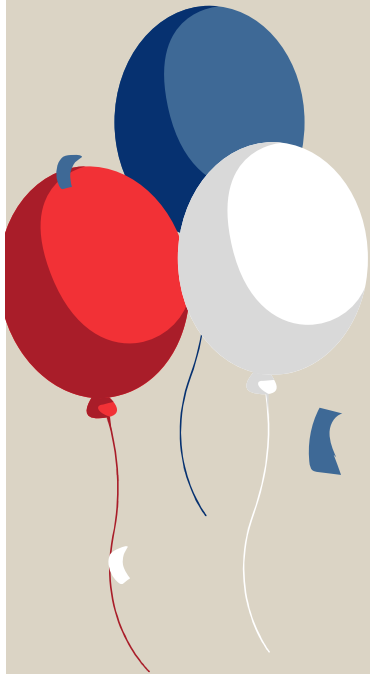
LIMITED ENGLISH PROFICIENCY

- Refers to a person who is not fluent in the English language.
- Requires recipients of Federal financial assistance to take reasonable steps to make their programs, services and activities accessible by eligible persons with limited English proficiency.





PROVIDER RESPONSIBILITIES



1 Provide CCFP services in a non-discriminatory manner

2 Fully comply with all civil rights regulations

3 Inform current and potential participants of non-discriminatory policies

4 Offer meals/snacks to all child care participants, including infants

5 Offer substitutions (as required) to persons with disabilities, including those with food allergies

6 Participate in annual civil rights training

7 Collect and allow collection of racial and ethnic data

8 Inform participants of complaint procedures

9 Refer complaints to Department of Health and USDA Civil Rights division



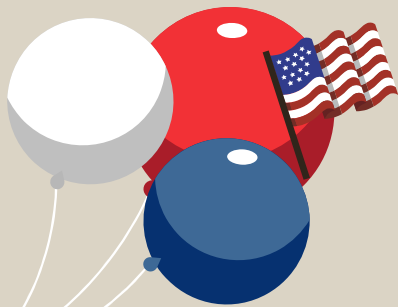

INFORMING THE PUBLIC



At enrollment



**Through advertisements
(as applicable)**

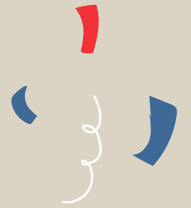



Through posting material





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




AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local agency that administers the program or USDA's TARGET Center at (800) 795-6000 (voice and TDD) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online from any USDA office, by calling (866) 632-6992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to allow the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(833) 256-1665 or (202) 690-7442;
email:
program.intake@usda.gov

This institution is an equal opportunity provider.

En conformidad con la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, vengencia o represalia por actividades relacionadas con el pasado relacionadas con los derechos civiles, que todos los principios de prohibición aplican a todos los programas.

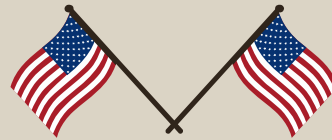
La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieren medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra ampliada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el Centro TARGET del USDA al (800) 795-6000 y TDD o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea en cualquier oficina del USDA, llamando al (866) 632-6992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, dirección y número de teléfono del reclamante, y una descripción detallada de la supuesta acción discriminatoria con suficiente detalle para permitir al Asesor de Derechos Civiles (ASCR) sobre la naturaleza y la fecha de un supuesto acto de violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por correo postal.

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

Esta institución ofrece igualdad de oportunidades.

VS



Building for the Future

This is our new building partnership with the Hispanic American Leadership Program (HALP), a Federal law that provides health, career and leadership training services for youth.

Each day, over 100 Hispanic American participants in HALP will be on hand and ready to meet with you. Whether you're interested in getting notified when you need USDA Resources, participating in a webinar or simply trying the quality of our site and making a new addition to your website.

Notes: HALP focuses on career and leadership opportunities with USDA.

Feature	Legacy System	Current System
Content Management	Static Content	Dynamic Content
Reporting	Static Reports	Dynamic Reports
Integration	Manual	Automated

Key Features:

- **Clear Case Content:** Content is approved online or updates received until case content is ready for publication.
- **Flexible Case Management:** Content is approved online or updates received until case content is ready for publication.
- **Advanced Case Management:** Content is approved online or updates received until case content is ready for publication.
- **Advanced Case Management:** Content is approved online or updates received until case content is ready for publication.

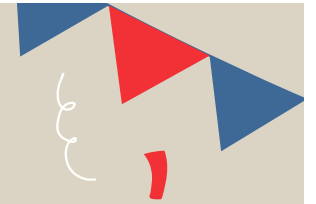
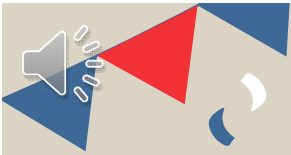
Reporting: Real-time reporting and analytics for all content and case content.

Integration: Seamless integration with other systems and data sources.

Support: 24/7 support and training for all users.

USDA

Required Posting Materials



ETHNICITY

HISPANIC OR LATINO

NOT HISPANIC OR LATINO

RACE

AMERICAN INDIAN OR ALASKAN NATIVE

ASIAN

BLACK OR AFRICAN AMERICAN

NATIVE HAWAIIAN or other PACIFIC
ISLANDER

WHITE



DETERMINING ETHNIC & RACIAL IDENTITY



- In order to report the racial and ethnic identity of children, the USDA has determined that visual observation and identification by a third party is unreliable and is no longer allowed.
- This information must be made through self reporting by the participant.





COLLECTING DEMOGRAPHIC DATA

- The USDA requires providers to ask participants to identify their child's racial and ethnic identity.
- Providers must ensure participants are made aware that failure to provide this information will NOT impact their eligibility.





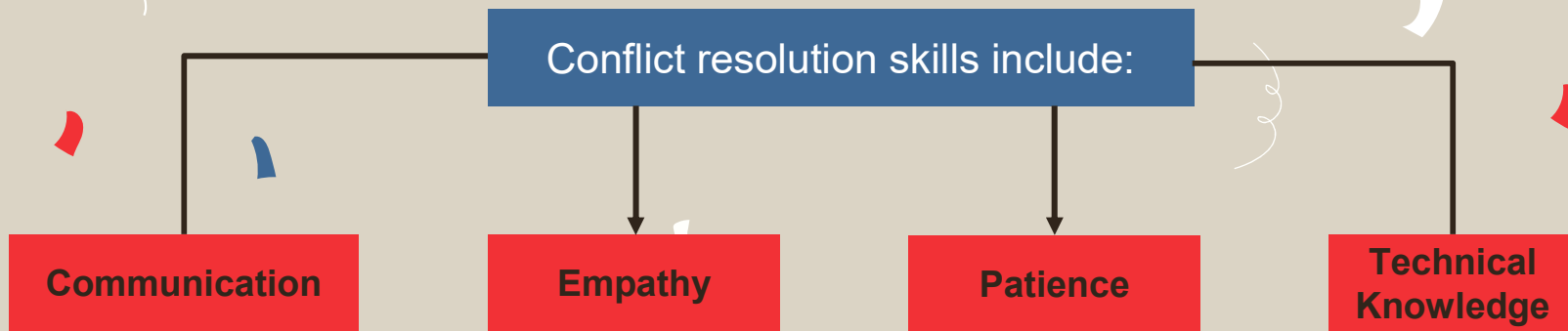
Providing quality customer service to everyone will help you avoid the appearance of discriminatory practices.

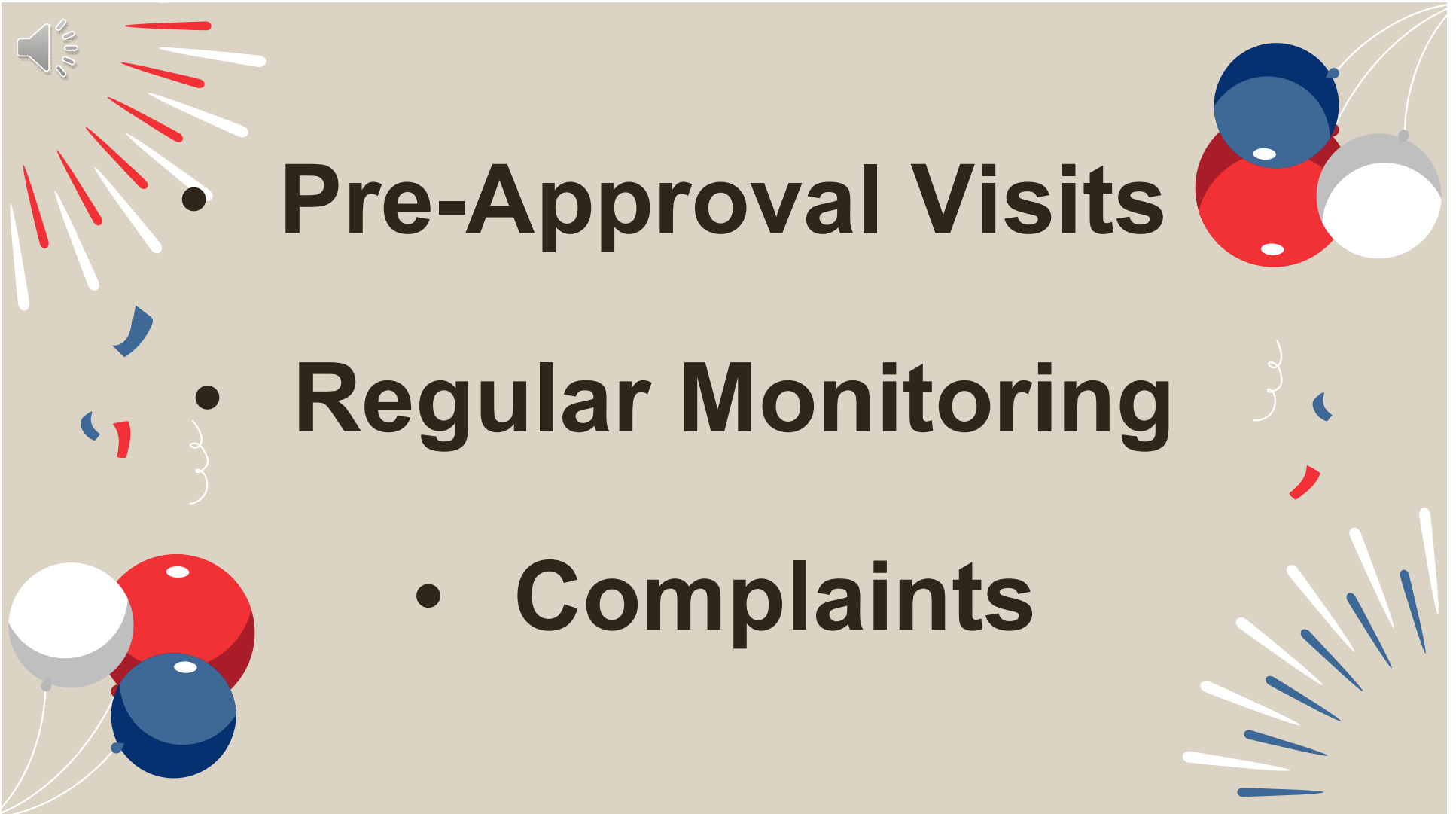




CONFLICT RESOLUTION

Good conflict resolution skills can help you avoid unnecessary litigation and expenses.





- **Pre-Approval Visits**
- **Regular Monitoring**
- **Complaints**



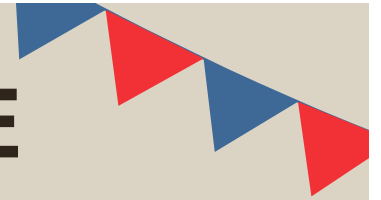
NON-COMPLIANCE WITH CIVIL RIGHTS REGULATIONS

- Must be reported to appropriate State and Federal agencies
- Will be investigated





RESOLVING NON-COMPLIANCE



1

Voluntary

2

**Corrective
Action
Plan**

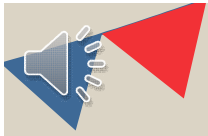
3

Termination

4

**Other Civil or
Criminal
Penalties**





Civil Rights Language

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender identity and sexual orientation), disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.





Civil Rights Language

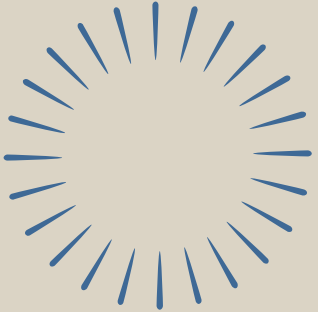

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8399. Additionally, program information may be made available in languages other than English.





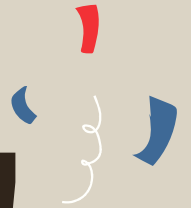
CIVIL RIGHTS COMPLAINTS

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov





THE END!



If you have specific questions or concerns about discriminatory practice and what is and is not allowed under the law, we recommend you seek legal advice



SURVEY

To complete the final step of this training, please click the link below to access and take the survey. Your participation in this survey is crucial for finalizing your training and receiving your certificate of attendance.

Thank you for your cooperation!

[CLICK HERE](#)