

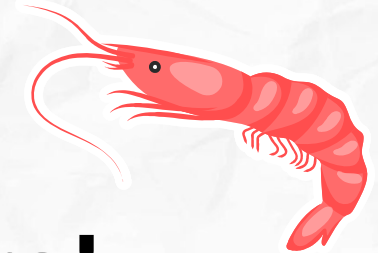


# TRAINING INSTRUCTIONS

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

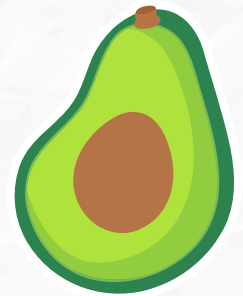
**After finishing the civil rights section, please use the link provided on the last slide to access the survey. Upon survey submission, your certificate will be generated and available for printing. A copy of the certificate will also be emailed to you automatically.**

**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 Home Providers!**

**Child Care Food Program  
Annual Training**



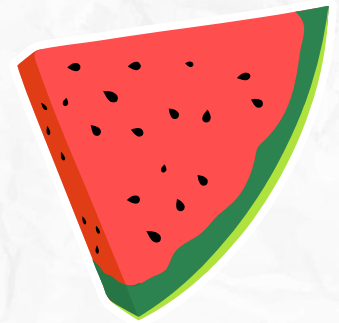
**2024-2025**



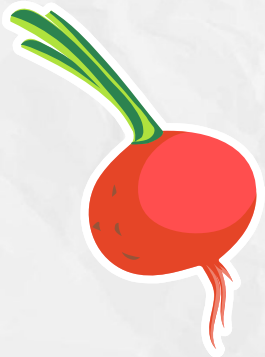


# Agenda

- CCFP Overview
- Updates
- Program Reminders
- Reimbursement and Record Keeping
- Food and Nutrition
  - Meal Pattern
- Menu Planning
- Infants
- Food Safety and Sanitation
- Monitoring
  - Program Integrity
- Claims
  - Kidkare
- Civil Rights



# CCFP Overview



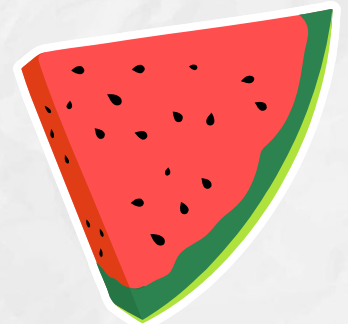
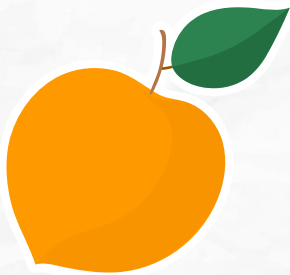




# Food Program Benefits

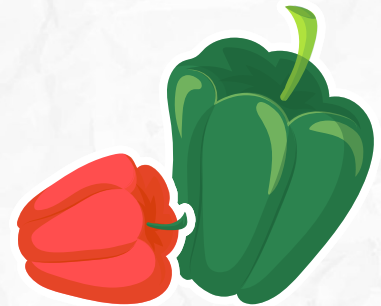
Participating in the Child Care Food Program (CCFP) offers several benefits for child care providers:

- **Financial Support**
- **Nutritional Guidance**
- **Enhanced Program Quality**
- **Regulatory Compliance**
- **Community Recognition**





# Updates





## Updated Requirements

## Implementation Date

Added Sugar	<ul style="list-style-type: none"><li>• <b>Breakfast Cereal:</b> Must contain no more than 6 gr of <b>added sugar</b> per dry ounce.</li><li>• <b>Yogurt:</b> Must contain no more than 12 gr of <b>added sugars</b> per 6 ounces.</li></ul>	October 1, 2025
Meal Modification	Clarifies that both state licensed healthcare professionals <b>and registered dietitians</b> 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 <b>credit for the full meats/meat alternates component</b> , 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"><li>• Vitamin A – 150 mcg retinol activity equivalents (RAE)</li><li>• Vitamin D – 2.5 mcg</li></ul>	July 1, 2024
Miscellaneous Changes	Changes references to “dry beans and peas (legumes)” to <b>“beans, peas, and lentils.”</b> Changes references from “food components” to <b>“meal components.”</b>	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**

All state licensed healthcare professionals who is authorized to write medical prescriptions under state law or registered dietitians shall complete Parts 2 and 3 and sign this form. In the future, CDP, a licensed medical professional is a Physician, Physician's Assistant and Nurse Practitioner (ARNP). A Registered Dietitian (RD) may also complete and sign this 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 foods/species of food must be avoided? Please be specific.  
 \_\_\_\_\_

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

All foods to be substituted for avoided foods (avoid specific brand names, if possible)  
 \_\_\_\_\_

Additional comments:  
 \_\_\_\_\_

Feeding modification (Complete if needed):  
 Parent  Grand  Site Site Person  Other (specify) \_\_\_\_\_

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

Licensed medical professional's name \_\_\_\_\_  
 Physician  Nurse Practitioner (ARNP)  
 Physician Assistant  Registered Dietitian (RD)

Signature of licensed medical professional or registered dietitian \_\_\_\_\_

Medical office name and address \_\_\_\_\_ Phone number \_\_\_\_\_

This institution is an equal opportunity provider. May 2024

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

**Title:**

Physician  Nurse Practitioner (ARNP)  
 Physician Assistant  Registered Dietitian (RD)



**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 reasons for requested accommodations: \_\_\_\_\_

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 2016 Sample

# Dietary Preference Form

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

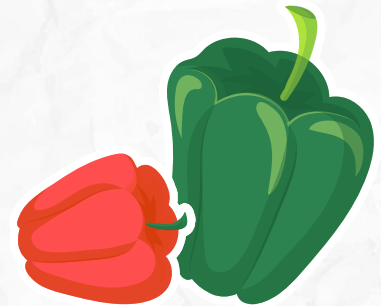


8th Continent Soy milk Vanilla





# Program Reminders





# Annual Re-Enrollments

## Detailed instructions will be included

- ✓ Annual Re-Enrollment packets will be mailed **Wednesday, October 2<sup>nd</sup>**.
- ✓ Please call Sheron if packet is not received by **Wednesday, October 9<sup>th</sup>**.
- ✓ Re-enrollment packets are due by **Tuesday, October 15<sup>th</sup>**.





# Annual Re-Enrollments

Provider needs to verify all information

Parent needs to verify information about the child(ren)

Indicate changes on the enrollment form

Indicate assigned school for school aged children

Provider signature is required on all pages

In order to process your claim this **MUST** be returned by due date



**Double check the assigned school. This is the most missed item.**



# Renewal Forms

Complete, sign and submit originals of both the **Provider Data Sheet** and **Vacation Form** within **5 days** in the provided envelope.

## Provider Data Sheet

CHILD CARE FOOD PROGRAM PROVIDER DATA SHEET	
Authorization Number: D-701	Organization Name: Family Central Inc. 2024-2025
<b>1. Provider Information:</b>	
Provider Name: _____	
Street Address: _____	
City: _____ State: _____ Zip: _____ County: _____	
Phone Number: _____ Fax Number: _____	
Email Address: _____	
<b>2. Is your name, address and phone number listed as CONFIDENTIAL with DCF or your local licensing agency?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3. Names of all children that reside in your home:</b> _____	
<b>4. Days you provide care for children other than those that reside in your home: (Check all that apply)</b>	
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	
<b>5. Operating Hours: Start _____ Finish _____</b>	
<b>6. Meals to be Claimed:</b> Breakfast <input type="checkbox"/> Morning Snack <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack <input type="checkbox"/>	
(Check all that apply)	
<b>7a. Do You Have Child Care Shifts?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>7b. If Yes, go to 7c, 7d, 7e, 7f, 7g, 7h, 7i, 7j, 7k, 7l, 7m, 7n, 7o, 7p, 7q, 7r, 7s, 7t, 7u, 7v, 7w, 7x, 7y, 7z, 7aa, 7ab, 7ac, 7ad, 7ae, 7af, 7ag, 7ah, 7ai, 7aj, 7ak, 7al, 7am, 7an, 7ao, 7ap, 7aq, 7ar, 7as, 7at, 7au, 7av, 7aw, 7ax, 7ay, 7az, 7ba, 7bb, 7bc, 7bd, 7be, 7bf, 7bg, 7bh, 7bi, 7bj, 7bk, 7bl, 7bm, 7bn, 7bo, 7bp, 7bq, 7br, 7bs, 7bt, 7bu, 7bv, 7bw, 7bx, 7by, 7bz, 7ca, 7cb, 7cc, 7cd, 7ce, 7cf, 7cg, 7ch, 7ci, 7cj, 7ck, 7cl, 7cm, 7cn, 7co, 7cp, 7cq, 7cr, 7cs, 7ct, 7cu, 7cv, 7cw, 7cx, 7cy, 7cz, 7da, 7db, 7dc, 7dd, 7de, 7df, 7dg, 7dh, 7di, 7dj, 7dk, 7dl, 7dm, 7dn, 7do, 7dp, 7dq, 7dr, 7ds, 7dt, 7du, 7dv, 7dw, 7dx, 7dy, 7dz, 7ea, 7eb, 7ec, 7ed, 7ee, 7ef, 7eg, 7eh, 7ei, 7ej, 7ek, 7el, 7em, 7en, 7eo, 7ep, 7eq, 7er, 7es, 7et, 7eu, 7ev, 7ew, 7ex, 7ey, 7ez, 7fa, 7fb, 7fc, 7fd, 7fe, 7ff, 7fg, 7fh, 7fi, 7fj, 7fk, 7fl, 7fm, 7fn, 7fo, 7fp, 7fq, 7fr, 7fs, 7ft, 7fu, 7fv, 7fw, 7fx, 7fy, 7fz, 7ga, 7gb, 7gc, 7gd, 7ge, 7gf, 7gg, 7gh, 7gi, 7gj, 7gk, 7gl, 7gm, 7gn, 7go, 7gp, 7gq, 7gr, 7gs, 7gt, 7gu, 7gv, 7gw, 7gx, 7gy, 7gz, 7ha, 7hb, 7hc, 7hd, 7he, 7hf, 7hg, 7hh, 7hi, 7hj, 7hk, 7hl, 7hm, 7hn, 7ho, 7hp, 7hq, 7hr, 7hs, 7ht, 7hu, 7hv, 7hw, 7hx, 7hy, 7hz, 7ia, 7ib, 7ic, 7id, 7ie, 7if, 7ig, 7ih, 7ii, 7ij, 7ik, 7il, 7im, 7in, 7io, 7ip, 7iq, 7ir, 7is, 7it, 7iu, 7iv, 7iw, 7ix, 7iy, 7iz, 7ja, 7jb, 7jc, 7jd, 7je, 7jf, 7jg, 7jh, 7ji, 7jj, 7jk, 7jl, 7jm, 7jn, 7jo, 7jp, 7jq, 7jr, 7js, 7jt, 7ju, 7jv, 7jw, 7jx, 7jy, 7jz, 7ka, 7kb, 7kc, 7kd, 7ke, 7kf, 7kg, 7kh, 7ki, 7kj, 7kl, 7km, 7kn, 7ko, 7kp, 7kq, 7kr, 7ks, 7kt, 7ku, 7kv, 7kw, 7kx, 7ky, 7kz, 7la, 7lb, 7lc, 7ld, 7le, 7lf, 7lg, 7lh, 7li, 7lj, 7lk, 7ll, 7lm, 7ln, 7lo, 7lp, 7lq, 7lr, 7ls, 7lt, 7lu, 7lv, 7lw, 7lx, 7ly, 7lz, 7ma, 7mb, 7mc, 7md, 7me, 7mf, 7mg, 7mh, 7mi, 7mj, 7mk, 7ml, 7mm, 7mn, 7mo, 7mp, 7mq, 7mr, 7ms, 7mt, 7mu, 7mv, 7mw, 7mx, 7my, 7mz, 7na, 7nb, 7nc, 7nd, 7ne, 7nf, 7ng, 7nh, 7ni, 7nj, 7nk, 7nl, 7nm, 7nn, 7no, 7np, 7nq, 7nr, 7ns, 7nt, 7nu, 7nv, 7nw, 7nx, 7ny, 7nz, 7oa, 7ob, 7oc, 7od, 7oe, 7of, 7og, 7oh, 7oi, 7oj, 7ok, 7ol, 7om, 7on, 7oo, 7op, 7oq, 7or, 7os, 7ot, 7ou, 7ov, 7ow, 7ox, 7oy, 7oz, 7pa, 7pb, 7pc, 7pd, 7pe, 7pf, 7pg, 7ph, 7pi, 7pj, 7pk, 7pl, 7pm, 7pn, 7po, 7pp, 7pq, 7pr, 7ps, 7pt, 7pu, 7pv, 7pw, 7px, 7py, 7pz, 7qa, 7qb, 7qc, 7qd, 7qe, 7qf, 7qg, 7qh, 7qi, 7qj, 7qk, 7ql, 7qm, 7qn, 7qo, 7qp, 7qq, 7qr, 7qs, 7qt, 7qu, 7qv, 7qw, 7qx, 7qy, 7qz, 7ra, 7rb, 7rc, 7rd, 7re, 7rf, 7rg, 7rh, 7ri, 7rj, 7rk, 7rl, 7rm, 7rn, 7ro, 7rp, 7rq, 7rr, 7rs, 7rt, 7ru, 7rv, 7rw, 7rx, 7ry, 7rz, 7sa, 7sb, 7sc, 7sd, 7se, 7sf, 7sg, 7sh, 7si, 7sj, 7sk, 7sl, 7sm, 7sn, 7so, 7sp, 7sq, 7sr, 7ss, 7st, 7su, 7sv, 7sw, 7sx, 7sy, 7sz, 7ta, 7tb, 7tc, 7td, 7te, 7tf, 7tg, 7th, 7ti, 7tj, 7tk, 7tl, 7tm, 7tn, 7to, 7tp, 7tq, 7tr, 7ts, 7tt, 7tu, 7tv, 7tw, 7tx, 7ty, 7tz, 7ua, 7ub, 7uc, 7ud, 7ue, 7uf, 7ug, 7uh, 7ui, 7uj, 7uk, 7ul, 7um, 7un, 7uo, 7up, 7uq, 7ur, 7us, 7ut, 7uu, 7uv, 7uw, 7ux, 7uy, 7uz, 7va, 7vb, 7vc, 7vd, 7ve, 7vf, 7vg, 7vh, 7vi, 7vj, 7vk, 7vl, 7vm, 7vn, 7vo, 7vp, 7vq, 7vr, 7vs, 7vt, 7vu, 7vv, 7vw, 7vx, 7vy, 7vz, 7wa, 7wb, 7wc, 7wd, 7we, 7wf, 7wg, 7wh, 7wi, 7wj, 7wk, 7wl, 7wm, 7wn, 7wo, 7wp, 7wq, 7wr, 7ws, 7wt, 7wu, 7wv, 7ww, 7wx, 7wy, 7wz, 7xa, 7xb, 7xc, 7xd, 7xe, 7xf, 7xg, 7xh, 7xi, 7xj, 7xk, 7xl, 7xm, 7xn, 7xo, 7xp, 7xq, 7xr, 7xs, 7xt, 7xu, 7xv, 7xw, 7xx, 7xy, 7xz, 7ya, 7yb, 7yc, 7yd, 7ye, 7yf, 7yg, 7yh, 7yi, 7yj, 7yk, 7yl, 7ym, 7yn, 7yo, 7yp, 7yq, 7yr, 7ys, 7yt, 7yu, 7yv, 7yw, 7yx, 7yy, 7yz, 7za, 7zb, 7zc, 7zd, 7ze, 7zf, 7zg, 7zh, 7zi, 7zj, 7zk, 7zl, 7zm, 7zn, 7zo, 7zp, 7zq, 7zr, 7zs, 7zt, 7zu, 7zv, 7zw, 7zx, 7zy, 7zz</b>	
<b>8. Meal Time Information:</b>	
Breakfast:	Start Time _____ Finish Time _____
Morning Snack:	_____
Lunch:	_____
Afternoon Snack:	_____
Supper:	_____
Evening Snack:	N/A N/A
I certify that all information on this Provider Data Sheet is true and correct.	
Provider's Signature _____	Approved by: _____
Signature Date _____	Title: _____
	Date: _____

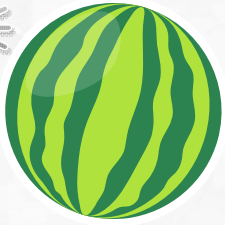


## Vacation Sheet

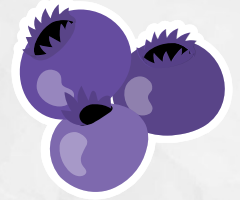
CHILD CARE FOOD PROGRAM – FAMILY CHILD CARE HOMES VACATION DAYS FISCAL YEAR 2024-2025	
Provider: _____	
Family Central, Inc. (FCI) will <b>not reimburse</b> providers for the following holidays:	
New Year's Day	Labor Day
Memorial Day	Thanksgiving Day
	Independence Day
*On the days mentioned above it is not necessary to call the hotline to let us know that you are closed.	
<b>Are you open on...?</b>	
Martin Luther King Jr. Day	Yes ___ No ___
President's Day	Yes ___ No ___
Juneteenth (Freedom Day)	Yes ___ No ___
Columbus Day	Yes ___ No ___
Day After Thanksgiving	Yes ___ No ___
Christmas Eve	Yes ___ No ___
New Year's Eve	Yes ___ No ___
Veterans Day	Yes ___ No ___
Please indicate any additional days that your family child care home will be closed:	
_____	
_____	
_____	
*Kindly remember to call the hotline if your family child care home will be closed on a day not included on this form.	
<small>\\cvs\apps\food\programs\HOMES\Forms for Providers\Vacation Days Form - Fy. 03.2024.docx Revised 08/24</small>	





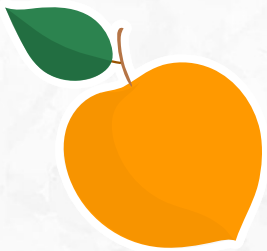


**[www.familycentral.org](http://www.familycentral.org)**



**The Family Central web-site contains a variety of information including:**

- ✓ General information
- ✓ CCFP specific Information
- ✓ General training Information
- ✓ KidKare information, training videos and materials
- ✓ CCFP Forms
- ✓ Posting Material



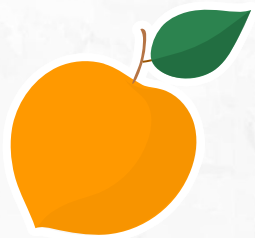




# Communication

**E-mail** all documents such as enrollment forms, infant feeding forms, medical statements, child care licenses etc. to the following email address:

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



**or fax to: 954-724-4067**





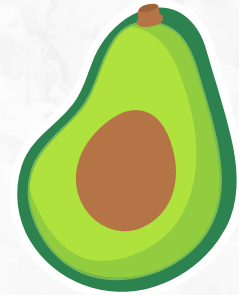
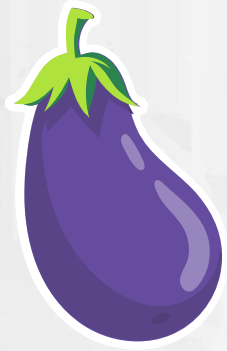


# Water Requirement

*Water must be **offered** to children throughout the day.*

*Water does not count as a component on the Food Program*





# Reimbursement & Record Keeping





# Reimbursement Rates

## July 1, 2024 - June 30, 2025

Type of Meal Service	Tier I	Tier II
Breakfast	\$1.66	\$0.60
Lunch and Supper	\$3.15	\$1.90
AM & PM Snack	\$0.93	\$0.26

1099's are issued to eligible providers by January 31<sup>st</sup> 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.



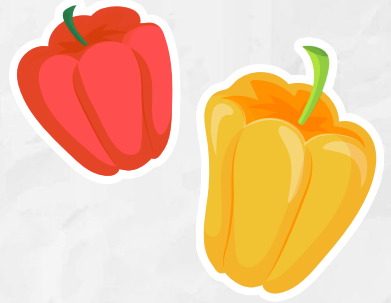
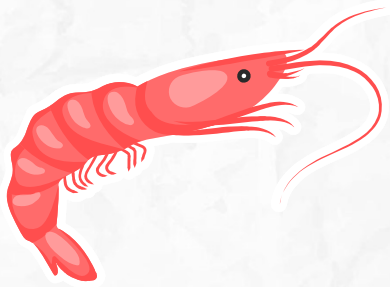
# Record Keeping

**Child Care Food Program regulations require family child care home providers to maintain the following program records**

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

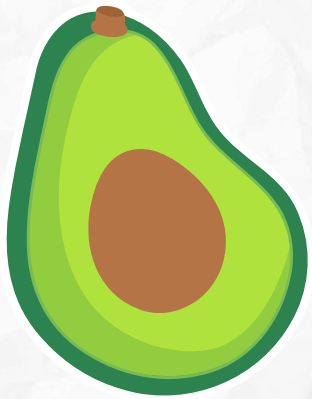
**Effective October 1, 2023 all CCFP records must be kept for six (6) years (5 years plus the current fiscal year). It is required that you keep at least 13 months of records onsite, in paper form.**





# Food and Nutrition

## Meal Pattern





# 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





# Creditable Milks

The following milks may be served as part of a reimbursable meal with no extra documentation needed:

- ✓ Ultra-High temperature milk
- ✓ Acidified or cultured milk
- ✓ Organic milk
- ✓ Breastmilk
- ✓ Pasteurized types of cow or goat milk
- ✓ Lactose-free or lactose-reduced milk





# For Children Ages One through Five

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

## Shelf-Stable

## Refrigerated



**Kikkoman Pearl  
Organic Soymilk  
Smart Original**



**Silk Original  
Soymilk**



**Pacific Ultra  
Soy Original**



**Ripple  
Original Dairy  
Free Milk**



**Sunrich  
Naturals  
Original  
Soymilk**



**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



**Kikkoman  
Pearl Organic  
Soymilk  
Smart  
Vanilla**



**Kikkoman  
Pearl Organic  
Soymilk Smart  
Chocolate**



**Ripple  
Vanilla  
Dairy Free  
Milk**



**Ripple  
Chocolate  
Dairy Free  
Milk**



**Sunrich  
Naturals  
Soymilk  
Vanilla**



**Silk  
Soymilk  
Very  
Vanilla**



**Silk  
Soymilk  
Chocolate**



**8th Continent  
Soymilk  
Vanilla**



# Vegetables & Fruits

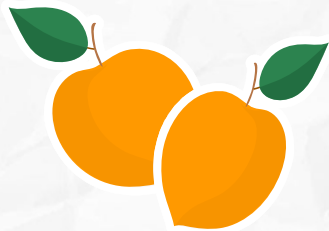
- ✓ Fruit juice **must not** be served more than once a day.
- ✓ Must be full-strength, pasteurized and 100% juice.

Unless orange or grapefruit juice, must be fortified with 100% or more of Vitamin C.

- ✓ One cup of leafy greens counts at  $\frac{1}{2}$  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.

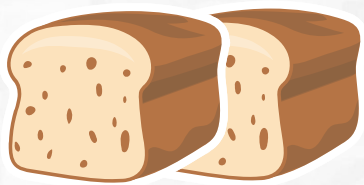






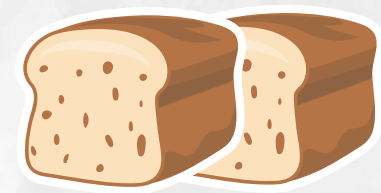
## Whole Grains (cont.)

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.



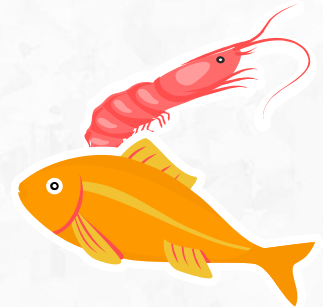
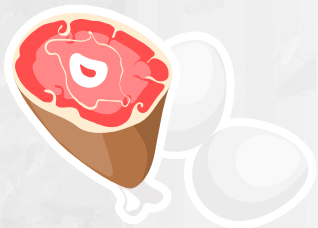






# Meat - Meat Alternates

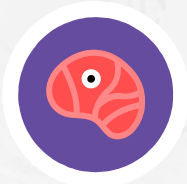
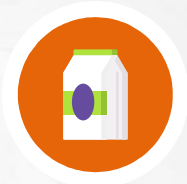
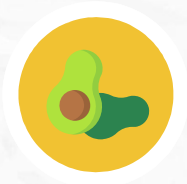
- ✓ Lean meat, poultry, fish.
- ✓ Meat alternates:
  - Tofu & soy products, cheese, eggs, cooked dry beans or peas, nuts and seeds, yogurt.
  - **Yogurt** must contain no more than 12 gr of **added sugars** per 6 ounces.
  - **Commercial tofu** and soy products may be used to meet all or part of the 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.



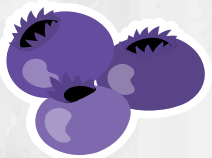


# Special Needs in the CCFP

Medical Statement	
<small>A state licensed healthcare professional who is authorized to write medical prescriptions under state law or registered dietitians 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 (APRN). A Registered Dietitian (RD) may also complete and sign this form. The parent or guardian must complete Part 1.</small>	
<b>PART 1: GENERAL INFORMATION - Completed by the parent/guardian</b>	
First and Last Name	Date of Birth
Name of Center/Care Provider	
Name of Parent/Guardian	Telephone Number
<b>PART 2: ACCOMMODATIONS - Completed by a licensed medical professional</b>	
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 <u>None</u> , list <u>any</u> allergies, can the child eat the following:	
1. Milk/Dairy products in baked goods? Y or N	1. Baked breads with egg ingredient? Y or N
2. Milk/Dairy products like Mac & Cheese/Rhodes sauce? Y or N	2. French toast? Y or N
3. Egg? Y or N	3. Foods with soy/peanut as an ingredient? Y or N
4. Cheese? 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):	
<input type="checkbox"/> Pureed	<input type="checkbox"/> Ground
<input type="checkbox"/> Bite Size Pieces	<input type="checkbox"/> Other (specify)
<b>PART 3: SIGNATURE - Completed by a licensed medical professional or registered dietitian</b>	
Licensed medical professional's name	Title: <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner (APRN) <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Registered Dietitian (RD)
Signature of licensed medical professional or registered dietitian	Date signed
Medical office name and address	Phone number

- 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.

**FCC 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

- ❖ 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**.



**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 substitute 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: \_\_\_\_\_

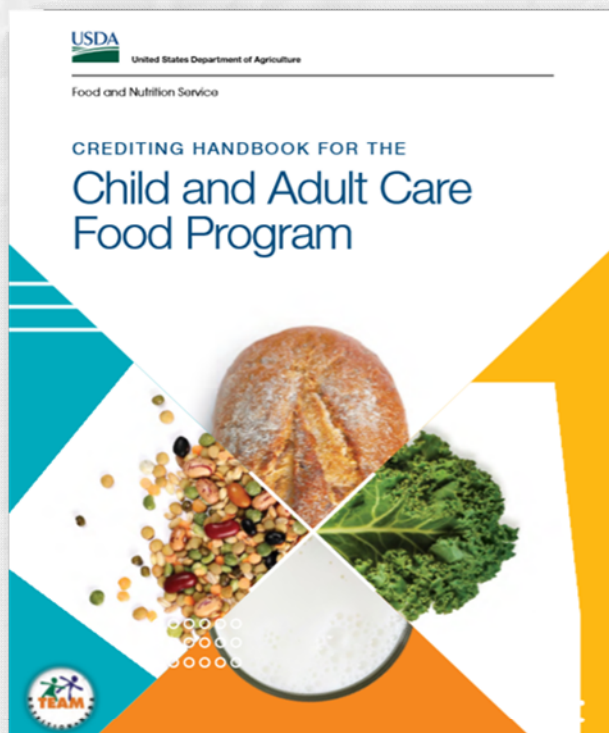
This request  will be accommodated  will not be accommodated by the child care center

This institution is an equal opportunity provider. April 2024 - Sample





# Food Program Crediting Handbook



Provides an extensive list of creditable and non-creditable foods

[Click here to open a PDF version](#)

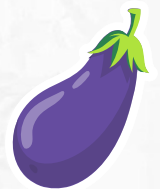
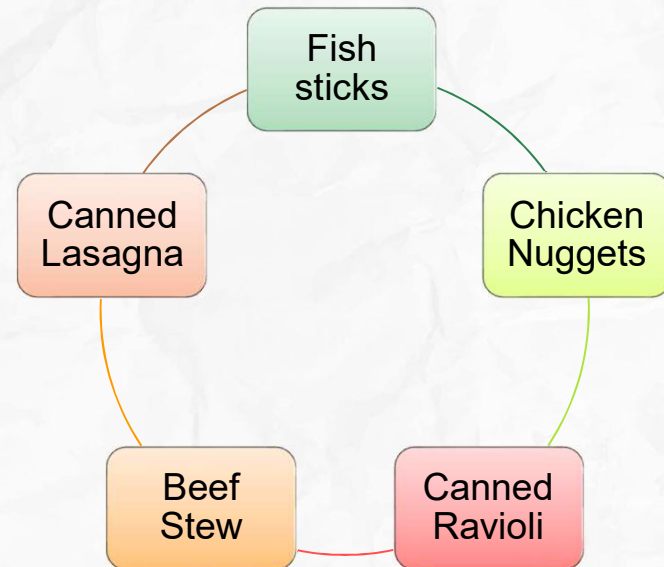






# Combination Foods

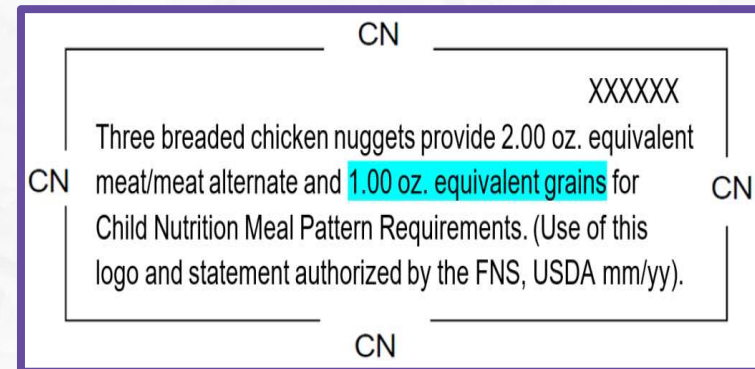
- ❖ Documentation is required to show that the combination foods have sufficient quantities of meat/meat alternate, grains, vegetables, and/or fruit to meet the meal pattern. Otherwise, it may not be counted towards a reimbursable meal.
- ❖ **There are three forms of acceptable documentation:**
  - Child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





# Child Nutrition (CN) Labels

- 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 Statement (PFS)

**TYSON CHILD NUTRITION SUMMARY**  
Product Name: Tyson Cooked Chicken Breast Chicken Strips

**Product Code:** 10142/0208      **Label Weight:** 30.00 lb  
**UPC Information:** 952390 01278 6      300.27250 (12) 78.7

**Serving Size:** 4      **g (100% NUTRIGET) per serving:**      \*Does not count for Grain  
1-2 yrs: 4pcs      3-5 yrs: 6pcs      6-12 yrs: 8pcs

**Pack Information:** 6 / 5.0000(LB.BAG) (1) per Case

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

Total Weight of Uncooked Product*	0.097000 oz
Weight of Cookable Raw Meat, Variety: Chicken	0.443952 oz
Percent Fat of raw meat:	30.000000 %
*Weight of Cookable Dry APP (Variety):	n/a
Rehydration Ratio:	n/a
*Weight of Rehydrated APP:	n/a
Weight of Meat Alternates (specify):	n/a
<b>Weight of Breading: <u>Not attached</u></b>	0.201900 oz
Weight of Filling:	n/a
Weight of Other Non-Cookable Ingredients:	n/a
Total Weight of Finished Product:	0.830000 oz
Weight of Uncooked Cooked Meat/Meat Alternate **with APP:	0.3197543 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.  
(†) (Weight 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:**  
NLR ID:      **Nutritional Services Manager**  
Brand/Item do not count towards weekly, maximum grain servings SY 2012-2013  
Grain Requirements for School Lunch and Breakfast Program per Policy Memo Code: SP-30-2012  
- USDA/FNS

*Karen Shank, MS, RD*      Title:      **Nutritional Services Manager**  
Karen Shank, MS, RD      Title:      **Nutritional Services Manager**  
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

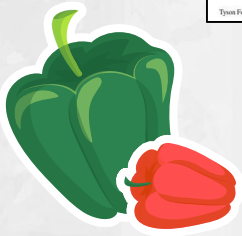
List Varieties of Fish Used in Product: Alaska Pollock  
Total Weight per Stick of Uncooked Product (as purchased): 0.95 oz per stick  
Weight of Raw Fish per Portion: 0.47 oz raw fish per stick  
Ounces Equivalent Meat:  
0.95 oz precooked breaded fish stick x 49.8% raw fish = 0.47 oz raw fish/fillet 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.



USDA United States Department of Agriculture Preparation Time: 20 Minutes | Cook Time: 1 Hour 35 Minutes



### Arroz Con Pollo

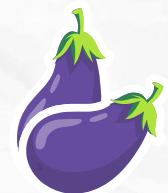
Arroz Con Pollo (Rice With Chicken) is a classic dish that is enjoyed throughout Spain and Latin America. Each country has its own version, but it remains a family favorite. Try this hearty, flavorful recipe today.

**CCFP 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	<b>1</b> Preheat oven to 400 °F <b>2</b> Combine brown rice and water in a large stockpot. Stir once. Heat on medium-high heat to a rolling boil. <b>3</b> 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. <b>4</b> 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





# Pizza & Meal Service

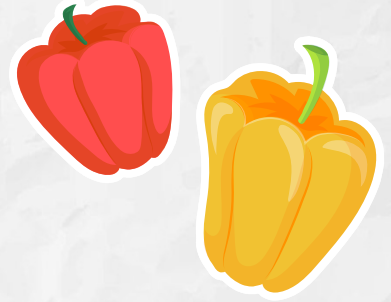
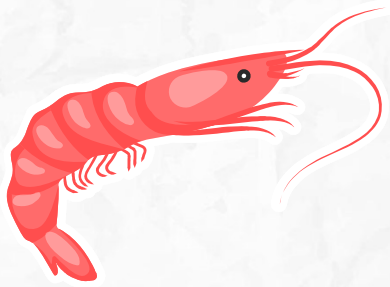
- ❖ If you purchase and serve pizza from a restaurant, you must have a **Product Formulation Statement (PFS)** on file that documents the amount of creditable components in the pizza.

**It is no longer acceptable to order pizza with extra cheese or extra meat.**

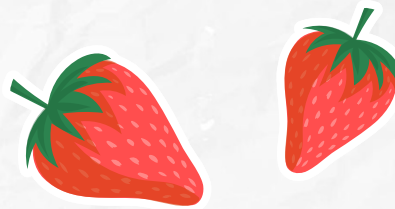
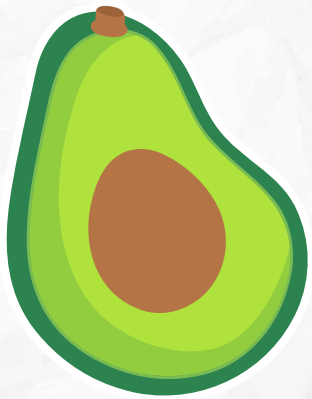
- ❖ The following two restaurants are the only pizza restaurants with pizzas that meet the CCFP meal pattern standards:
  - ✓ **Pizza Hut - School Lunch Pizza 14" or 16" - 8-cut pizza**
  - ✓ **Domino's - Smart Slice 14" - 8-cut pizza**







# Menu Planning





# Cycle Menu

A cycle menu is a series of menus planned for a period of time, for example 1 month. The menu is different for each day during the cycle. After you serve the whole menu, you have completed the first cycle. The menus are then repeated in the same order. Because they turn over and start again, they are called a cycle menu.

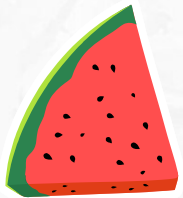




# Why Using Cycle Menus?

- ❖ 1. Nutritional Consistency
- ❖ 2. Simplified Planning
- ❖ 3. Cost Efficiency
- ❖ 4. Improved Efficiency
- ❖ 5. Enhanced Variety
- ❖ 6. Ease of Compliance

**Overall, cycle menus contribute to a well-organized, cost-effective, and nutritionally balanced food service program.**





# Menu Planning Options

Menus must be planned 4 weeks in advance  
and may be repeated every 4 weeks

## Master Menu

- *Must use as is with no substitutions*

## Plan your own

- Ensure all components are included



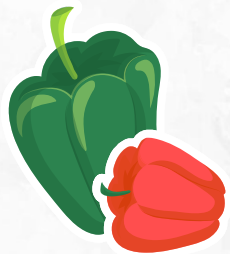


# Remember

**Scheduled menus must indicate at least 1 Whole Grain (WG) per day**

**Don't forget to also claim at least 1 Whole Grain per day when entering claim**

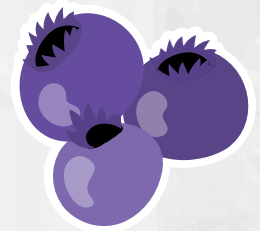
**Substitutions must be indicated on your menu before the start of the meal**



Menus =

Meals Served =

Meals Claim



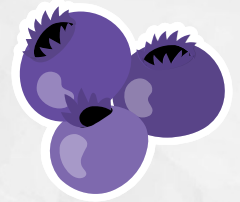
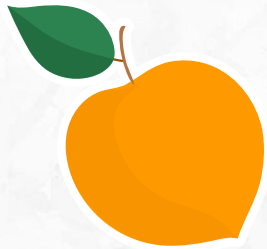




## Meal Times



- At least one hour must elapse between the end of one meal and the beginning of the next meal
- Providers may choose up to two hours for each meal service.
- The supper meal must begin after 5:00 p.m. and end by 7:00 p.m.
- All meals/snacks must be served within the scheduled meal time

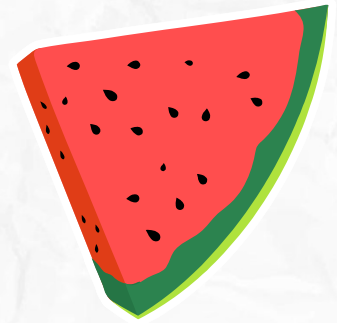


## Meal Service



- All meals and snacks must contain the proper components, per the meal pattern
- Every component must be served together, including the milk.
- The same meal cannot be served to a child for lunch and dinner on the given day.
- Children should be encouraged, but not forced, to try new things. Food should never be used as a reward or a punishment.





# Infants







# Meal Pattern

3 components must be offer at every meal and snack once infants start eating solid foods.

- ✓ **Formula** (All meals and snacks)
- ✓ **Protein** (Meals)
- ✓ **Grain** (Snacks)
- ✓ **Vegetable/Fruit** (All meals and snacks)

**Meal Pattern for Infants**  
*Birth - 11 months*

**Breakfast, Lunch, and Supper**  
 3 required meal components when developmentally ready

**Breastmilk or Formula**  
 required in all meals

	birth - 5 mos	6 - 11 mos
Breastmilk, formula, or portions of both	4-6 oz	6-8 oz

**Good Sources of Iron**  
 required when infants are developmentally ready. Choose one or more of the following:

infant cereal	0-102.66 g
meat/poultry/fish/whole egg	0-4 Tbsp
beans, peas and lentils	0-4 Tbsp
chicken	0-2 oz
*egg yolk/silage cheese	0-4 oz

\*Silage cheese: 1/2 cup regular curd cottage cheese from 11 percent or lower fat content.

**Fruits or Vegetables**  
 required when infants are developmentally ready

Fruits, vegetables, or portions of both	0-2 Tbsp
---	----------

**Snack**  
 2 required meal components when developmentally ready

**Breastmilk or Formula**  
 required in all snacks

	birth - 5 mos	6 - 11 mos
Breastmilk, formula, or portions of both	4-6 oz	2-4 oz

**Cereals**  
 required when infants are developmentally ready. Choose one or more of the following:

bread	0-102.66 g
crackers	0-102.66 g
infant cereal	0-102.66 g
*cornstarch	4 Tbsp or 104.66 g
*cereal, dry puffed	5 Tbsp or 139.66 g

\*Cornstarch: 1/4 cup cornstarch plus water and other than 1/2 cup water equal per dry weight.  
 \*Cereal: 1/4 cup.

**Fruits or Vegetables**  
 required when infants are developmentally ready

Fruits, vegetables, or portions of both	0-2 Tbsp
---	----------

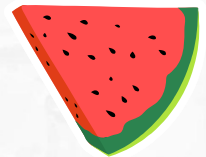
Photo: iStock.com/Markus Wenzel; Shutterstock; Shutterstock.com/Markus Wenzel

Providers cannot serve infant cereal mixed in their bottle

Providers cannot serve juice to infants

Providers cannot serve anything with honey in it (honey graham crackers)

Providers can mix breast milk with formula if required





# 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.

Similac and Enfamil, 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

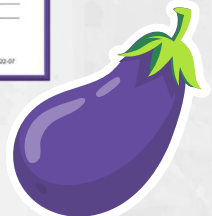
Please attach additional pages as needed.

**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.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name of Parent: \_\_\_\_\_

© 2016 Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food.

Infant Feeding Form Sample 38 1/12/17







# Infant Formulas Requiring Medical Statement

**Medical Statement**

A state licensed healthcare professional who is authorized to write medical prescriptions under state law or equivalent statute shall complete Parts I and II and sign this form. In the State of CO, a licensed medical professional is a Physician, Physician Assistant and Nurse Practitioner (NP/CRNP). A Registered Dietitian (RD) may also complete and sign this form. The parent or guardian must complete Part I.

**PART I. GENERAL INFORMATION - Completed by the parent/guardian**

Print and Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of Center/Care Provider: \_\_\_\_\_  
Title of Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PART II. ACCOMMODATIONS - Completed by a licensed medical professional**

Does the participant's physician or medical representative restrict their diet?  
 No  Yes (Indicate type of food that must be avoided. Please be specific.)

**ALLERGENS** (Check all that apply)  None  Soy  Eggs  Wheat  Dairy  Peanuts  Tree Nuts  Fish  Shellfish  Other (Specify): \_\_\_\_\_

**INTOLERANCES** (Check all that apply)  None  Lactose  Fructose  Sucrose  Other (Specify): \_\_\_\_\_

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

Licensed medical professional's name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Physician  Nurse Practitioner (NP/CRNP)  
 Physician Assistant  Registered Dietitian (RD)

Signature of licensed medical professional or registered dietitian: \_\_\_\_\_ Date signed: \_\_\_\_\_  
Medical office name and address: \_\_\_\_\_ Phone number: \_\_\_\_\_

This form is an equal opportunity provider. May 2014

The most common formula requiring a medical statement is **Nutramigen**. A medical statement from the baby's health care provider must document any substitutes to breastmilk or approved iron-fortified infant formulas.

**Please note: Even if PARENT supplies this formula a Medical Statement is still required.**





# Breastfeeding

- Encourage mothers to breastfeed their child.
- Set up a breast feeding friendly environment for mothers to breastfeed in your home
- [https://www.floridahealth.gov/\\_media/CCFP/creating-a-breastfeeding-friendly-child-care-facility/index.htm](https://www.floridahealth.gov/_media/CCFP/creating-a-breastfeeding-friendly-child-care-facility/index.htm)
- Receive a CCFP breastfeeding Friendly designation





# Non-Credible Infant Food

Cow's milk, goat's milk, nondairy beverages (such as soy or rice milk), and other breastmilk and formula substitutes until 1st birthday.

Fruit juices or drinks, vegetable juices, or fruit/vegetable blends or cocktails.

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.





# Combination Foods

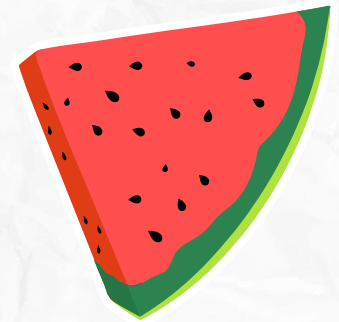
Combination foods are commercially prepared foods that include a mixture of 2 or more components, such as meat and vegetables.

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

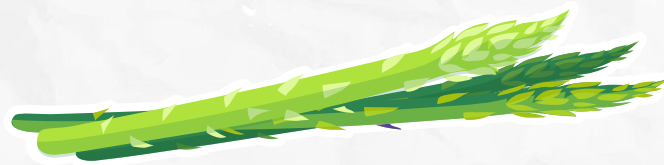
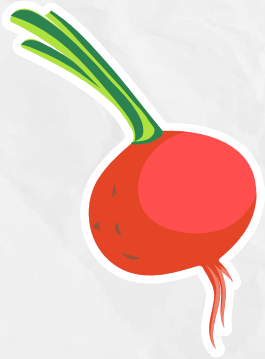


- **Step 1:** Look for the creditable ingredients.
- **Step 2:** Are the amounts of the ingredients listed as a unit of volume (cups, tbsp, tsp, etc.)?
- **Step 3:** Compare to required meal pattern requirements for each component.





# 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.

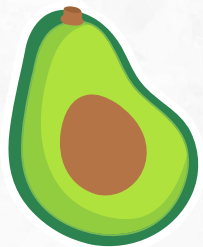






# Cold Storage

- ❖ Providers 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.





# Thawing Food Safely



**Running  
Water**

**Microwave**



**Refrigerator**

**Do not thaw in hot water.**

**Do not thaw on the kitchen counter.**

**The outer layer of the food can sit between the bacteria-breeding temperatures of 40°F and 140°F for too long.**



## 4 STEPS TO FOOD SAFETY



CLEAN



SEPARATE



COOK



CHILL

# Top 10 Choking Hazards



Nuts



Grapes  
Raisings



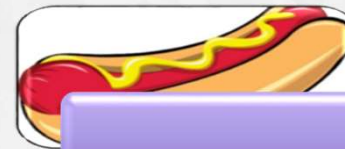
Carrots



Apple



Cheese Cubes



Hot Dogs



Hard Candy



Gum



Bagel



Popcorn



# Food Allergies



Rashes; Sneezing; Runny  
Nose

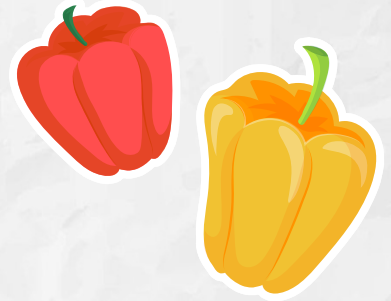
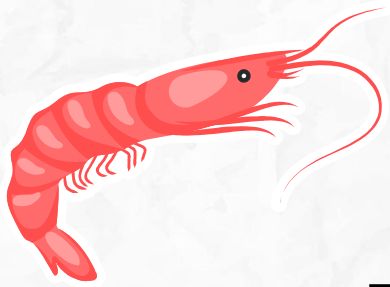
- **Mild**

Swallowing; Anxiety;  
Confusion

- **Serious**

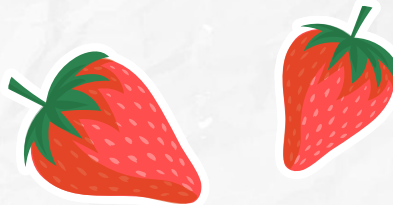
Pointing to tongue;  
Hoarseness

- **Non-Verbal**



# Monitoring

Program Integrity







# Monitoring

**Note: The Department of Health also has the right to conduct on-site monitoring at any time.**

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

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

Refer to detailed instructions before completing this report.

Ter Level of Home	License #: _____	Licensed On: _____	Meals Approved to Claim: S MS L AS S ES	Date of Review: _____	Unannounced <input type="checkbox"/>	Arrived Time: _____		
Expiration Date:			Meal Observed: S MS L AS S ES		Announced <input type="checkbox"/>	Departure Time: _____		
Children in Attendance (List of Enrolled Children Attached)	Date of Enrollment	Provider's New Child <input type="checkbox"/>	DOB	Inf. 1-2 (*)	3-8 (*)	6-12 (*)	Present (*)	Dismissed (*)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

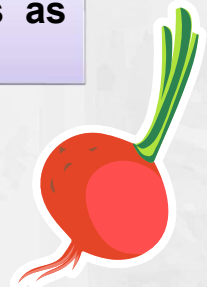
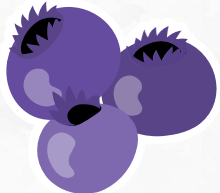
RECORD KEEPING/ELIGIBILITY REQUIREMENTS	YES	NO	N/A	COMMENTS
1. The provider claims only approved meal types.				
2. The provider operates within its licensed capacity/ratio.				
3. Copies of current, complete, and accurate Enrollment Forms and Child Participation Forms (or combination forms) are on file with the provider for all enrolled children.				
4. The provider maintains on file a signed copy of the Sponsor-Provider Agreement.				
5. The provider retains program records for the current fiscal year plus the prior three years (or number of years in program if less than three years).				
6. If a Tier II home, the provider is claiming their own support only when other children are present and the provider is income eligible.				
7. If a Tier II home, the sponsor has offered to collect income statements from parents.				

PHYSICAL ENVIRONMENT/FOOD AND NUTRITION	YES	NO	N/A	COMMENTS
8. The provider staff and children wash their hands properly, frequently, and at appropriate times.				
9. Food is obtained from approved sources that meet federal and state health standards.				



In order to expedite the monitoring, providers are encouraged to schedule their menus in KidKare

Providers will be required to complete corrective action plans as applicable.





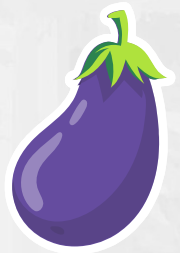
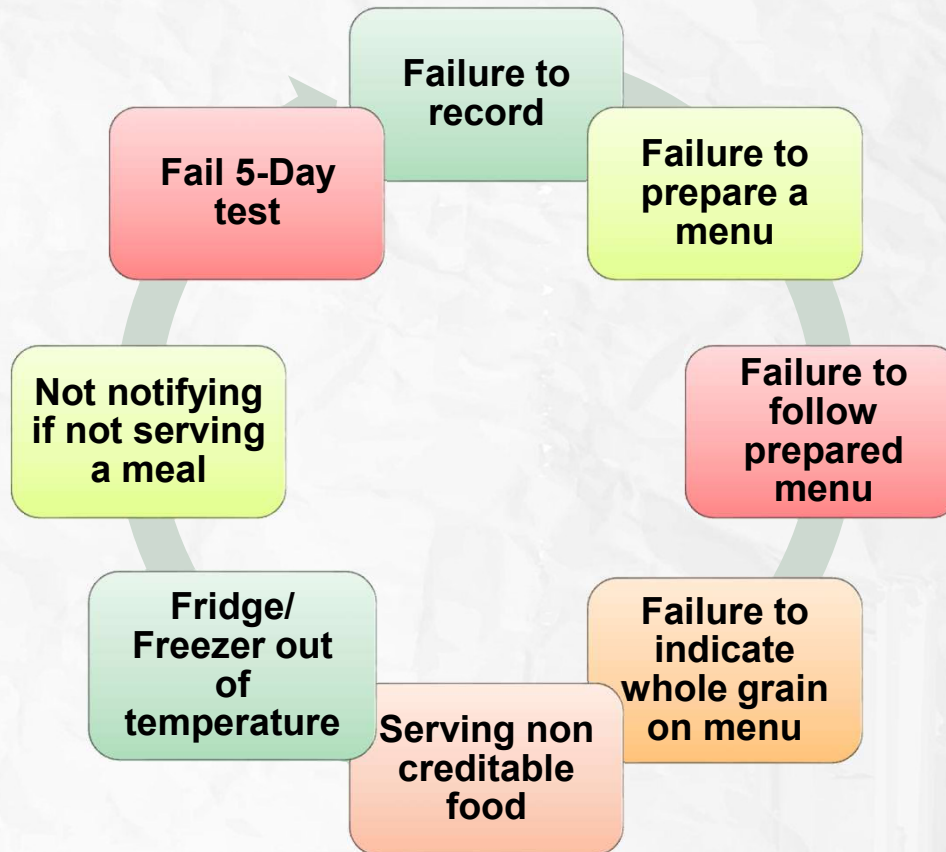
# Items that Must be Accessible

- ✓ Latest Sponsor-Provider Agreement (Contract)
- ✓ In the child's file:
  - ✓ Copies of Signed Enrollment forms
  - ✓ Copies of Signed Infant Feeding forms as required
  - ✓ Completed Medical Statements as required
- ✓ FCI Food Chart
- ✓ FCI Master Menu
- ✓ CN Labels as required
- ✓ Unlock Procedures for KidKare
- ✓ Family Central Staff Contacts
- ✓ Children's meal pattern
- ✓ Temporary Claim Form





# Common Findings



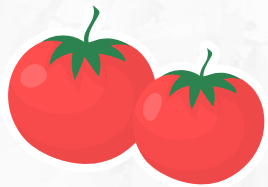


# Avoid the Pitfalls

- Set a reminder to record your meals each day.
- Double check your entry's in KidKare.
- Ensure parent(s) sign the required forms.
- Prepare and follow your Menu; Indicate substitutions in advance.
- Organize your paperwork.
- Submit paperwork and claim by the deadline.
- Check the temperatures of your refrigerator and freezer on a weekly basis.

# Licensing Violations

**Per Department of Health guidelines, Class 1 licensing violations could lead to termination from the Child Care Food Program**









# The 5 Elements of a CAP

**Who:** List the person(s) by name and title responsible for implementing the corrective action plan in order to prevent the finding in the future

**What:** Describe the process/procedures which will be implemented to prevent the finding in the future

**When:** Indicate the actual date the revised process/procedure will be implemented. List the frequency (daily, weekly) in which the new procedure will be followed

**Where:** Describe the location or the new information will be explained to the appropriate staff (such as the next staff meeting) and/or (where the new forms will be located)

**How:** How will the new process/procedure be monitored /evaluated to prevent the finding in the future



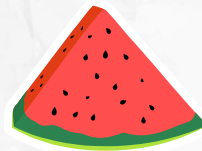


## From the USDA

**Misuse of program funds, issuance of benefits to households who are not entitled to them, or denial of benefits to those who deserve them, lead to significant losses in program dollars and public confidence.**



**United States  
Department of  
Agriculture**





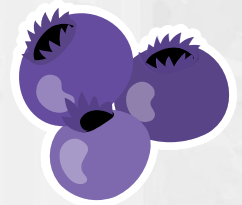
# Serious Deficiency



**Termination  
from CCFP**



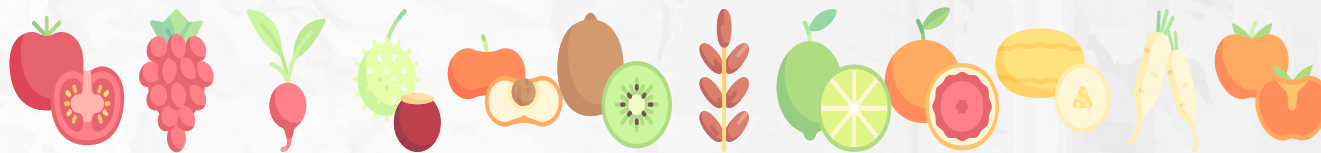
**National  
Disqualified List  
for 7 years from  
all federally  
funded programs**





# Common Reasons for Serious Deficiencies

- ✓ **Submitting false information**
- ✓ **Failure to correct items found to be deficient during a review**
- ✓ **Failure to maintain required records**
- ✓ **Failure to participate in annual or other required training**
- ✓ **Non-Compliance with Meal Pattern**

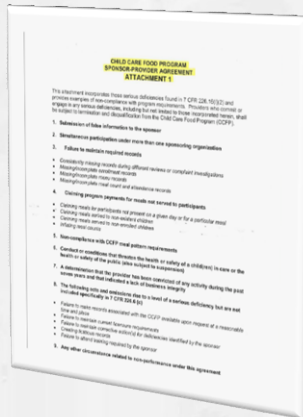




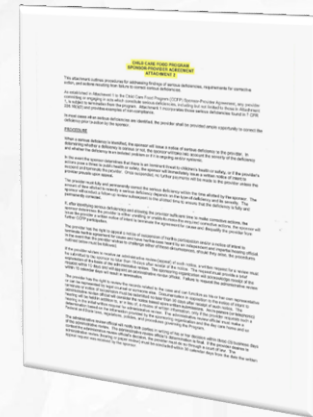
# NOTICE OF RIGHT TO ADMINISTRATIVE REVIEW

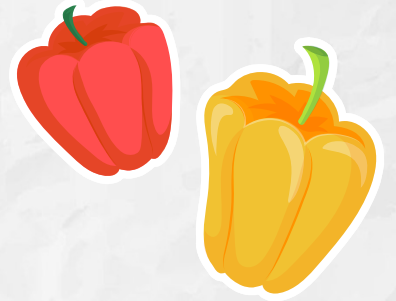
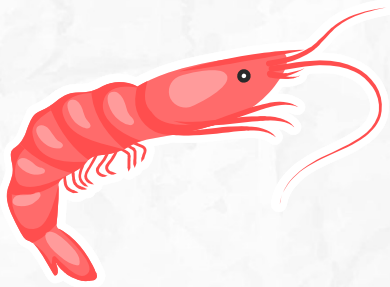
You have the right to appeal a notice to terminate your agreement for cause, or a notice of suspension of your participation, and have your case heard by an independent and impartial hearing official. In the event that you wish to challenge either of these circumstances, should they arise, the procedures outlined below must be followed.

If you wish to received an administrative review of such notice, a written request for a review must be submitted no latter than 15 calendar days after receipt of the notice to:



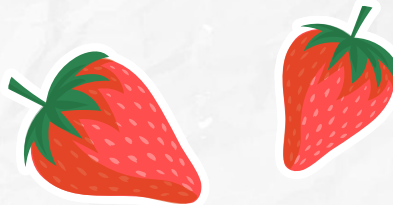
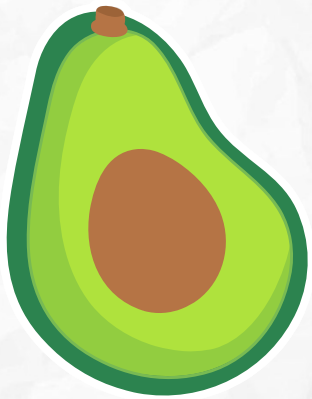
**Family Central**  
**Attn: Michelle Rosegreen**  
**819 NE 26<sup>th</sup> St Ft Lauderdale, Fl. 33305**  
**Phone: 954-724-4060**  
**Fax: 954-724-4067**  
**E Mail: [Michellerosegreen@familycentral.org](mailto:Michellerosegreen@familycentral.org)**





# Claims

Kidkare







# Recording Meals

Meals/Snacks **must** be recorded by  
the end of each day by **11:59PM**



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





# Calling the Hotline

***Must be called at least one hour before scheduled meal time if:***

- ✓ *Provider is closed*
- ✓ *Provider/children are out of the home including field trips*
- ✓ *No children are present*
- ✓ *Not serving a meal/snack that day*
- ✓ *Must call immediately if you have a technical issue recording your meals on time.*

- **Broward: 954-724-7554**
- **Miami-Dade: 786-363-5120**
- **Palm Beach: 561-514-3390**





# Child Re-Activation and Errors



**Please contact Family Central for children re-activations**

➤ If a mistake is noticed on a printed enrollment form, make the correction, initial and date in pen and forward to Family Central





# Frequent Disallowances

Failing to record a meal/snack

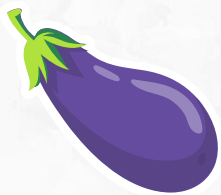
Failing to provide a whole grain at least once during the day

Failing to submit documents timely

Serving the same snack more than once per day

Serving the same lunch/dinner to the same child(ren) during the day

Serving juice more than once per day





# Sick Children

▶ Remember to check the “sick” (as applicable) or “school out” box when recording lunches for school age children. If these boxes are not checked, lunches will be automatically disallowed during the claims process.



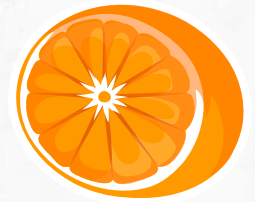


# Advantages of preparing your menu in KidKare

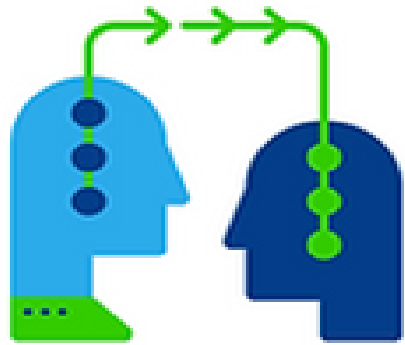
Automatically populates your menu when you claim meals

Makes preparing cycle menus easy with a push of a button

Makes preparing menus easy with the use of drop down buttons







**TRAINING**



**TECHNICAL  
ASSISTANCE**





**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

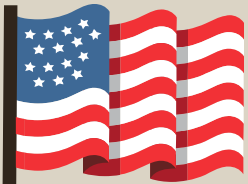
Annual Civil Rights trainings are required by the United States Department of Agriculture (USDA) for all persons working with the Child Care Food Program (CCFP)

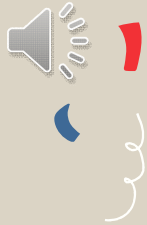




# Why Civil Rights?

Ensures equal access for all to the Child  
Care Food Program





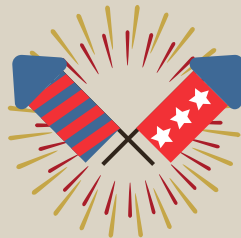
# CIVIL RIGHTS ASSURANCES



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

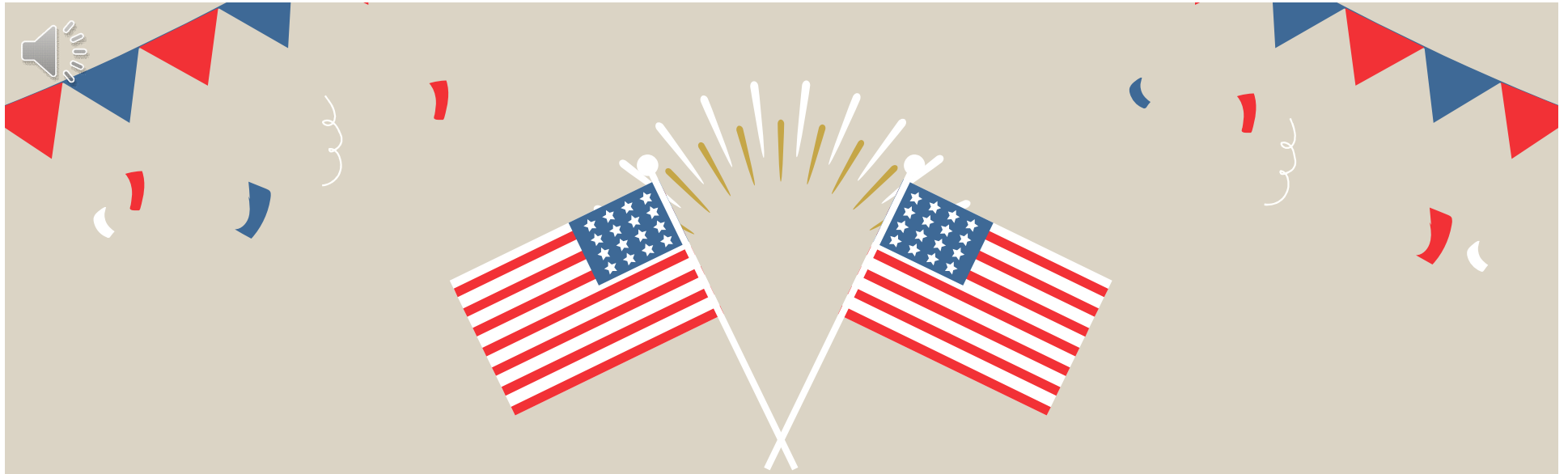


Included in agreement between the Florida Department of Health and Family Central



Included in agreement between Family Central and Child Care Providers

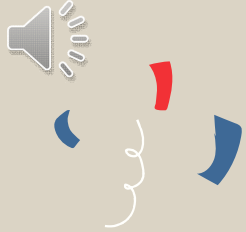




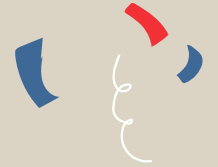
# Civil Rights Act, 1964



**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, some in blue and some in 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**

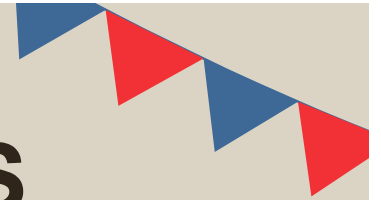




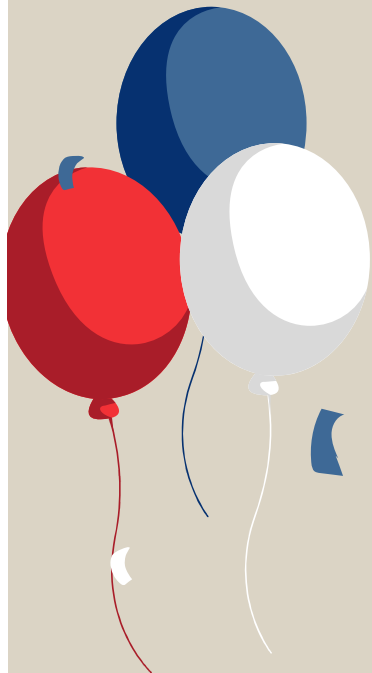
# LIMITED ENGLISH PROFICIENCY

- 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



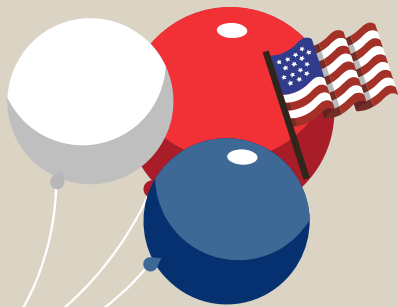
# INFORMING THE PUBLIC



**At enrollment**



**Through advertisements  
(as applicable)**

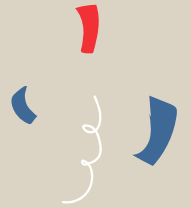


**Through posting material**





**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 marital or marital status for 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 (i.e., 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) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to 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 español:**  
De acuerdo 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, o estado marital, en cualquier actividad de derechos civiles que se relacione con los servicios que presta, en todos los programas de prestación que administra.

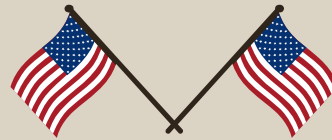
La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieren medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra ampliada, grabación de audio y lenguaje de señas americano) 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) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, dirección y número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para permitir al Asesor de Derechos Civiles (ADC) del USDA sobre la naturaleza y la fecha de la supuesta 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 an open building partnership with the Hispanic American Leadership Program (HALP), a Federal law and policy initiative to create and maintain Hispanic-serving institutions.

Each day, more than 10 million children participate in HALP at day care, school and summer camps across the country. Providers are challenged to provide excellent care while meet USDA Requirements. This program is a historic first step in ensuring the quality of day care and making it more affordable for low-income families.

**Goals:** HALP promotes and ensures that low-income populations participate in USDA.

Activities	Programs to Support	Targeted Populations
Day care programs	Child Care Centers	Low-income children
Summer camps	Summer Camps	Low-income children
Preschools	Preschools	Low-income children
After-school programs	After-school programs	Low-income children

**Eligibility:** HALP requires participating providers that offer non-reimbursed day care to the following children:

- Children age 0 to 5 years old
- Programs that serve 10 or more children
- Child care through 10:00 a.m. (afternoon programs are highly encouraged)

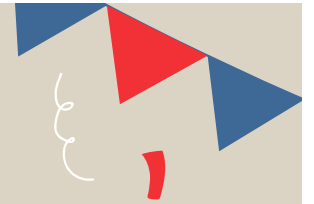
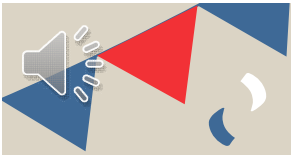
**Benefits:** Participants who qualify for HALP (approved via the HALP Reporting Organization's Consent) will receive:

- Child Care Centers: Increased or approved quality or quality recognition until next contract renewal period, and priority for grant awards.
- Summer Day Care Programs: Increased or approved priority funding.
- After-school Programs: Increased or approved priority funding for quality improvement (quality) grants.
- Preschool Programs: Emerging children providers that services low-income children.

**Reporting Organization's Consent:** State Reporting Organization (SRO) Department of Education  
Office of Coordination  
1000 Riverside Boulevard, Suite 8-3488  
Hempstead, New York 11552  
3101-0101

**USDA:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

# 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.





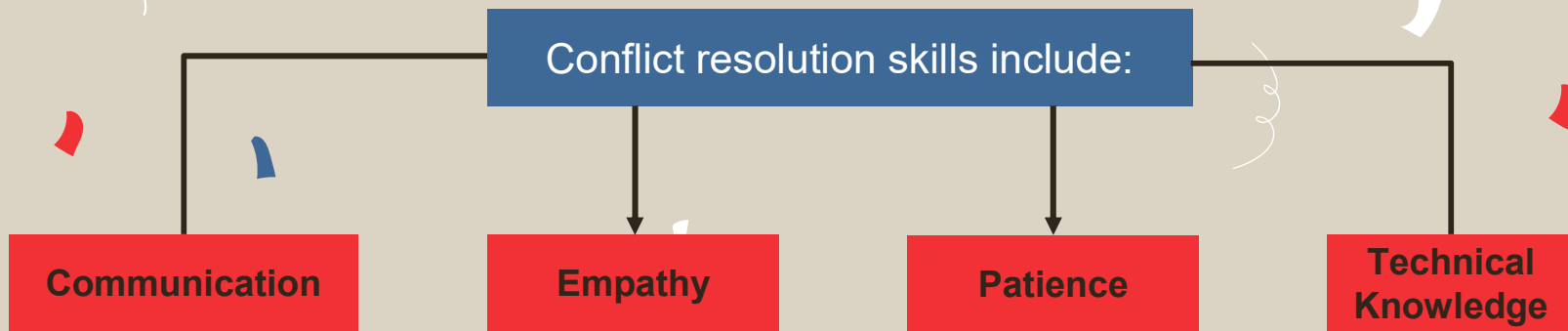
Providing quality customer service to everyone will help you avoid the appearance of discriminatory practices.

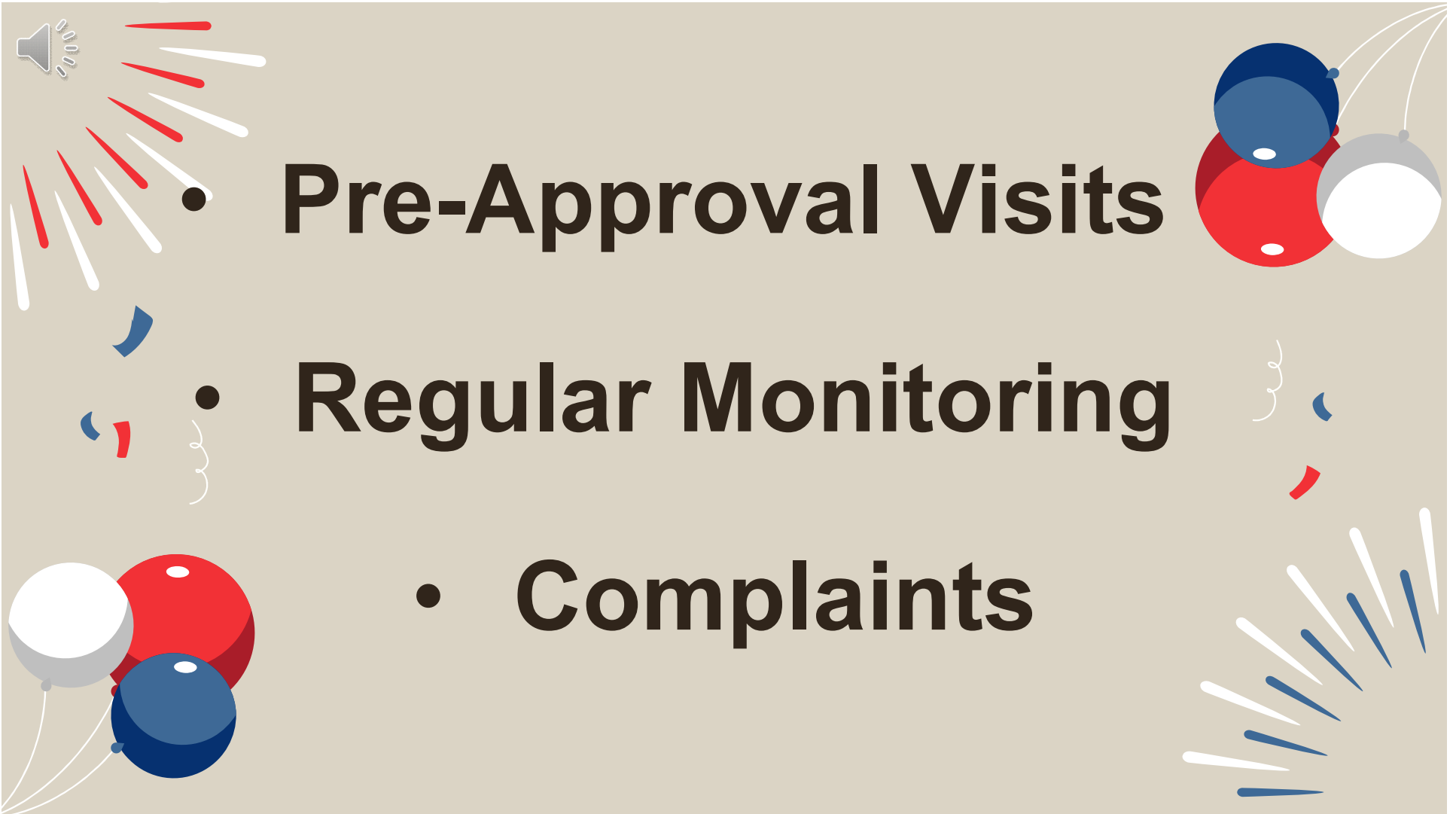




# CONFLICT RESOLUTION

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





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



# NON-COMPLIANCE WITH CIVIL RIGHTS REGULATIONS

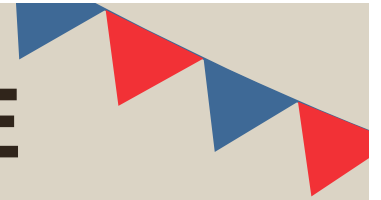
- Must be reported to appropriate State and Federal agencies
- Will be investigated







# RESOLVING NON-COMPLIANCE



1

**Voluntary**

2

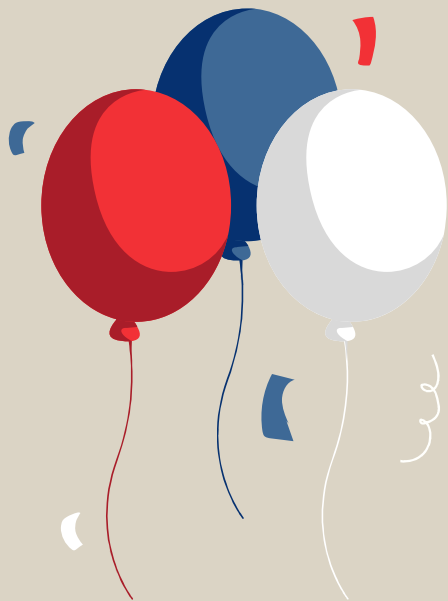
**Corrective  
Action  
Plan**

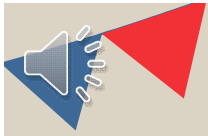
3

**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


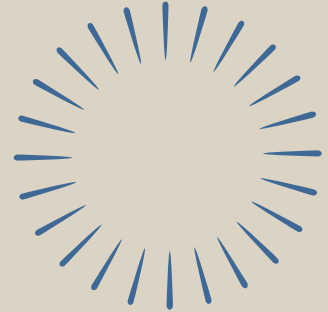

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay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





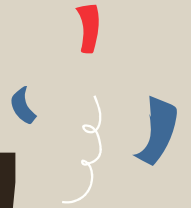
# CIVIL RIGHTS COMPLAINTS

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](mailto: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

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**To complete the final step of this training, please click the following link 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](#)**