



# FAMILY RESOURCE & REFERRAL CENTER

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## USDA CHILD CARE FOOD PROGRAM

*Where Healthy Eating Becomes a Habit*



A PARTNER IN EDUCATION

## MEAL & PROGRAM INFORMATION BOOKLET

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**24 Hour Message Lines:**

**Northern California: (209)461-2904**

**Southern California: (209)461-2906**

**Updated Jan. 2019**

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## WELCOME TO THE USDA CHILD & ADULT CARE FOOD PROGRAM

The Child & Adult Care Food Program is designed to encourage nutritious meals for children in **licensed day care homes** by offering benefits to the child care providers. The benefits include cash payments to reimburse providers on a “per meal per child” basis. FRRC will provide technical assistance / information on how to operate and manage the food program, and keep adequate records.

In order to be reimbursed, CACFP participants are required by contract agreement and program regulation to keep daily records of attendance, meal counts, and menus for the children they serve.

Funding for the program is provided by the United States Department of Agriculture (USDA). Our immediate supervision comes from the California State Department of Education, Nutrition Services Division.

If you have questions, please contact Lisa Jimenez, Civil Rights Coordinator at Family Resource & Referral Center at (209) 461-2994 or 1- 800-526-1555.

### **U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT**

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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

(2) Fax: 202-690-7442

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

(3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

Washington, D.C. 20250-9410

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

**Note: The protected class for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.**

## FOOD PROGRAM REGULATIONS

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### MEAL TIMES:

1. A minimum of 2 hours shall elapse between major meals and snacks.
2. If no snack is served between breakfast, lunch, or dinner, a minimum of three hours shall elapse between major meals.
3. Breakfast may not be credited if served after **9:00 a.m.**
4. Lunch may be served between **11:00 a.m.** and **1:30 p.m.**
5. Dinner may be served between **4:00 p.m.** and **7:00 p.m.**
6. Evening Snack may not be served after **8:30 pm.**
7. Meals for infants (up to one year of age) may be served during a span of time consistent with the infant's eating habits. Separate attendance & menus need to be kept for infants.

### Meal Times

Breakfast \_\_\_\_\_ AM Snack \_\_\_\_\_ Lunch \_\_\_\_\_  
PM Snack \_\_\_\_\_ Dinner \_\_\_\_\_ Eve Snack \_\_\_\_\_

## CLAIM FOR REIMBURSEMENT

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1. Report only one meal per child at each meal or snack.
2. Claim for meals actually served.
3. Reimbursement will be made for no more than two meals and one snack or one meal and two snacks per child per day. Error #83 will show max meals claimed.
4. You must offer participation on the food program to **all** children in your care, including infants. Drop-in children must also be enrolled on the food program. All children need to have a current enrollment form signed by the parent in order to receive reimbursement. Days and times claimed for each child needs to match current enrollment.

A parent declining participation must also fill out an enrollment form as non-participating (Declining Participation). Providers own children or any other child residing in the home, less than 10yrs old must be enrolled on the Food Program.

5. **Meal Attendance Records must be kept on a daily basis. Meal counts can be recorded at the point of service or by the end of the day, but not before the meal is actually served.**
6. Paper work must be turned in by the **5<sup>th</sup>** of the month to get a regular reimbursement, or by the **15<sup>th</sup>** of the month for a late reimbursement.
7. *THE FOLLOWING HOLIDAYS ARE NOT REIMBURSED ON THE FOOD PROGRAM:*

*NEW YEAR'S DAY, MEMORIAL DAY, FOURTH OF JULY, LABOR DAY, THANKSGIVING DAY AND  
CHRISTMAS*

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## RECORD MAINTENANCE-MAINTAIN COPIES

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Providers are required to maintain copies of their CACFP records (menus and meal counts) and enrollments forms for 49 months (4 years plus current month). On-site records must be retained for the current month and the previous twelve months. The remaining three years can be stored off-site but must be easily accessible. Providers who record their claims online can access their past records electronically. These records are also necessary for tax purposes.

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## PAPERWORK AND PAYMENT SCHEDULE

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Claims are due by the 5<sup>th</sup> of every month, and are reimbursed by the 15<sup>th</sup> of the following month.

**Example:** January claims are due by Feb 5<sup>th</sup>, and will be reimbursed by March 15<sup>th</sup>.

Claim Month	Due By:	Payment Date:	Late Claim Due By:	Late Payments By:
January	Feb 5th	March 15th	Feb 15th	March 31st
February	March 5th	April 15th	March 15th	April 30th
March	April 5th	May 15th	April 15th	May 31st
April	May 5th	June 15th	May 15th	June 30th
May	June 5th	July 15th	June 15th	July 31st
June	July 5th	August 15th	July 15th	August 31st
July	August 5th	September 15th	August 15th	September 30th
August	September 5th	October 15th	September 15th	October 31st
September	October 5th	November 15th	October 15th	November 30th
October	November 5th	December 15th	November 15th	December 31st
November	December 5th	January 15th	December 15th	January 31st
December	January 5th	February 15th	January 15th	Feb 28th or (29th)

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## ANNUAL TRAINING

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CACFP annual training is required each fiscal year (**October 1 to September 30**). These trainings will provide up-to-date program information which will enable you to adjust your menus and eating habits to provide the best nutrition for yourselves, your families, and the children you care for. The trainings will provide updated program requirements and policy changes on an annual basis. **FRRC will provide a training each year.**

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## RELOCATIONS

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**When a provider has moved from their licensed day care home, you are no longer licensed as of the date you move. If you move/relocate, you are required to notify our office immediately. We will need an updated site application to be completed with your new site information and a copy of your new facility license. If there is a change in capacity at anytime we will also need a new site application along with a new facility license. Participation will be approved as of the date paperwork and facility license is received in the office, regardless of license date.**

## TIER INFORMATION

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### Tier I Reimbursement

Tier 1 reimbursement is based on both free and reduced price school lunch data provided to sponsors from the California State Department of Education. All providers located within an **eligible** geographic area automatically qualify for a Tier I reimbursement. The sponsor will determine the eligible geographic area by elementary, middle, high school boundaries or census data. Providers who automatically qualify for Tier I by area, can apply to be reimbursed for their own children or any other child under 13 yrs. old living in the household by filling out a Meal Benefit Application and returning it to the sponsor for determination of eligibility.

Meals can be claimed for providers own children only when (1) such children are enrolled and participating in the child care program during the time of meal service, (2) enrolled nonresident children are present and participating in the child care program and (3) provider's children are eligible for reimbursement.

### Tier II Reimbursement

**Providers not meeting the Tier I criteria have two options:**

1. They can apply to the sponsor themselves to receive Tier I reimbursement by filling out a meal benefit application and providing documentation to the sponsor of their most recent income tax return and current check stubs from **all adults** in the household. If sponsor determines the household to be eligible based on the eligibility scale, the home will receive Tier I reimbursement.
2. The sponsor can provide the parents of children in a Tier II home with a Parent Meal Benefit Application. The sponsor can then determine if individual children qualify for Tier I reimbursement.

**Providers who do not want to provide documentation of their own income will receive a Tier II rate.**

### Mixed Tier Reimbursement (I & II)

Mixed eligibility is based on meal benefit applications from the parents, some providers may receive Tier I reimbursement rates for some children and Tier II rates for others.

### Census Data

In order for a CACFP DCH to be eligible as a Tier I provider, 50 percent or more of the children in the census block group must be eligible for free or reduced price meals.

**Once the tier determination has been approved, providers who are eligible for tier I by school or census data will be eligible for a period of five years. If you qualify for tier I by meal benefit application it will need to be renewed annually. If you move/relocate, a new tier determination will have to be done.**

## MONITORING VISITS

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MONITORING THE FOOD PROGRAM IS REQUIRED **THREE TIMES UNANNOUNCED** EACH FISCAL YEAR. **MORE FREQUENT UNANNOUNCED VISITS MAY BE REQUIRED IF PROVIDER ALWAYS CLAIMS 100% (NO CHILDREN ARE EVER ABSENT) OR ANY PROBLEMS ARE FOUND AT THE HOME VISIT.**

If you claim children for reimbursement during Dinner, Evening Snack, and Weekends, site monitoring will be required for reimbursement. We will monitor unannounced at your scheduled meal times. If we are unable to verify (**for any reason**) the Dinners, Evening Snacks and Weekend meals being claimed, they will no longer be eligible for reimbursement. This disallowance applies to the entire weekend or dinners/evening snacks and will be **permanent**.

At least one of the three required yearly visits will be during a meal service so that meals claimed for reimbursement can be observed. Meal times on file will be used to know when a meal or snack should be served. Please make sure to update your meal times, should they change.

The sponsor representative will record all observations and any recommendations on the site monitoring report. The provider will receive a copy of their site monitoring report. The monitor will also check attendance, meal count and menus to be sure records are being recorded by the end of each day. **There are no exceptions, records must be up to date at all times.**

If meal count & attendance records are not up to date (1 to 2 day behind) the sponsor representative will issue a **First Warning** that you are in jeopardy of becoming seriously deficient. If your records are more than 2 days behind, you will be determined **Seriously Deficient** and unless you agree to permanently correct the deficiency we will start the process of termination. During any subsequent visits, if your records are again found not to be up to date, we will have no recourse but to start the process of termination.

The Serious Deficiency regulations can be found in the back of this handbook. Please take some time to review the process. Contact CACFP staff if you are not clear about what the process is or have any questions regarding Serious Deficiency.

**Monitors will review attendance by comparing the children present to the full list of children enrolled/claimed for at least five consecutive days. If there is no enrollment form for a child present, the meals must be disallowed. Capacity compliance is also reviewed and any over capacity situations will be reported to the Department of Social Services (DSS). Over capacity will also result in a serious deficiency determination.**

**FRRC will also provide any additional training on program requirements or any clarification of agency policies and procedures during monitoring visits.**

**We have established a CACFP Provider 24 hr. Message line:**

Northern California (209) 461-2904

Southern California (209) 461-2906

You must notify our office in advance by calling this number if you are going to be away from your home during a scheduled meal service period. If an Agency representative arrives at your home at any of your scheduled meal times and finds you are not at home, meals claimed during this period will be disallowed. You must also notify our office in advance when you will be on vacation, sick, have no children in care, planning to move, closed or not serving scheduled meals for any other reason.

## FOODS THAT ARE NOT CREDITABLE ON MENUS

The following list of foods may not be used for credit on your menus. You may serve as many or as much of these foods as long as you have met the meal requirements with other acceptable foods. **Deep-Fat frying (submerging food in oil), may not be used to prepare meals or to reheat.**

- |  |   |
|--|---|
| <p>1.) Bacon (Canadian Bacon is acceptable)</p> <p>2.) Hamhocks</p> <p>3.) Chocolate Dairy Drink<br/>(This is not Milk)</p> <p>4.) Flavored Milk (Chocolate, Vanilla Strawberry, Hot Chocolate)</p> <p>5.) Coconut</p> <p>6.) Potato Chips, Corn Chips</p> <p>7.) Cakes</p> <p>8.) Pickles &amp; Olives</p> <p>9.) Lemonade</p> <p>10.) Berry Drinks<br/>(Cranberry, Boysenberry)</p> <p>11.) Flavored Drinks</p> <p>12.) Powdered Drinks (Tang)</p> <p>13.) Juices from Concentrate with less than 100% Juice</p> <p>14.) Nectars</p> <p>15.) Juice Cocktails</p> <p>16.) Cream Cheese</p> <p>17.) Whipped Cream</p> <p>18.) Sour Cream Dip</p> | <p>19.) Jello gelatin</p> <p>20.) Sweet Desserts ( Cookies, Brownies, Pop-Tarts, Doughnuts, Granola Bars, Sweet Breads, Sweet Rice/Bread Pudding)</p> <p>21.) Popcorn</p> <p>22.) Hominy</p> <p>23.) Gingerbread</p> <p>24.) Jam, Jellies, Preserves</p> <p>25.) Fruit Snacks (Fruit Bars, Roll-Ups, Candy)</p> <p>26.) Ice Cream</p> <p>27.) Frozen Yogurt (Gogurt)</p> <p>28.) Corn Dogs</p> <p>29.) Imitation Seafood</p> <p>30.) Commercial Milkshakes*</p> <p>31.) Commercial Pizza Toppings*</p> <p>32.) Pepperoni &amp; Salami</p> <p>33.) Peppers, Onions, Mushrooms, Radishes</p> <p>34.) Nacho Cheese (Canned or Processed)</p> <p>35.) Tofu Noodles (not easily recognized as meat substitute)**</p> |
|--|---|

\*\* see page 11 for more details on Tofu



## REMEMBER, WHEN SERVING / CLAIMING...

**Grains:** At least one serving of grains per day must be whole grain-rich. Grain based desserts (cookies, toaster pastries, pie crusts, cinnamon rolls etc.) contain added sugar and therefore not credible in the CACFP. This includes homemade grain-based desserts.

**MILKSHAKES**—For the milkshakes to be credited as the milk component, the milkshakes must be homemade using fluid, pasteurized milk. Commercial milkshakes are never credited because the amount/type of milk in them cannot be determined.

**POTATOES**—Potatoes are only credited as a vegetable component. Potatoes in any form (e.g. baked, french fries, mashed, etc...) are **NEVER** credited as a grain/bread component.

**SOUP**—For the meat in soup to contribute towards a meat/meat alternate (other than bean, lentil, or split pea soup), the soup must be homemade or have extra protein added by you.

**PIZZA**—Cheese, meat toppings, and bread are creditable only when the pizza is **homemade**, or, if commercially purchased, extra cheese or an additional protein (e.g. Canadian bacon, ham, sausage) must be added by you. The same applies to chicken/meat pot pies. Otherwise the products only count as a bread Alternate.

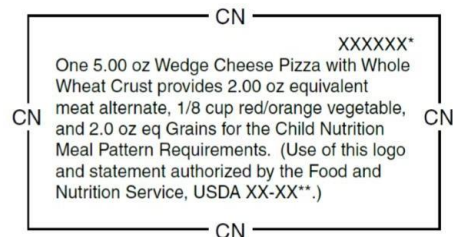
**Convenience Foods (Frozen/Commercial Foods)**—Processed convenience type foods such as chicken nuggets, fish sticks must have a CN label on the package, and will only count towards the meat requirement. **Foods that do not have the CN label are not reimbursable.** You **must** keep the entire package (especially the CN label) on file in your home. Any canned or commercially packaged foods containing meat and bread will only be reimbursable as a bread component.

Please remember that these foods are high in fat and sodium and it is recommended they be used occasionally. Making your own healthy chicken nuggets and fish sticks are a far better choice!

The CN Label should be found on the actual product packaging and will always contain the following:

- The CN logo, which is a distinct border
- The Meal Pattern Contribution Statement
- A 6-digit product identification number
- The USDA Authorization; and
- The month and year of approval

CN Label Example:



**JUICE**—Read the labels to be sure the juice is 100% juice. Any “ade”, punch, cocktail, drink, or nectar that is not 100% juice is not credited. Please list type of juice served. Juice is limited to once per day for reimbursement and is not allowed on the infant menu.

**Less Added Sugar:** Yogurt must contain no more than 23 grams of sugar per 6 ounces; breakfast cereals must contain no more than 6 grams of sugar per dry ounce (see page 12 for detailed explanation)



## MILK REQUIREMENTS

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### Promote Breastfeeding:

Breastmilk is an allowable fluid milk to serve children past 1 yr of age, for as long as the mother chooses to breastfeed.

### Transition Month:

Milk served to one year olds must be unflavored whole milk. USDA recognizes that switching immediately from whole to low-fat or fat-free milk when a child turns two years may be challenging. Therefore, USDA is allowing a one-month transition period. Meaning that meals served to children 24- 25 months old containing whole milk or a mixture of milks may be claimed for reimbursement.

### Parent/Guardian Request for Milk Substitution

Parents who decide not to have their children consume cows milk for a life-style choice can choose to serve them soy milk that is nutritionally equivalent to milk.

- When served for life-style choice, the parent/guardian must provide a "Milk Substitution Form, as long as the soy milk served meets USDA Nutrient Requirements. (See page 9-10 for more information)
- Non-dairy beverages that are not nutritionally equivalent to cow's milk are only reimbursable when a medical statement is on file. If participant has an allergy, a medical statement will be needed.
- Non-Dairy beverages served to children must be unflavored.

### Reimbursable Milk Types:

**Any type of flavored milk is not reimbursable**

Age	Milk Requirement
1 Year	Unflavored Whole Milk Only
2+ yrs	Unflavored low-fat 1% Unflavored fat-free

### Exceptions:

#### Medical Statement for Special Meals/Accommodations:

If participant has a disability or a medical condition and requires a special meal or accommodation, (Refer to definitions on reverse side of Medical Statement Form). Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. A licensed physician must sign the Medical Statement form. (Page 20-21)

If participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. *Food preferences are not an appropriate use of this form.* Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, or registered nurse must sign this form. (Page 20-21)

# FAMILY RESOURCE & REFERRAL CENTER

*Serving the Community for over 30 years*

509 W. Weber Ave., Suite 101, Stockton, California 95203

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*Child Care Assistance - Child Nutrition - Community Resource & Referral - Early Care & Education - Administration*



## PARENTAL REQUEST FOR A FLUID MILK SUBSTITUTION FOR CHILDREN IN CARE

1. NAME OF AGENCY	2. SITE	3. SITE TELEPHONE NUMBER
4. CHILD'S NAME		5. DATE OF BIRTH
6. NAME OF PARENT OR LEGAL GUARDIAN		7. TELEPHONE NUMBER
<p><b>8.</b> The above listed child does not have a disability, but the parent or legal guardian is requesting a fluid milk substitute due to a medical or other special dietary need. This form is not intended to accommodate children who drink fluid milk substitutions such as soy milk due to taste preferences. The child care agency has the discretion to select a specific brand of milk substitute since acceptable products must meet specified nutrient requirements. Juice cannot be offered as a fluid milk substitute for children with medical or special dietary needs that do not rise to the level of a disability.</p> <p>This written statement will remain in effect until the parent or legal guardian revokes such statement or until the child care agency discontinues the fluid milk substitution option. Child care agency participating in federal nutrition programs are encouraged, but not required, to accommodate reasonable requests.</p> <p style="text-align: center;"><b>The child's parent or legal guardian must sign this form.</b></p>		
9. MEDICAL OR OTHER SPECIAL DIETARY NEED REQUIRING A FLUID MILK SUBSTITUTION:		
10. SIGNATURE OF PARENT/LEGAL GUARDIAN	11. PRINTED NAME OF PARENT/LEGAL GUARDIAN	12. DATE

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

In accordance with Federal law and U.S. Department of Agriculture (USDA) policy, this agency is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call

(202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**Please note: The protected classes for the Child and Adult Care Food Program are race, color, national origin, age, sex, and disability.**

**Fluid Milk Substitution Nutrient Requirements as outlined in Title 7, Code of Federal Regulations), Section 210.10(m)(3):**

Presently, a list of manufacturers’ brands that meet the nutrient requirement for non-dairy fluid milk substitutions is not available. Instead, please compare the nutrition facts label of the product with the amounts in the percentage Reference Daily Intake (RDI) column below to determine if the product is an acceptable fluid milk substitute.

**Column 1:** Nutrients that must be contained in the product

**Column 2:** Nutrient requirements as stated in the federal regulations

**Column 3:** RDI for the nutrient

**Column 4:** Percent RDI (except for protein, the % RDI is what is listed on the Nutrition Facts Label)

<b>Nutrient</b>	<b>Requirements as Stated in Federal Regulations (Per cup)</b>	<b>RDI</b>	<b>%RDI*</b>
Calcium	276 mg	1000 mg	27.60%
Protein	8 g*	50 g	8g*
Vitamin A	500 IU	5000 IU	10.0%
Vitamin D	100 IU	400 IU	25.0%
Magnesium	24 mg	400 mg	6.0%
Phosphorus	222 mg	1,000 mg	22.2%
Potassium	349 mg	3,500 mg	10.0%
Riboflavin	0.44 mg	1.7 mg	25.90%
Vitamin B-12	1.1 mcg	6 mcg	18.30%

**\*The acceptable fluid milk substitution must contain, at a minimum, the amounts in the percentage RDI column.**

**This form is for soymilk substitutions ONLY that meet the above requirements. You MUST check labels, not all soymilk meet the minimum USDA requirements.**

## ACCEPTABLE MEAT/MEAT ALTERNATES

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1. Dry beans, peas, lentils, lima, edamame
2. Canned beans and peas in sauce or brine such as pinto, chili, garbanzo
3. Condensed bean/pea soup (1 cup soup is equal to ¼ cup serving of beans/peas)
4. Eggs
5. Cottage cheese
6. Cheese, natural or processed
7. Cheese spreads (imitation cheeses are not acceptable)
8. Pre-cooked meat, luncheon meat, bologna, hot dogs, crab, shrimp
9. Poultry
- 10. Chicken nuggets – fish sticks (with a CN label or homemade)**
11. Meat: fresh, smoked, corned beef, beef, pork, lamb, ham, Canadian bacon, turkey
12. Liver
13. Heart, kidney, tongue
14. Sausage, bulk or link
15. Crab, clams, oysters, shrimp, mackerel, salmon, tuna
16. Canned seafood
17. Fish – fresh, frozen, fillets.
18. Nuts and seeds
19. Yogurt/Soy Yogurt: Must meet Sugar requirement. See page 15 for more information
20. Tofu- Must meet protein requirement: 5 grams per 2.2 ounces by weight. Must be easily recognized as a meat substitute. Example: Tofu in Stir Fry ✓ Tofu Burgers/Links ✓
21. Peanut Butter- The amount of peanut butter required to satisfy the CACFP meal pattern is more than children are usually offered. 6 to 12 years old should be offered 4 tbsp. of peanut butter. It is a serving size almost equivalent to the size of a tennis ball. Therefore, providers should supplement the serving of peanut butter with another approved meat/meat alternative. For example a one ounce serving of cheese and 2 tbsp. of peanut butter meet the CACFP meal pattern requirement for a main meal. (1 Tbsp. of peanut butter is equal to ½ ounce of serving of lean meat, fish, poultry or cheese)

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## VEGETARIAN MEALS

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These meals must meet CACFP meal pattern requirements. Examples of acceptable vegetarian meat alternates for the CACFP include natural and processed tofu, cheese, cottage cheese, eggs, yogurt, cooked dry beans and peas, mustard seeds, nut and seed butters, or any combination of these. In planning for the use of products containing alternate protein products (APP) purchase CN-labeled products or contact your program sponsor for crediting information. Remember that some participants may have allergies to certain ingredients, so the identification of products containing APP is critical.

## YOGURTS & CEREALS

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**Yogurt and cereals served in the Child Care Food Program must meet new sugar limit requirements.**

*Yogurts served must not have more than 23 grams of sugar per 6 ounces. Cereals must contain no more than 6 grams of sugar per dry ounce.*

**To find out if your yogurt is a reimbursable item,  
divide the total grams of sugar by the serving Size (in grams or oz).**

\_\_\_\_\_ grams Sugar \_\_\_\_\_ Serving Size = \_\_\_\_\_

Your yogurt meets sugar limit requirements if,  
For ounces, the answer is 3.83 or less  
For grams, the answer is .135 or less

Frozen yogurt, drinkable yogurt, homemade yogurt and yogurt flavored products are not creditable items in the CACFP.

Although commercial flavorings may be added such as fruit, nuts, seeds and granola, these items may not be credited towards meeting any of the required components in the meal pattern.

Example: In blueberry-fruited yogurt, the blueberries may not be credited towards satisfying a fruit/vegetable requirement as a second meal component in a snack.

**To find out if your cereal is a reimbursable item,  
divide the total grams of sugar by the serving size (in grams).**

\_\_\_\_\_ grams sugar \_\_\_\_\_ grams Serving Size = \_\_\_\_\_

Your cereal meets sugar limit requirements if the answer is .212 or less

**Cereals on any State agency's women infants and children (WIC) approved cereal list meet the CACFP sugar limit.**

## ACCEPTABLE BREAD AND BREAD EQUIVALENTS

(All products must be made of whole grain or enriched flour or meal)

The required amounts of bread products are listed by weight. Also listed are the approximate serving sizes to aid in meal planning. However, the serving size needed to meet the bread requirement may vary depending upon the brand used. **At least one serving of grains per day must be whole-grain rich.**

### CHILDREN 1 TO 5 YEARS

### CHILDREN 6 TO 12 YEARS

Item	Weight	Serving Size	Weight	Serving Size
Bagel	13 grams (.5oz)	½ bagel	25 grams (.9 oz)	1 bagel
Biscuit	13 grams (.5 oz)	1 biscuit	25 grams (.9 oz)	2 biscuits
Bulgur, cracked wheat		¼ cup		½ cups
Bread stick	10 grams (.4oz)	1 ½ sticks	20 grams (.7 oz)	3 sticks
Buns (all types)	13 grams (.5 oz)	½ bun	25 grams (.9 oz)	1 bun
Cornbread	13 grams (.5 oz)	1-2"x2" square	25 grams (.9 oz)	2-2"x2"square
Dumplings	13 grams (.5 oz)	½ dumpling	25 grams (.9 oz)	1 dumpling
English muffins	13 grams (.5oz)	½ muffin	30 grams (1.1 oz)	1 muffin
French bread	13 grams (.5 oz)	½ slice	25 grams (.9 oz)	1 slice
Graham crackers	10 grams (.4 oz)	1-1/2 crackers	20 grams (.7 oz)	3 crackers
Hush Puppies	15 grams (.6 oz)	½ serving*	30 grams (1.1 oz)	1 serving*
Melba Toast	10 grams (.4 oz)	2-1/2 pieces	25 grams (.9 oz)	5 pieces
Muffins	13 grams (.5oz)	½ muffin	25 grams (.9 oz)	1 muffin
Pancakes	15 grams (.6 oz)	½ pancake	30 grams (1.1oz)	1 pancake
Pasta		¼ cup		½ cup
Pizza Crust (thick)	15 grams (.6 oz)	2"x3"	30 grams (1.1 oz)	3"x4"
Pizza Crust (thin)	15 grams (.6oz)	2"x4"	30 grams (1.1 oz)	4"x4"
Pretzels (hard)	10 grams (.4oz)	pretzel	20 grams (.7 oz)	pretzels
Pretzels (soft)	13 grams (.5oz)	1 pretzel	25 grams (.9 oz)	2 pretzels
Pumpernickel bread	13 grams (.5 oz)	½ slice	25 grams (.9 oz)	1 slice
Raisin bread	13 grams (.5oz)	½ slice	25 grams (.9 oz)	1 slice
Rice	¼ cup		½ cup	

**CHILDREN 1 TO 5 YEARS****CHILDREN 6 TO 12 YEARS**

Rolls (no sweet rolls )	13 grams (.5 oz)	1 roll	25 grams (1.1 oz)	2 rolls
Rye Bread	13 grams (.5 oz)	½ slice	25 grams (.9 oz)	1 slice
Rye Wafers	10 grams (.4 oz)	2 wafers	20 grams (.9 oz)	4 wafers
Saltine Crackers	10 grams (.4 oz)	4 crackers	20 grams (.7 oz)	8 crackers
Soda Crackers	10 grams (.4 oz)	1-½ crackers	20 grams (1.1 oz)	3 crackers
Sopapillas	10 grams (.6 oz)	½ serving*	30 grams (.9 oz)	1 serving
Spoonbread	15 grams (.6oz)	1/6 cup	30 grams (.9 oz)	1/3 cup
Stuffing (bread)	13 grams (.5 oz)	1/6 cup	25 grams (.9 oz)	1/3 cup
Taco shells	10 grams (.4 oz)	1 shell	20 grams (.9 oz)	2 shells
Tortillas	15 grams (.6oz)	1 tortilla	30 grams (.9 oz)	2 tortillas
Waffles	15 grams (.6 oz)	½ waffle	30 grams (.7 oz)	1 waffle
White Bread	13 grams (.5 oz)	½ slice	25 grams (1.1 oz)	1 slice
Whole Wheat Bread	13 grams (.5 oz)	½ slice	25 grams (.9 oz)	1 slice
Zwieback	10 grams (.4oz)	1-½ pieces	20 grams (.9 oz)	3 pieces

\*The Child Care Food Program regulations do not specifically state the dimensions of a “serving”. When preparing the item from a recipe, the serving size suggested by the recipe may be used. If the item is a convenience product, the serving size can be determined from the CN label on the package.

Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21 grams sucrose and other sugars per 100 grams of dry cereal) See explanation on page 12.



## ACCEPTABLE FRUITS AND VEGETABLES

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**Fruits and vegetables may be fresh, frozen, canned, dried, cooked or raw**

- |                       |                    |                  |                                |
|-----------------------|--------------------|------------------|--------------------------------|
| 1. Alfalfa Sprouts    | 15. Cauliflower    | 29. Papaya       | 44. Spinach                    |
| 2. Apples             | 16. Celery         | 30. Peaches      | 45. Strawberries               |
| 3. Apricots           | 17. Cherries       | 31. Pears        | 46. Summer Squash              |
| 4. Asparagus          | 18. Corn           | 32. Peas         | 47. Winter Squash              |
| 5. Bananas            | 19. Cranberries    | 33. Pineapple    | 48. Sweet Potato               |
| 6. Beans              | 20. Cucumber       | 34. Plums        | 49. Tomato                     |
| 7. Bean Sprout (mung) | 21. Dates          | 35. Potatoes     | 50. Tomato paste /puree /sauce |
| 8. Beets              | 22. Fruit Cocktail | 36. Potato Salad | 51. Turnips                    |
| 9. Berries            | 23. Grapefruit     | 37. Prunes       | 52. Mixed Vegetables           |
| 10. Broccoli          | 24. Grapes         | 38. Pumpkin      | 53. Watermelon                 |
| 11. Brussels Sprouts  | 25. Guava          | 40. Raisins      |                                |
| 12. Cabbage           | 26. Honeydew Melon | 41. Raspberries  |                                |
| 13. Cantaloupe        | 27. Lettuce        | 42. Rutabagas    |                                |
| 14. Carrots           | 28. Orange         | 43. Sauerkraut   |                                |

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### JUICES MUST BE 100 % FULL STRENGTH AND ALLOWED NO MORE THAN ONCE PER DAY:

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Apple, grape, grapefruit, pineapple, tomato, prune, vegetable, or orange juice

Frozen concentrate must be 1 part concentrate to 3 parts water

*Acceptable soups are:* corn chowder, minestrone, tomato, vegetable, bean, lentil, potato, and split pea. (1 c. Serving = vegetable requirement)

**Potatoes are credited as a vegetable component only**

# CHILD AND ADULT CARE FOOD PROGRAM

## MEAL PATTERN FOR INFANTS

	BIRTH THROUGH FIVE MONTHS	SIX THROUGH ELEVEN MONTHS
<b>BREAKFAST, LUNCH, AND SUPPER</b>	4 TO 6 FL OZ BREAST MILK <sup>1</sup> <b>OR</b> FORMULA <sup>2</sup>	6 TO 8 FL OZ BREAST MILK <sup>1</sup> <b>OR</b> FORMULA <sup>2</sup> <b>AND</b> 0 TO 4 TABLESPOON (TBSP) INFANT CEREAL <sup>2,3</sup> MEAT, FISH, POULTRY, WHOLE EGG, COOKED DRY BEANS <b>OR</b> COOKED DRY PEAS <b>OR</b> 0 TO 2 OZ CHEESE <b>OR</b> 0 TO 4 OZ (½ CUP) YOGURT <sup>4</sup> <b>OR</b> COMBINATION OF THE ABOVE <sup>5</sup> <b>AND</b> 0 TO 2 TBSP FRUIT, VEGETABLE, OR COMBINATION OF BOTH <sup>5,6</sup>
<b>SNACK</b>	4 TO 6 FL OZ BREAST MILK <sup>1</sup> <b>OR</b> FORMULA <sup>2</sup>	2 TO 4 FL OZ BREAST MILK <sup>1</sup> <b>OR</b> FORMULA <sup>2</sup> <b>AND</b> 0 TO ½ SLICE BREAD <sup>3,7</sup> <b>OR</b> 0 TO 2 CRACKERS <sup>3,7</sup> <b>OR</b> 0 TO 4 TBSP INFANT CEREAL <sup>2,3,7</sup> <b>OR</b> READY-TO-EAT BREAKFAST CEREAL <sup>3,5,7,8</sup> <b>AND</b> 0 TO 2 TBSP FRUIT, VEGETABLE, OR COMBINATION OF BOTH <sup>5,6</sup>

<sup>1</sup> Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> Beginning October 1, 2019, oz equivalents (eq) are used to determine the quantity of creditable grains.

<sup>4</sup> Yogurt must contain no more than 23 grams (g) of total sugars per 6 oz.

<sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>6</sup> Fruit and vegetable juices must not be served.

<sup>7</sup> A serving of grains must be whole grain-rich (WGR), enriched meal, or enriched flour.

<sup>8</sup> Breakfast cereals must contain no more than 6 g of sugar per dry oz (no more than 21 g sucrose and other sugars per 100 g of dry cereal).

**CHILD AND ADULT CARE FOOD PROGRAM  
MEAL PATTERN FOR OLDER CHILDREN**

Breakfast (SELECT ALL THREE COMPONENTS) <sup>1</sup>	ages 1–2	ages 3–5	ages 6–12
Milk, fl <sup>3</sup>	½ cup (4 oz)	¾ cup (6 oz)	1 cup (8 oz)
Vegetable, Fruit, or Both <sup>4</sup>	¼ cup	½ cup	½ cup
Grains <sup>5, 6, 7</sup> WGR or Enriched Bread Or WGR or Enriched Biscuit, Roll, Muffin, etc. or WGR, Enriched, or Fortified Cooked Breakfast Cereal <sup>8</sup> , Cereal grain, and/or Pasta or WGR, Enriched or Fortified Ready-to-Eat Breakfast Cereal (dry cold) <sup>8,9</sup> Flakes or Rounds Puffed Cereal Granola	½ slice ½ serving ¼ cup   ½ cup ¾ cup ⅛ cup	½ slice ½ serving ¼ cup   ½ cup ¾ cup ⅛ cup	1 slice 1 serving ½ cup   1 cup 1½ cup ¼ cup
Lunch or Supper (SELECT ALL FIVE COMPONENTS) <sup>1</sup>			
Milk, fl <sup>3</sup>	½ cup	¾ cup	1 cup
Vegetables <sup>4</sup>	⅛ cup	¼ cup	½ cup
Fruits <sup>4, 10</sup>	⅛ cup	¼ cup	¼ cup
Grains <sup>6, 7</sup> WGR or Enriched Bread or WGR or Enriched Biscuit, Roll, Muffin, etc. WGR, Enriched or Fortified Cooked Breakfast Cereal <sup>8</sup> , Cereal Grain, and/or Pasta	½ slice ½ serving ¼ cup	½ slice ½ serving ¼ cup	1 slice 1 serving ½ cup
Meat/Meat Alternates (M/Ma) Lean Meat, Fish, or Poultry or Tofu, Soy Product, or Alternate Protein Products <sup>11</sup> or Cheese or Egg (large) or Cooked Dry Beans or Dry Peas <sup>12</sup> or Peanut Butter, Soy Nut Butter, or Other Nut or Seed Butters or Peanuts, Soy Nuts, Tree Nuts, or Seeds <sup>13</sup> or Yogurt, Plain or Flavored, Unsweetened or Sweetened <sup>14</sup>	1 oz 1 oz 1 oz ½ egg ¼ cup 2 tbsp ½ oz ½ cup or 4 oz	1½ oz 1½ oz 1½ oz ¾ egg ¾ cup 3 tbsp ¾ oz ¾ cup or 6 oz	2 oz 2 oz 2 oz 1 egg ½ cup 4 tbsp 1 oz 1 cup or 8 oz

## CHILD AND ADULT CARE FOOD PROGRAM

### MEAL PATTERN FOR OLDER CHILDREN

SNACKS (SELECT TWO OF THESE FIVE COMPONENTS) <sup>15</sup>	AGES 1–2	AGES 3–5	AGES 6–12
MILK, FL <sup>3</sup>	½ CUP (4 OZ)	½ CUP (4 OZ)	1 CUP (8 OZ)
VEGETABLES <sup>4</sup>	½ CUP	½ CUP	¾ CUP
FRUITS <sup>4</sup>	½ CUP	½ CUP	¾ CUP
GRAINS <sup>6,7</sup> WGR OR ENRICHED BREAD <b>OR</b> WGR OR ENRICHED BISCUIT, ROLL, MUFFIN, ETC. <b>OR</b> WGR, ENRICHED, OR FORTIFIED COOKED BREAKFAST CEREAL <sup>8</sup> , CEREAL GRAIN, AND/OR PASTA <b>OR</b> WGR, ENRICHED, OR FORTIFIED READY-TO-EAT BREAKFAST CEREAL (DRY COLD) <sup>8,9</sup> FLAKES OR ROUNDS PUFFED CEREAL GRANOLA	½ SLICE ½ SERVING ¼ CUP  ½ CUP ¾ CUP ⅛ CUP	½ SLICE ½ SERVING ¼ CUP  ½ CUP ¾ CUP ⅛ CUP	1 SLICE 1 SERVING ½ CUP  1 CUP 1¼ CUP ¼ CUP
MEAT/MEAT ALTERNATE LEAN MEAT, FISH, OR POULTRY <b>OR</b> TOFU, SOY PRODUCT, OR ALTERNATE PROTEIN PRODUCTS <sup>11</sup> <b>OR</b> CHEESE <b>OR</b> EGG (LARGE) <b>OR</b> YOGURT, PLAIN OR FLAVORED, UNSWEETENED OR SWEETENED <sup>14, 16</sup> <b>OR</b> COOKED DRY BEANS OR DRY PEAS <sup>12</sup> <b>OR</b> PEANUT BUTTER, SOY NUT BUTTER, OR OTHER NUT OR SEED BUTTERS <b>OR</b> PEANUTS, SOY NUTS, TREE NUTS, OR SEEDS	½ OZ ½ OZ ½ OZ ½ EGG ¼ CUP ⅛ CUP 1 TBSP  ½ OZ	½ OZ ½ OZ ½ OZ ½ EGG ¼ CUP ⅛ CUP 1 TBSP  ½ OZ	1 OZ 1 OZ 1 OZ ½ EGG ½ CUP ¼ CUP 2 TBSP  1 OZ

<sup>1</sup> Offer versus serve is an option for at-risk afterschool participants only.

<sup>2</sup> Age group applies to at-risk programs and emergency shelters. Larger portion sizes than specified may need to be served to children ages 13–18 to meet their nutritional needs.

<sup>3</sup> Must serve unflavored whole milk to children age one. Must serve unflavored low-fat (1 percent) or unflavored fat-free (skim) milk for children ages 2–5. Must serve unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk to children six years and older.

<sup>4</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.

<sup>5</sup> M/MA may be used to meet the entire grains requirement a maximum of three times a week for breakfast. One oz of M/MA is equal to 1 oz eq of grains.

<sup>6</sup> At least one serving per day, across all eating occasions, must be WGR. Grain-based desserts do not count towards meeting the grains requirement.

<sup>7</sup> Beginning October 1, 2019, oz eq are used to determine the quantity of creditable grains.

<sup>8</sup> Breakfast cereals must contain no more than 6 g of sugar per dry oz (no more than 21.2 g sucrose and other sugars per 100 g of dry cereal).

<sup>9</sup> Beginning October 1, 2019, the minimum serving size specified in this section for ready-to-eat breakfast cereals must be served. Until October 1, 2019, the minimum serving size for any type of ready-to-eat breakfast cereals is ¼ cup for children ages 1–2; ½ cup for children ages 3–5; and ¾ cup for children ages 6–18.

<sup>10</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different types of vegetables must be served.

<sup>11</sup> Alternate protein products must meet the requirements in Appendix A per 7 *CFR*, Section 226.20.

<sup>12</sup> Cooked dry beans or dry peas may be used as a meat alternate or as a vegetable component; but **cannot** be counted as both components in the same meal.

<sup>13</sup> No more than 50 percent of the requirement shall be met with nuts (peanuts, soy nuts, tree nuts) or seeds. Nuts or seeds shall be combined with another M/MA to fulfill the requirement. To determine combinations, 1 oz of nuts or seeds is equal to 1 oz of cooked lean meat, poultry, or fish.

<sup>14</sup> Yogurt must contain no more than 23 g of total sugars per 6 oz.

<sup>15</sup> Juice cannot be served when milk is served as the only other component.

<sup>16</sup> Commercially added fruit or nuts in flavored yogurt cannot be used to satisfy the second component requirement in snacks.

## ENROLLING NEW CHILDREN

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Providers with any children under 10 years of age must be enrolled on the food program, this includes foster children, assistant(s) children, and/or any children permanently or temporarily living in your home.

### Child's Schedule

Choose the most accurate times that the child may be in your care. Indicate days of attendance and meals that maybe offered when in care. Times and/or days varied are not acceptable. Please select the earliest and latest times that the child will be in your care.

### Infants

If the child being enrolled is an infant (defined as under 1 year of age), you **must** offer a formula, generic brands are acceptable. Please write in the brand name of the iron fortified infant formula you offer to parents – even if the parent is supplying their own formula or breast milk.

When enrolling Infants, please select one of the following options:

Select one IFIF/ Breastmilk Option:

- *Provider supplies IFIF (Parent accept provider house formula)- Please write brand of IFIF offered by provider*
- *Parent supplies breast milk or IFIF - Please write the brand of IFIF that parent supplies or write breast milk*

Select One Infant Foods Option:

- *Provider supplies infant foods when developmentally appropriate*
- *Parent supplies infant foods and **refuses the Providers foods. (not reimbursable)***

Remember: Fill in this section if the child is less than 1 year of age on the First Day in Care.

### School Info

If the child is a toddler or preschooler and not enrolled in any sort of kindergarten/preschool, you can leave this section blank. For times and days in school, put the normal school depart & return time, based on when the child leaves your home to go to school and returns from school to your home.

### Special Information

**Special Diet:** If the child requires a special diet as prescribed by a doctor, mark "Special Diet". Also bear in mind that if the child does require a special diet, you need to send us a copy of the medical statement regarding special diet along with the Enrollment Form (see page 20-21).

**Fluid Milk Substitution:** If child does not have a disability, but the parent or legal guardian is requesting a fluid milk substitute due to a medical or other special dietary need. Soy milk substitute must meet specified nutrient requirements (see page 10). Juice cannot be offered as a fluid milk substitute for children with medical or special dietary needs that do not rise to the level of a disability.

**Special Needs:** If the child is handicapped or is otherwise a special needs child; mark "Special Needs". Send documentation of the child's special needs with the child enrollment form. If the child is over 13yrs old, please send the IEP or Doctors documentation.

**Non-Participating:** *Any child where this is marked will not be reimbursed on the CACFP.*

### Parent Information

All enrollments must have the current and correct parent contact information and phone number. Before sending enrollments, **make sure the parent has signed the form.** FRRC will reimburse **from the date signed by parent.** You cannot be paid for a child if we haven't received an accurately filled-out and signed Child Enrollment form.

## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

<b>1. School or Agency</b>	<b>2. Site Name</b>	<b>3. Site Phone Number</b>	
<b>4. Name of Child or Participant</b>		<b>5. Age or Date of Birth</b>	
<b>6. Name of Parent or Guardian</b>		<b>7. Phone Number</b>	
<b>8. Description of Child or Participant's Physical or Mental Impairment Affected:</b>			
<b>9. Explanation of DIET PRESCRIPTION AND/OR ACCOMMODATION to Ensure Proper Implementation:</b>			
<b>10. Indicate Food Texture for Above Child or Participant:</b>  <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input type="checkbox"/> Regular</span> <span><input type="checkbox"/> Chopped</span> <span><input type="checkbox"/> Ground</span> <span><input type="checkbox"/> Pureed</span> </div>			
<b>11. Foods to be Omitted and Appropriate Substitutions:</b>			
<b>Foods To Be Omitted</b>		<b>Suggested Substitutions</b>	
<b>12. Adaptive Equipment to be Used:</b>			
<b>13. Signature of State Licensed Healthcare Professional*</b>	<b>14. Printed Name</b>	<b>15. Phone Number</b>	<b>16. Date</b>

**\*For this purpose, a state licensed healthcare professional in California is a licensed physician, a physician assistant, or a nurse practitioner.**

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

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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

## INSTRUCTIONS

1. **School or Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served.
3. **Site Phone Number:** Print the phone number of site where meal will be served.
4. **Name of Child or Participant:** Print the name of the child or participant to whom the information pertains.
5. **Age of Child or /Participant:** Print the age of the child or participant. For infants, please use date of birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the child or participant's medical statement.
7. **Phone Number:** Print the phone number of parent or guardian.
8. **Description of Child or Participant's Physical or Mental Impairment Affected:** Describe how the physical or mental impairment restricts the child or participant's diet.
9. **Explanation of Diet Prescription and/or Accommodation to Ensure Proper Implementation:** Describe a specific diet or accommodation that has been prescribed by the state healthcare professional.
10. **Indicate Texture:** If the child or participant does not need any modification, check "Regular".
11. **Foods to be Omitted:** List specific foods that must be omitted (e.g., exclude fluid milk).  
**Suggested Substitutions:** List specific foods to include in the diet (e.g., calcium-fortified juice).
12. **Adaptive Equipment to be Used:** Describe specific equipment required to assist the child or participant with dining (e.g., sippy cup, large handled spoon, wheel-chair accessible furniture, etc.).
13. **Signature of State Licensed Healthcare Professional:** Signature of state licensed healthcare professional requesting the special meal or accommodation.
14. **Printed Name:** Print name of state licensed healthcare professional.
15. **Phone Number:** Phone number of state licensed healthcare professional.
16. **Date:** Date state licensed healthcare professional signed form.

### **Citations are from Section 504 of the Rehabilitation Act of 1973, Americans with Disabilities Act (ADA) of 1990, and ADA Amendment Act of 2008:**

**A person with a disability** is defined as any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment.

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

**Major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

**Major bodily functions** have been added to major life activities and include the functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

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

## PARENT/GUARDIAN'S FORM FOR DECLINING PARTICIPATION IN THE CHILD AND ADULT CARE FOOD PROGRAM

All child care facilities (day care home providers and centers) participating in the Child and Adult Care Food Program (CACFP) are required to offer meals to children in their care according to state and federal guidelines.

As a parent/guardian, you have chosen to decline the provider's or center's offered food and will furnish all food for your child. Return the original to your provider or center.

<b>CHILD'S LAST NAME</b>	<b>CHILD'S FIRST NAME</b>
PARENT/GUARDIAN'S REASON FOR DECLINING THE CACFP	
<b>PARENT/GUARDIAN'S SIGNATURE</b>	<b>DATE</b>
<b>PROVIDER/CENTER NAME</b>	<b>DATE</b>
ADDITIONAL COMMENTS	

**(Provider: Please keep a copy in the child's file and forward the original to your CACFP sponsor.)**



## Claiming Infants for Reimbursement

When enrolling infants, providers will need to specify which formula brand and type is being offered to each infant enrolled in care. As a reminder, whole milk **cannot** be served in lieu of breast milk or iron-fortified infant formula to any infants less than 12 months of age in order to be on the Food Program, **No exceptions**. In order to receive reimbursement for the infant(s) in your care, the infant(s) must qualify.

### In order to be reimbursed for infant meals:

- a) **Provider** must offer/purchase an iron fortified formula and age appropriate food components to receive reimbursement for infants 0-12 months. All bottles need to be labeled and dated.
- b) **If the parent declines the provider's formula and instead chooses to supply their own iron fortified formula then the provider can still claim the infant on program . All bottles need to be labeled and dated. Provider should also make sure to properly store any pre-made bottles brought by parents/guardians.**
- c) **Breastfed babies** can be claimed from 0-12 months, if mom expresses breast milk and leaves with provider to be served. Breast milk should be handled and stored correctly. Label the bottles to identify the contents. Write the child's name and the date the breast milk was collected on the label. If mom comes to provider's home to breastfeed infant, the provider cannot be reimbursed until the infant is eating other age appropriate required food components that are served by the Provider.



### On the Infant Menu, each meal is broken down into two age groups:

1. A 0-5 month old Infant is only required to be served Breast Milk or Formula, no matter what the meal is (i.e., Breakfast, Snack, Lunch or Dinner).
2. A 6-11 month old can be served Fruit or Vegetables, along with Infant Cereal, if developmentally appropriate for that infant.

**Commercial combination dinners** are *not credited* (e.g. vegetable beef, ham and apples). However, after measuring the appropriate amount of each individual component, plain meats may be mixed with fruits or vegetables. Iron-fortified dry cereal may be added to infant combination dinners. Please refer to the infant meal pattern chart for serving size.

**Yogurt** is allowed in the infant meal pattern.

Make sure when using the Infant Menu that you only record children who are under 1 year of age as of the date of the meal. A child who becomes 1 year old in the middle of a month will be recorded on the Infant Menu initially during the month, and then switched to the Regular Menu on his or her birthday. The computer automatically switches the child to the appropriate meal pattern.

# Family Child Care Ratios

## Licensed for 6 to 8 children

Number of Children	Birth - 24 Months	2 - 6	School Aged (6yrs and older)
4	no more than: 4	0	0
6	no more than: 3	3	
8	no more than: 2	4	1- kindergarten/or school age 1- 6yrs school age or older



## Licensed for 12 to 14 children

Number of Children	Birth - 24 Months	2 - 6	School Aged (6yrs and older)
12	no more than: 4	8	
14	up to: 3	9	1- kindergarten/or school age 1- 6yrs school age or older

Please check your License issued by the Department of Social Services (DSS) to see what your license restrictions are.

## Annual Program Requirement

### Enrollment Renewal Report

Every year an **Enrollment Renewal Report** will be mailed to you. This report will update all children enrolled in your day care. This is a good time to delete the children that are no longer in your care.

claimed for your child. You MUST sign on the line to the right of the meals you indicate. **NOTE: All information is mandatory. Please complete all sections.**

Provider Name <b>zzztest, test</b>		Prov #: 100000		Provider Signature:	
and Address <b>509 w. weber ave 101 stockton. CA 95203</b>		Phone: (209) 555-5555			
		Monitor: M00, M00			

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District
1	baby infant, girl	01/12/2015	03/04/2015	None	0v 3m	A		B	F		2
Address: 1870 Blueberry Ct Tracy, CA 95376		Drop Off: <b>Weekday Times</b> 6:00am		Pick Up: 6:00pm		<b>Participation</b>					dee Martinez
Home Phone: (209) 461-2975		<b>Weekend Times</b>		Days		[X]Mo [X]Tu [X]We [X]Th [X]Fr [ ]Sa [ ]Su					Parent Name
Work Phone		<b>School Times</b>		Depart:		Meals [X]B [X]A [X]L [X]P [X]D [ ]E					Parent Signature
Alternate Phone: 501 w. weber		<b>Days Attending School</b>		Return:		Days vary: [ ] Times vary: [ ]					Date
		[ ]Mo [ ]Tu [ ]We [ ]Th [ ]Fr									
My child is an infant, and my provider has offered to supply at least one type of iron fortified infant formula (IFIF). My provider offers this formula: kirkla I will: [ ] Accept the formula supplied by provider [X] Supply my own breastmilk or formula: breastmilk I will also: [X] Accept any developmentally appropriate foods offered by the provider [ ] Supply my own foods											
6	Favela, Cherrie	11/15/2013	11/11/2014	None	1v 5m	A	NH	A	F		
Address: 501 W. Weber Stockton, CA 95203		Drop Off: <b>Weekday Times</b> 6:30am		Pick Up: 7:00pm		<b>Participation</b>					Mama Segura
Home Phone: (209) 948-1553		<b>Weekend Times</b>		Days		[X]Mo [X]Tu [X]We [X]Th [X]Fr [ ]Sa [ ]Su					Parent Name
Work Phone		<b>School Times</b>		Depart:		Meals [X]B [X]A [X]L [X]P [X]D [X]E					Parent Signature
Alternate Phone:		<b>Days Attending School</b>		Return:		Days vary: [ ] Times vary: [ ]					Date
		[ ]Mo [ ]Tu [ ]We [ ]Th [ ]Fr									

You must verify that all information is accurate. 1) Are the children scheduled the same? 2) Are they now attending school? 3) Have the hours and days changed? 4) Are the meals to be served accurate? You must update all information and parents are required to **sign** and **date** for each one of their children. After you have gathered all signatures please return to our office. All children with no signature will be dropped.

## **Summary of Serious Deficiency Process for Day Care Homes**

The Child and Adult Care Food Program Interim Regulations, 7 CFR Sections 226.6 (l) and 226.16 (l), describe the serious deficiency Process.

### **1. Determination of Serious Deficiency- 226.16(l)(1)(2)**

A sponsor determines that a provider is seriously deficient for one or more of the following reasons:

- a. Submission of false information on the application;
- b. Submission of false claims for monthly reimbursement;
- c. Simultaneous participation under more than one sponsoring organization;
- d. Noncompliance with the CACFP meal pattern;
- e. Failure to keep required records;
- f. Conduct or conditions that threaten the health or safety of the children in care or public health and safety;
- g. A determination that the provider or employees of the provider have been convicted of any activity that indicated a lack of business integrity and occurred during the past seven years; or
- h. Any other circumstance related to the nonperformance under this agreement between the FRRC or the state agency.

### **2. Notice of serious Deficiency-226.16(l)(3)(i)**

After the determination of serious deficiency, the sponsor must send a notice of serious deficiency to the provider that contains the following information:

- a. The serious deficiencies;
- b. The action needed to correct the deficiencies;
- c. The time given for the corrective action (not to exceed 30 days);
- d. That the determination of serious deficiency is not subject to an administrative review (appeal);
- e. That the failure to correct the deficiencies will result in the proposed termination of the CACFP agreement and the proposed disqualification of the day care home and its principals; and
- f. The voluntary termination of the provider's program agreement will still result in the formal termination of the program agreement and placement of the day care home and its principals on the national disqualified list.

### **3. Provider Corrective Action-226.16(l)(ii)&(iii)**

Corrective action will result in either:

- a. The rescission of the serious deficiency determination, if the corrective action is timely and successful; or
- b. The proposal to terminate the provider's program agreement, if the corrective action is not timely and successful.

### **4. Notice of Intent to Terminate-226.16(l)(iii)**

The notice of intend to terminate must include the following information:

- a. The provider's right to an administrative review or appeal of the termination;

- b. The provider may continue to participate in the CACFP and receive meal reimbursement until the administrative review is concluded;
- c. The sponsor must immediately terminate the provider's agreement and disqualify the day care home and its principals from participation in the CACFP for a period of seven years, if the sponsor's intent to terminate is upheld by the administrative review;
- d. Termination of the provider's agreement will result in the provider's termination for cause and disqualification; and
- e. A provider's voluntary termination of the program agreement after receipt of the notice of intent to terminate will still result in placement on the national disqualified list.

## **5. Administrative Review-226.6(I)**

The administrative review or appeal process is as follows:

- a. The procedures must be the same for all day care home providers;
- b. The provider may retain legal counsel or be represented by another person;
- c. The provider may review the basis for the serious deficiency determination and refute the determination in writing;
- d. The administrative review official must be independent and impartial, meaning that the person must not have been involved in the serious deficiency determination or have a personal or financial interest in the review outcome;
- e. The review official must make a decision based upon the information provided by the sponsor and the provider and the appropriate federal and state laws, regulations, policies, and procedures;
- f. The review official must inform both the sponsor and provider as to the timeframe for a decision; and
- g. The decision is the final administrative determination to be afforded to the provider. If the decision is in favor of the provider, the serious deficiency determination will be rescinded. If the decision is in favor of the sponsor, the sponsor must immediately terminate the provider's program agreement and disqualify the provider from future CACFP participation for a period of seven years. The sponsor must also inform the state agency of the provider's termination and disqualification. The state agency will inform the United States Department of Agriculture of the sponsor's action so that the provider may be placed on the national disqualified list.

## **6. Suspension of Day Care Homes-226.16(I)(4)**

The interim regulations also allow for the immediate suspension of a day care home's program operation when the sponsor or an outside agency determines that the home's continued operation is a threat to the public health and safety of the children in care or the public at large. At the same time, the sponsor must take action to terminate the provider's program agreement. The sponsor must inform the provider that the provider's program agreement has been suspended, that the provider's day care home has been declared seriously deficient, and that the sponsor intends to terminate the provider's agreement for cause. The notice must:

- Inform the provider of the right to an administrative review;
- Specify the serious deficiency or deficiencies;
- Inform the provider that the program payment will be suspended until the conclusion of the administrative review;
- Inform the provider that if the suspension is overturned as a result of the administrative review, the provider may be reimbursed for the eligible meals served during the suspension;
- Inform the provider that the termination of agreement will result in the placement of the day care home and the provider on the national disqualified list; and
- Inform the provider that the voluntary termination of agreement will still result in termination for cause and disqualification.

