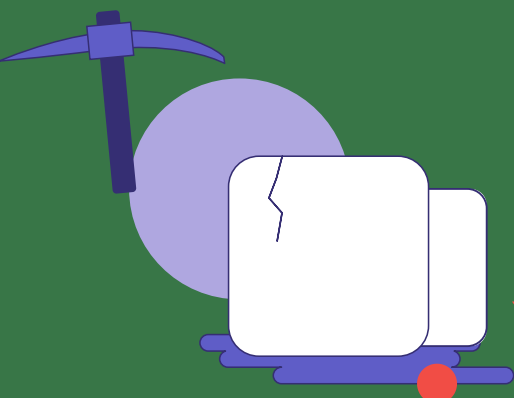


The banner features a dark green background with various food-related illustrations. At the top left, there are green leafy vegetables. In the top right, a hand holds a knife over a small bowl of green sauce with a yellow stick. Below this, a plate of food includes broccoli, a round bread-like item, and orange slices. In the center, a hand holds a fork. To the left, a hand holds a knife over a plate of salad with cucumbers, tomatoes, onions, and hard-boiled eggs. A small bowl of yellow sauce is also visible. The text 'CACFP Training' is written in large, bold, white letters with a wavy line above it. Below the text, a yellow box contains the text '2024 Annual Training'.

# CACFP Training

2024 Annual Training



# ICE BREAKER

- You each have the name of a food on your back
- You will have 10 minutes to mingle amongst each other to ask questions and try to guess what food you are
- Once you think you know what you are, go stand by the sign for your food group
- Only ask one question per person, some foods may fit into more than 1 category



# LET'S HAVE SOME FUN!

At the end of each topic area, there will be 4 trivia questions

Some questions will be related to the topic area and some will be general questions related to nutrition policies, procedures, and fun facts

We will split the room in half and alternate questions for each side of the room. If the correct answer isn't given, the question will go to the other side of the room

If you answer a question correctly, you get a ticket to choose a prize at lunch. Only 1 prize per person.





# Topic Areas to Cover

Record Keeping


Meal Patterns

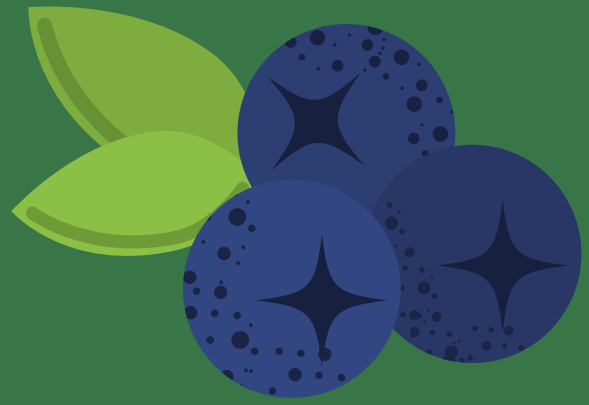
Claims

Reimbursement Processes

Meal Counts

Review & Monitoring  
Procedures





# THE BASICS

- The Child & Adult Care Food Program (CACFP) is funded by the U.S. Department of Agriculture (USDA)
  - CACFP is administered through NH Department of Education
- Annual training is a requirement for all CACFP key staff (that's you!)
- In addition to our Head Start, EHS, and Child Care centers, SNHS also sponsors about 60 unaffiliated centers all over NH
- CACFP participation is requirement of all Head Start Programs



# Record Keeping



# CACFP Child Enrollment Form

## Child and Adult Care Food Program CHILD ENROLLMENT FORM

Dear Parent:

Your child(ren)'s child care has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses Child Care Providers/Centers for nutritious meals served to children in attendance. This program reimbursement supports the quality of the meal program and is beneficial to you and your child(ren) because it provides nutritious meals and snacks.

Sponsoring Organization Name _____ Sponsoring Organization Phone # _____ Child Care Provider/Business Name _____ Sponsoring Organization CACFP Representative Name _____	<b>Annual Renewals:</b> Check One: <input type="checkbox"/> I certify that the changes noted, initialed and dated below are true and accurate. <input type="checkbox"/> I certify that the information recorded below remains true and accurate. Parent/Guardian Signature: _____ Date: _____
---	---

**Directions:** Form must be completed by parent/guardian so that the actual time of enrollment reflects the accurate arrival and departure times each day of the child(ren) in attendance. Please ensure that this document represents the most current profile of your child(ren)'s enrollment status. Update and certify this document annually.

Full Name of Child(ren) in Family Enrolled in CACFP	Date of Birth	Age	Time Child Arrives at Day Care	Time Child Goes to School	Time Child Returns from School	Time Child Leaves for Home	Days in Care							Attendance during Vacation/No-School Days (Circle One)	Meals Eaten at Child Care				
							M	T	W	Th	F	Sa	Su		Bk	AM Sn	L	PM Sn	Su
	/ /													Y N					
	/ /													Y N					
	/ /													Y N					
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	/ /													Y N					

<p style="text-align: center;"><b>Please Print</b></p> Parent/Guardian Names _____ Mailing Address _____ Home Phone # _____ <b>Parent/Guardian Workplaces:</b> Mother Phone # _____ Father Phone # _____	<p style="text-align: center;"><b>To the best of my knowledge all of the above information is correct.</b></p> Parent/Guardian Signature _____ Date _____	<p style="text-align: center;"><b>For CACFP Representative Use Only</b></p> Sponsor Signature _____ Effective Date of Form: _____ <p style="text-align: center;"><b>Check One</b></p> <input type="checkbox"/> New enrollment <input type="checkbox"/> Annual Renewal
--	--	---

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington DC 20250-9410 or call (800)795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

- Filled out by parent/guardian
- Information includes times/days in care and meals child is present for
- Signed by parent/guardian and center CACFP representative
- Updated annually or when information changes

- Family Workers verify that all info is filled out by parent/guardian before submitting to CACFP staff





# Income Eligibility Application

## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE/FDCH)

**PART 1. ALL HOUSEHOLD MEMBERS**

Names of all household members (First, Middle Initial, Last)	Name of each child's school /or indicate "NA" if child is not in school	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

**PART 2. BENEFITS:** If any member of your household receives SNAP or TANF ASSISTANCE, provide the name and case number for the person who receives benefits and skip to part 4. If no one receives these benefits, skip to part 3.  
 NAME: \_\_\_\_\_ PROGRAM NAME \_\_\_\_\_ CASE NUMBER: (NOT EBT CARD#) \_\_\_\_\_

**PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS).** List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. Name (list only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																
	Earnings from work before deductions		Welfare, child support, alimony		Social Security, SSI, VA, retirement benefits		All other income (such as Unemployment) benefits		Weekly		Every 2 Weeks		Twice Monthly		Monthly		
	Weekly	Every 2 Weeks	Weekly	Every 2 Weeks	Weekly	Every 2 Weeks	Weekly	Every 2 Weeks	Weekly	Every 2 Weeks	Weekly	Every 2 Weeks	Weekly	Every 2 Weeks	Weekly	Every 2 Weeks	
(Example) Jane Smith	\$200	X			\$150		X			\$0					\$0		
	\$				\$					\$					\$		
	\$				\$					\$					\$		
	\$				\$					\$					\$		
	\$				\$					\$					\$		
	\$				\$					\$					\$		
	\$				\$					\$					\$		

**PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN):** An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Last four digits of Social Security Number: \* - \* - \* - \_\_\_\_\_  I do not have a Social Security Number

- Used to determine whether child's meals are paid, reduced, or free based on the family's income

- Not needed for Head Start children, they are categorically eligible

- Most commonly used in our program for childcare children

# Other Records

A stylized orange carrot with green leafy tops, pointing to the right. The text "Classroom attendance" is written in white on its side.

Classroom  
attendance

A stylized orange carrot with green leafy tops, pointing to the right. The text "Menus" is written in white on its side.

Menus

A stylized orange carrot with green leafy tops, pointing to the right. The text "Meal Counts" is written in white on its side.

Meal Counts

A stylized orange carrot with green leafy tops, pointing to the right. The text "Production Records" is written in white on its side.

Production  
Records

A stylized orange carrot with green leafy tops, pointing to the right. The text "Receipts" is written in white on its side.

Receipts

# Important Record Keeping Info

- All CACFP records must be kept for *three years plus the current year*
- Files don't go on field trips, all records must be kept on-site and be readily available

# Trivia Question #1

Who fills out CACFP Enrollment forms?

Answer:

Parent/Guardian



# Trivia Question #2

Which program option is the  
Income Eligibility Application  
most often use for?

Answer:

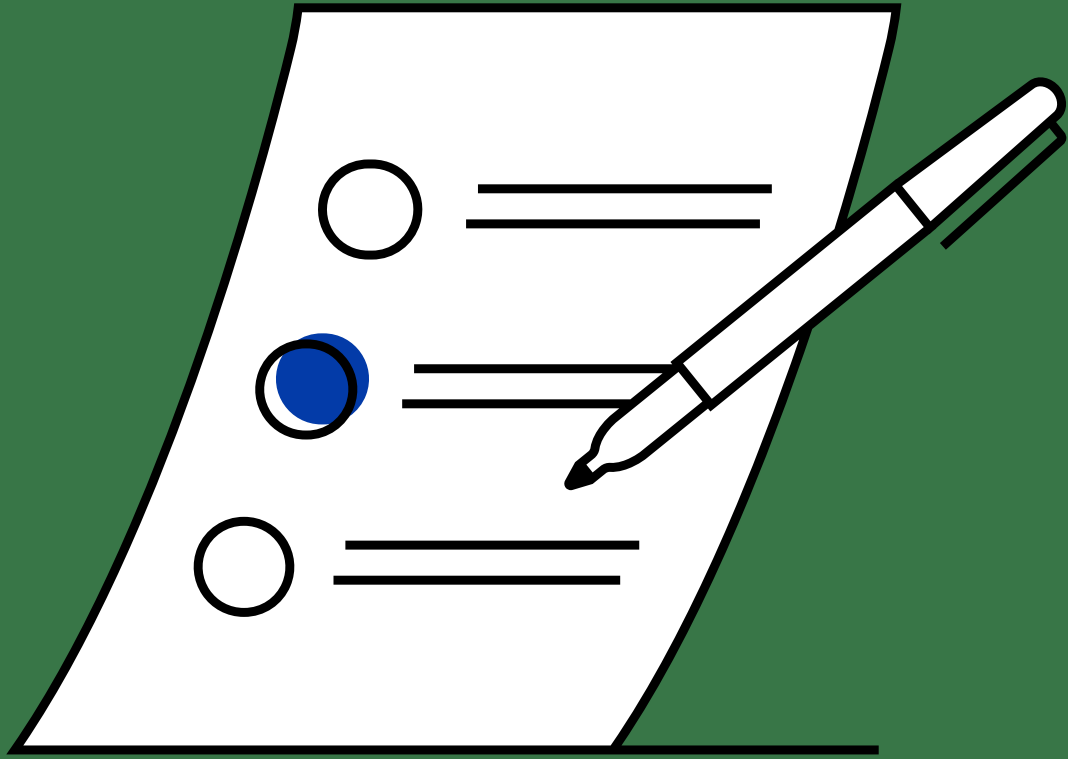
Childcare



# Trivia Question #3

Who do you submit Child Enrollment Forms and IEA's to?





**Answer:**

**CACFP Staff  
(Amy Allen)**

# Trivia Question #4

True or False:

Infant/Toddler classrooms don't participate in Family Style Meals or nutrition activities because the children are not developmentally able to participate.



**Answer:**



**False!**

**Infants and toddlers can participate in many parts of Family Style meals as they are developmentally ready.**

**Nutrition activities are a great way to introduce infants and toddlers to new foods**

A vibrant green background featuring various food illustrations: a bunch of green beans in the top left, a bowl of green soup with a yellow spoon in the top right, a plate of salad with hard-boiled eggs, cucumbers, and tomatoes in the bottom left, a bowl of yellow soup in the bottom center, a plate of broccoli and tomatoes in the bottom right, and a hand holding a knife and a hand holding a fork. The title 'Meal Patterns' is written in large, white, rounded letters with a grey outline.

# Meal Patterns

CACFP training 2024

# 2 Meal Patterns:

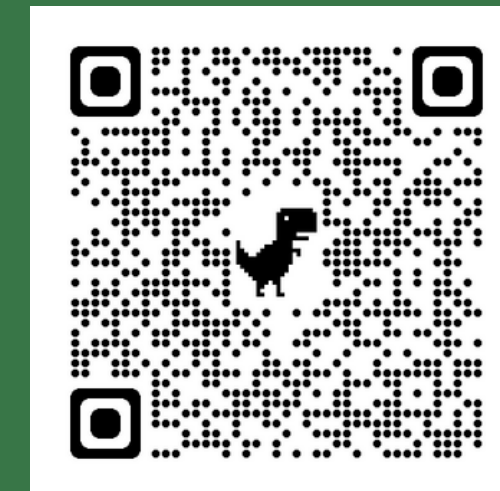
## CHILD MEAL PATTERN

Breakfast (Select all three components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> <small>(at-risk afterschool programs and emergency shelters)</small>
Fluid Milk <sup>3</sup>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
Vegetables, fruits, or portions of both <sup>4</sup>	¼ cup	½ cup	½ cup	½ cup
Grains (oz eq) <sup>5,6,7</sup>				
Whole grain-rich or enriched bread	½ slice	½ slice	1 slice	1 slice
Whole grain-rich or enriched bread product, such as biscuit, roll or muffin	½ serving	½ serving	1 serving	1 serving
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	¼ cup	¼ cup	½ cup	½ cup
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8,9</sup>				
Flakes or rounds	½ cup	½ cup	1 cup	1 cup
Puffed cereal	¾ cup	¾ cup	1 ¼ cup	1 ¼ cup
Granola	⅛ cup	⅛ cup	¼ cup	¼ cup

## Infant Meal Pattern

Breakfast	
Birth through 5 months	6 through 11 months
4-6 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup>	6-8 fluid ounces breastmilk <sup>1</sup> or formula <sup>2</sup> ; and  0-4 tablespoons infant cereal <sup>2,3</sup> meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt <sup>4</sup> ; or a combination of the above <sup>5</sup> ; and  0-2 tablespoons vegetable or fruit or a 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



# Child Meal Pattern (Ages 3-5)

## Breakfast

- 6oz Skim or 1% milk
- 1/2 Cup fruit or vegetable
- 1/2 serving grain

## Lunch

- 6oz Skim or 1% milk
- 1.5 ounce meat/meat alternate
- 1/4 Cup fruit
- 1/4 Vegetable
- 1/2 serving grain

## Snack

### Two Components

- Milk
- Fruit
- Vegetable
- Grain
- Meat/Meat alternate

# Meals, Meal Patterns & Menus

- Menus must be posted in the center where parents can see them
  - Printed on legal paper (8x14)
  - Changes to daily menu written into the posted menu
- Meal pattern quantities are minimum amounts
  - CACFP requires us to provide the minimum serving plus an additional serving per child

# Meals, Meal Patterns & Menus

- There are no federal requirements for timing of meals, the recommendation is at least 2 hours between meals
  - No more than 3 hours between meals per NH Childcare licensing
    - Start time to start time
  - Important to set meal times and stick to them, NH DOE approves our mealtimes with our annual application



# Meals, Meal Patterns & Menus

- One or more servings of grains each day must be Whole Grain Rich (WGR)
  - Best practice is to only serve WGR grain products
- Meat/Meat Alternates may replace the grain component at breakfast up to 3x per week
- Head Start Performance Standards require that all meals served are HIGH in nutrients, and LOW in fat, sugar, and sodium

# Meals, Meal Patterns & Menus

- Nuts and seed butters can only meet half of the meat/meat alternate requirement at lunch
  - Can meet full requirement at snack
- A second vegetable can be served in place of the fruit component at lunch
  - must be two different vegetables
- Flavored milk is not reimbursable for children under 6 years old

# Meals, Meal Patterns & Menus

- Family Style Meals are not a CACFP requirement but they are considered a best practice
  - Family Style Meals are a requirement of SNHS's Child Development Program, all classrooms are required to participate
  - The benefits of Family Style Meals can be seen in all areas of child development



# Infant Meal Pattern (Ages birth-11 months)

## Birth-5 months

- 4-6 ounces iron fortified infant formula (IFIF) or breast milk
- Infants fed on demand
- Solid foods not reimbursable

When  
Developmentally  
ready →

## 6-11 months

- 6-8 ounces IFIF or breast milk
- 0-4 Tbsp fruit and/or vegetable
- AND
- 0-4 Tbsp infant cereal, meat/fish/poultry, whole egg, legumes
- 0-2oz Cheese • 0-8oz yogurt
- 0-4oz cottage cheese

# Infant Meal Pattern

- Developmental readiness is determined by pediatrician and parent/guardian
- If a parent chooses to breast feed their child on-site, the meal is reimbursable
- Cow's milk is not allowed for infants under 1 year
- Toddlers 12 months through 23 months drink whole milk only
  - CACFP allows for a transition period from IFIF/breast milk to whole milk and whole milk to low-fat milk



# Trivia Question #5

What kind of milk can be served to a child that is 22 months old?



Answer:

**Whole Milk**

# Trivia Question #6

## True or False

A teacher can start an infant on solid foods if they feel the child is developmentally ready





## Answer:

False. The child's parent/guardian and pediatrician will decide when a child is developmentally ready to start solid foods.

We also wouldn't serve an infant anything that the parent/guardian hasn't already tried at home, just in case the child has an allergic reaction

# Trivia Question #7

What food item can only meet 1/2 of the meat/meat alternate component at lunch?

Answer:

Nuts and seed butters  
(Sunbutter)



# Trivia Question #8

How much do we pay per case for the surplus food we receive from the state?

# Answer:

**\$3.75 per case for all items**

- All surplus food is grown and processed in the United States
- The same low fat, sodium, and sugar standards are followed with surplus food
- The surplus food program benefits farmers and schools/child care centers
- Food must be of good quality, otherwise USDA will not renew contracts
- Fruit is canned in light syrup because the U.S. does not produce enough fruit to make juice to can fruit in

An illustration of a meal on a green background. In the center, the words "Meal Counts" are written in large, white, rounded letters. Above the text is a white wavy line, and below it is a white brushstroke. At the bottom, a yellow banner contains the text "CACFP Training 2024". Surrounding the text are various food items: a bowl of green soup with a yellow spoon, a plate of salad with cucumbers, tomatoes, and hard-boiled eggs, a plate of broccoli and carrots, a small bowl of green sauce with a yellow spoon, and a hand holding a knife and a hand holding a fork. There are also some green leafy vegetables in the top left corner.

# Meal Counts

CACFP Training 2024



# Meal Counts

- Must be recorded during the meal, within 15 minutes of children being seated and served
  - Do not fill in ahead of time
- CACFP allows 2 meals and 1 snack, or 1 meal and 2 snacks per child, per day



# Meal Counts

- Never record a child's eligibility status on meal count sheets (paid, reduced, free)
- Meal counts should be tallied daily or weekly to reduce errors



# Trivia Question #9

Why do we record staff meals on the meal tally sheet?

**Answer:**

**To justify extra costs for food**

# Trivia Question #10

When do we take meal counts?

# Answer:

**During the meal, within 15 minutes of the children being seated and served.**

# Trivia Question #11

## True or False

Eligibility status for all children should be listed on the meal tally sheet to simplify record keeping

**Answer:**

**False.**

**Eligibility status is confidential information**

# Trivia Question #12

Name the 4 places special diet paperwork (allergy, intolerance, or religious/philosophical) needs to go.



# Answer:

- Child's file
- Red health binder in classroom
- Kitchen
- Nutrition Specialist (me)

What else needs to be updated?

The background features a vibrant green color with various food-related illustrations. In the top left, there are green leafy vegetables. In the top right, a hand holds a knife over a small bowl of green soup with a yellow spoon. In the center, a hand holds a fork over a plate of food including broccoli, orange slices, and a brown item. In the bottom left, a hand holds a spoon over a large white plate of salad with cucumbers, tomatoes, onions, and hard-boiled eggs. In the bottom center, there is a small bowl of yellow soup with a swirl of green. The main title is centered in large, bold, white letters.

# Claims & Reimbursement Processes

CACFP training 2024

# How Does a Meal Become a Reimbursement?

**CACFP  
Enrollment  
Form completed  
(Family  
Worker)**

**Meal counts &  
attendance entered  
into ChildPlus  
(classroom  
staff/FW)**

**Claims  
consolidated  
(CACFP & Billing  
Clerks)**

**Claims submitted  
to NH DOE to be  
processed for  
reimbursement**

**Point-of-Service  
Meal counts &  
attendance  
completed  
(classroom staff)**

**Meal counts &  
attendance uploaded  
to OneDrive for  
CACFP or Billing clerk  
(classroom staff/FW)**

**2nd Edit check  
completed on  
consolidated claims  
(Fiscal/admin &  
Sarah)**

**Reimbursements can take up to 3 months to be dispersed**

# Claims & Reimbursement Processes

- To receive CACFP reimbursements, claims must be submitted each month
- Multiple edit checks are needed throughout the process to ensure accuracy of claims
  - Approved meal types and number of meals
  - Sites are not over capacity
  - Eligibility status is correct
  - Meal counts are taken at correct time
  - Total number of meals is not more than
    - approved meals X Days of operation X Enrollment

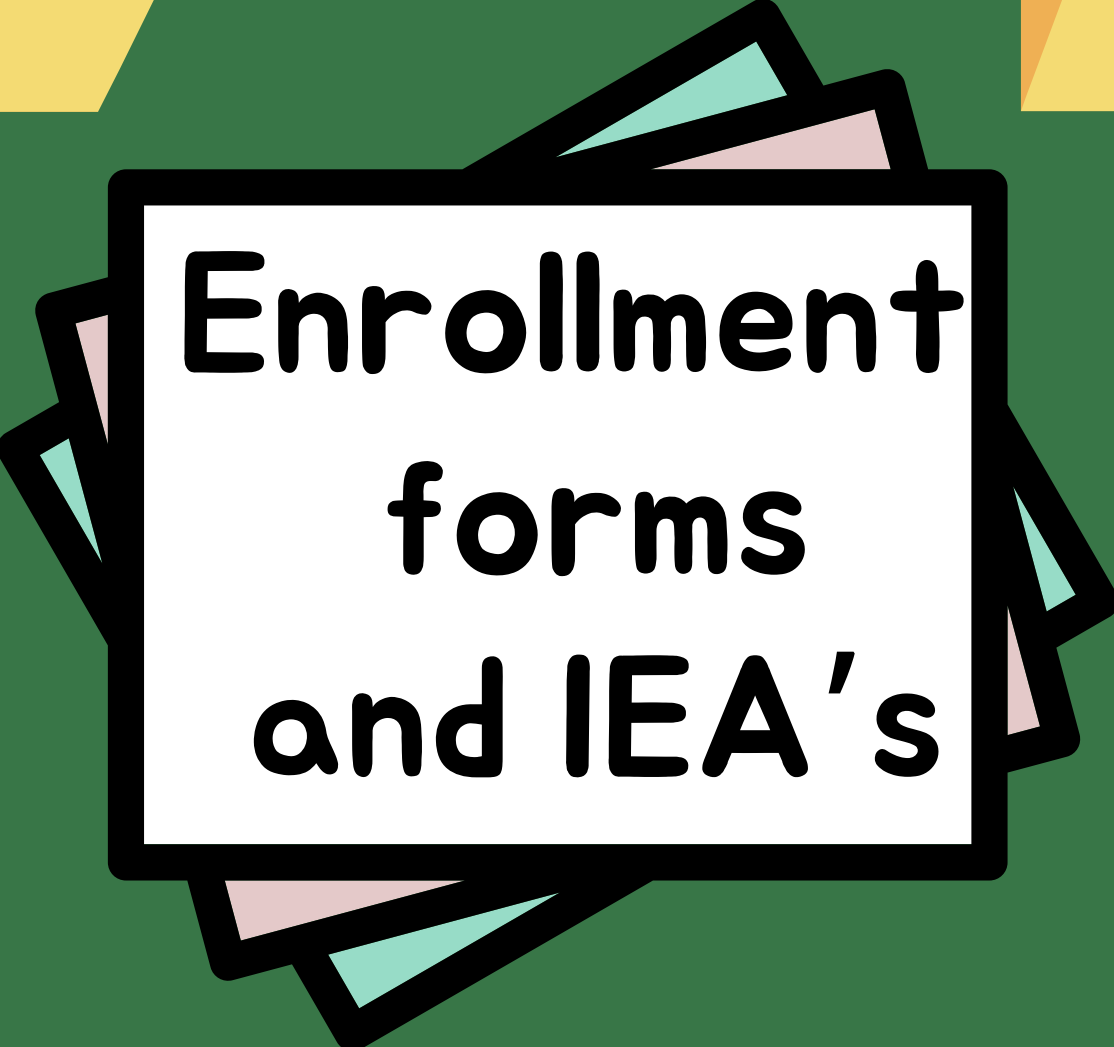
# Items Needed for Claim Consolidation



**Meal  
Counts**



**Attendance  
Records**



**Enrollment  
forms  
and IEA's**



**Classroom  
Master  
Roster**

# Claims & Reimbursement Processes

- Meals can be denied or disallowed if all meal components are not served/offered
- Parent/guardian information must be up to date on enrollment forms, NH DOE may contact families if a fraudulent claim is suspected
- Claims are submitted to NH DOE electronically by the 10th of the following month

# Trivia Question #13

If your classroom doesn't receive enough food to meet the minimum serving amount for 1 or more components, what should you do?

# Answer:

- Call the kitchen to let them know you need more food
- Communicate with the kitchen when classroom enrollment changes
- If receiving enough food is an ongoing concern, call Melissa!



# Trivia Question #14

## True or False

When do meals need to be submitted electronically to the state for reimbursement?

**Answer:**

**By the 10th of the following  
month**

# Trivia Question #15

Why is it important for the Parent/Guardian contact information to be accurate on CACFP Enrollment forms?

# Answer:

NH DOE may need to contact families to verify information if a fraudulent claim is suspected

# Trivia Question #16

What is the proper process for cleaning tables before and after mealtime?

# Answer:

1. Wash- Remove surface dirt/debris with soap and water
2. Sanitize- Spray tables with sanitizing spray, let sit for 30 seconds before wiping table.

(Disinfect tables with bleach/water at the end of the day)



**Bonus**

**What do we use  
Clorox wipes  
for?**

# Answer:

- Wipe down changing tables or toilets between uses
- Wipe down high-touch surfaces
  - Door knobs
  - Cabinet handles
  - keyboards
  - sign in/out pens





# Monitoring & Reviews

CACFP Annual Training 202

# Sponsoring Organization Review Procedures

- Centers must be reviewed 3X per year
  - Must be during normal child care hours
  - Two reviews must be unannounced
  - Timing needs to be unpredictable
  - No more than 6 months between reviews
  - New facilities must be reviewed within 4 weeks of opening
  - At least one unannounced review must include observation of meal service

# Sponsoring Organization Review Procedures

## Reviewer will look at:

- Enrollment records
- Child care license
- Meals/Menus
- Attendance & Meal counts
  - 5-day reconciliation to determine whether meal counts are accurate

# Sponsoring Organization Review Procedures

## Findings:

- A lack of compliance with CACFP rules is called a 'finding'
- A finding requires a Corrective Action Plan to remedy the issue
- Monitor will follow-up within 30 days to ensure issues are corrected

# Administrative Review Procedures

- Conducted every 3 years by NH DOE
- Review:
  - Financial aspects of CACFP
  - Staff training requirements
  - Menus, meals, recipes

# CACFP Budgets

## Administrative Costs

- Expenses involved in planning, organizing, and managing CACFP

## Operating Costs

- Expenses associated with serving/preparing meals

# CACFP Budgets

## Allowable Operating Costs

- Food for program participants and staff
- Dishes & utensils
- Paper goods used in food service
- Dishwashing & hand soaps
- CACFP Food service staff salaries
- Mileage to store to shop for CACFP meals
- Kitchen appliances

# CACFP Budgets

## CACFP Funds May NOT be used for:

- Personal groceries
- Soda, coffee
- Toys, games, videos, arts & craft supplies
- Mileage for general transportation
- Laundry/cleaning supplies not used in CACFP meal service
- Food for staff celebrations



# CACFP Training Requirements

Sponsoring organizations need to provide training to key staff

- Upon orientation
- Annually
- As needed depending CACFP duties staff perform

Sponsoring organizations must attend state-approved CACFP training annually

# Trivia Question #17

Name the two people that review  
SNHS's CACFP sponsored centers  
(Head Start & Unaffiliated  
Centers)

# Answer:

1. Amy Allen

2. Erin Casey

Their office is at Silver Street, between  
classrooms 3 and 4

# Trivia Question #18

Of the 3 sponsoring organization monitoring visits per year, how many are unannounced?

# Answer:

**2 of the 3 yearly monitoring reviews  
are unannounced**

# Trivia Question #19

What is the difference between whole milk, 2% milk, and 1% milk?

# Answer:

The fat content

Whole milk contains about 3.5% fat

2% milk contains 2% fat

1% milk contains 1% fat

Skim milk contains under 0.5% fat

# Trivia Question #20

True or False

All food is 'Kid Friendly'



**Answer:**

**True!**

- **Children need to be exposed to a new food item 10-15 times before they will accept it and try it.**
- **Children's food preferences are shaped by many factors including culture, cost, and education**




# Resources & Important Information




# CACFP Resources

## CACFP has many training resources available


USDA  
United States Department of Agriculture  
Food and Nutrition Service



**Feeding Infants**  
in the Child and Adult Care Food Program









### CACFP Halftime: **Thirty on Thursdays** Training Webinars



USDA  
United States Department of Agriculture

### Growing a Healthier Future With the CACFP

Every day, more than 4 million children get meals and snacks through USDA's Child and Adult Care Food Program (CACFP). Thanks to recent updates to the CACFP meal patterns, you now have even more opportunities to help kids get the nutrition they need to **learn, grow, and play!**



#### Fueling Up With Veggies

Vegetables and fruits are now two separate components at lunch, supper, and snack. This means you can serve vegetables and fruits more often and help kids develop a taste for healthy foods from the start.

Fewer than 10% of 4- to 8-year-olds eat enough vegetables.

#### Starting Kids Early With Whole Grains

Kids ages 9 to 13 years old eat up to **twice the amount of refined grains** that they should, but not enough whole grains.

Now kids are more likely to get whole grain-rich\* foods at least **once a day**. Whole grains give kids energy, vitamins, and fiber to help them be strong and healthy.

#### Lowering Added Sugars

On average, kids 9 to 13 years old eat between 17 to 22 teaspoons of added sugars every day.

By limiting sugar in yogurts and cereals, and not counting cookies, cakes and other grain-based desserts toward the grains requirements, meals served in CACFP will give kids the chance to try—and love—more healthy foods.


#### Baby Talk: Updates to the Infant Meal Patterns

The updated infant meal patterns support the health of CACFP's youngest participants by:

- Reimbursing meals when infants breastfeed
- Including a wider variety of foods for babies throughout their first year of life

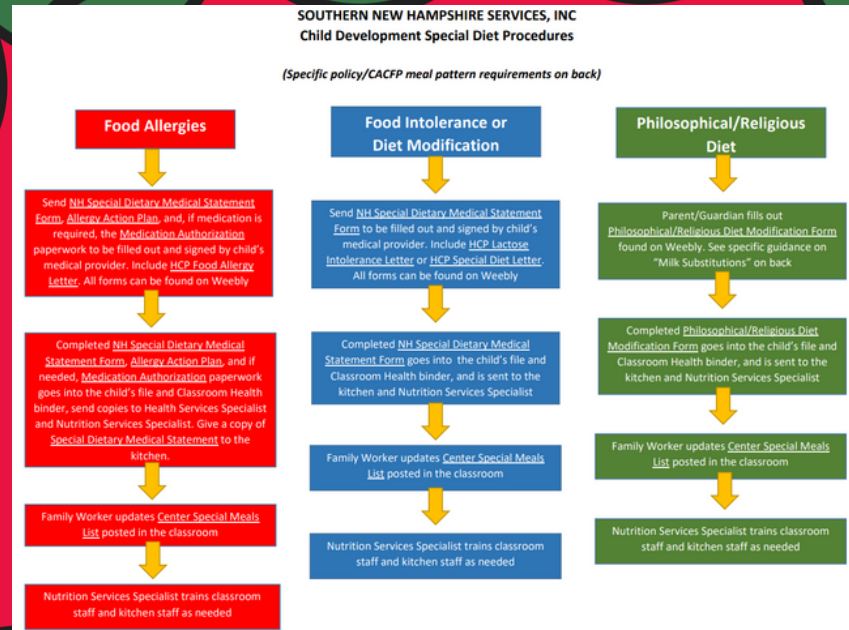
\*Whole grain-rich foods are foods containing 100% whole grains or that contain at least 50% whole grains and the remaining grains in the food are enriched.

Source:  
<https://health.gov/dietaryguidelines/2015/>  
[https://api.govt.com/gov/infocenter/cacfp/0007/0/whole\\_00a.html](https://api.govt.com/gov/infocenter/cacfp/0007/0/whole_00a.html)  
[https://api.govt.com/gov/infocenter/cacfp/0007/0/whole\\_00b.html](https://api.govt.com/gov/infocenter/cacfp/0007/0/whole_00b.html)



Food and Nutrition Service  
FNS-431  
April 2017  
<https://teamnutrition.usda.gov>  
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# Special Diet Paperwork



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF EDUCATION  
101 Pleasant Street  
Concord, N.H. 03301

Frank Edelblut  
Commissioner

Christine Brennan  
Deputy Commissioner

**SPECIAL DIETARY MEDICAL STATEMENT**  
Please send to Student's School/Institution

Date: \_\_\_\_\_  
Student Name: \_\_\_\_\_

**MEAL MODIFICATIONS MADE OUTSIDE THE MEAL PATTERN**  
(Accommodation that alters the USDA meal pattern; ex. fruit cannot be served to student)  
Foods to be Avoided: \_\_\_\_\_  
Brief explanation of how exposure to this food affects the student: \_\_\_\_\_  
Recommended Substitute to this Food: \_\_\_\_\_  
Signature of Licensed Medical Professional \_\_\_\_\_ Printed Name of Licensed Medical Professional \_\_\_\_\_

**MEAL MODIFICATIONS MADE WITHIN THE MEAL PATTERN**  
(Accommodation within one of the 5 food items; ex. orange served instead of an apple)  
Foods to be Avoided: \_\_\_\_\_  
Brief explanation of how exposure to this food affects the student: \_\_\_\_\_  
Recommended Substitute to this Food: \_\_\_\_\_  
Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Please refer to Page 14 of USDA-FNS ACCOMMODATING CHILDREN WITH DISABILITIES IN THE SCHOOL MEAL PROGRAMS, JULY 25, 2017

Meal Pattern = Meat/Meat Alternate, Grain, Vegetable, Fruit and Milk  
TDD Access: Relay NH 711  
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SNHS, INC. - CHILD DEVELOPMENT PROGRAM  
Diet Modification for Religious or Philosophical Reasons

*Note: If the child is on a medical or prescribed diet the State of NH Special Meals form needs to be completed instead of this form.*

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
CENTER: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_

Required Diet: \_\_\_\_\_

Foods that need to be OMITTED: \_\_\_\_\_  
Foods that need to be SUBSTITUTED: \_\_\_\_\_

Foods that need to be ADDED: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*A copy of this form must be sent to the Health & Nutrition Services Specialist\***

Center: \_\_\_\_\_ Updated: \_\_\_\_\_ (MM/DD/YY)

**Center Special Meals List**

The following list should include all special meals served from your kitchen. This includes allergies, intolerances, sensitivities, special diets, and religious & philosophical restrictions.  
**This list needs to be UPDATED MONTHLY at minimum, but can be revised at any point when a new special meal is introduced to a center.**  
Please send a copy of this list each month to Sarah Vanderhoof, Health & Nutrition Services Specialist.

Child Name (FULL NAME)	CR#	Allergy
1. Child One	5	Strawberry
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
<b>INTOLERANCES, RELIGIOUS/PHILOSOPHICAL DIETS, ETC</b>		
9. Child Two	5	Lactose Intolerant
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

KEEP A COPY OF THIS LIST IN YOUR KITCHEN INFORMATION MANUAL FOR REFERENCE BY KITCHEN STAFF AND SUBSTITUTES PREPARING FOOD IN THE KITCHEN.

# Special Diet Paperwork

- Correct form must be received before a child with a special diet can start
  - All information needs to be filled out
  - Form needs to be signed and dated
- Forms are updated annually or when changes are made
- Need a letter from physician to end a special diet for allergy/intolerance, or other condition

# Infant Meal Paperwork

## Infant Production Records

- Filled out for all infants through 11 months
- Record of what food was offered to them

Child and Adult Care Food Program • Weekly Menu for Infants

Infant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

	0 through 5 months	6 through 11 months	Monday /	Tuesday /	Wednesday /	Thursday /	Friday /
Breakfast	4-6 oz. breast milk or IFIF	6-8 oz. breast milk or IFIF					
		0-4 tablespoons of iron-fortified dry infant cereal, meat, fish, poultry, whole egg, or cooked dry beans or peas; or 0-2 ounces of cheese; or 0-½ cup of cottage cheese; or 0-4 ounces (½ cup) of yogurt or any combination					
		0-2 Tbsp. vegetable, fruit, or combination					
Lunch	4-6 oz. breast milk or IFIF	6-8 fluid ounces of breast milk or IFIF					
		0-4 tablespoons of iron-fortified dry infant cereal, meat, fish, poultry, whole egg, or cooked dry beans or peas; or 0-2 ounces of cheese; or 0-½ cup of cottage cheese; or 0-4 ounces (½ cup) of yogurt or any combination					
		0-2 tablespoons of vegetable, fruit, or combination					
PM Snack	4-6 oz. breast milk or IFIF	2-4 fluid ounces of breast milk or IFIF					
		0-½ slice of bread or 0-2 crackers or 0-4 tablespoons of iron-fortified infant cereal or ready-to-eat breakfast cereal, including cold dry cereal and hot cereals (instant and regular)					
		0-2 tablespoons of vegetable, fruit, or combination					

• Record amounts offered to infant, not consumed.  
 • CACFP facilities can claim reimbursement for meals when a mother supplies expressed breast milk or directly breastfeeds her infant on site, even when the infant is only consuming breast milk.  
 • Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).  
 • A serving of this component is required when the infant is developmentally ready to accept it.

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## Formula Selection Form

- Filled out for all infants, indicates what brand/type of formula they use
- Most formulas are covered by CACFP and do not require a doctor's note

SOUTHERN NEW HAMPSHIRE SERVICES, INC. – CHILD DEVELOPMENT PROGRAM  
INFANT FORMULA SELECTION FORM

This section to be completed by the center or child care provider

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

Infant formula served by center: Similac Advance

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This section to be completed by parent/guardian

Name of infant requiring formula: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

YES, I would like my child to receive the house formula indicated above.  
 NO, I do not want my child to receive the formula indicated above. The formula required by my infant is\*\*: \_\_\_\_\_  
 NO, I do not want my child to receive the formula indicated above. I will provide breast milk for my child.

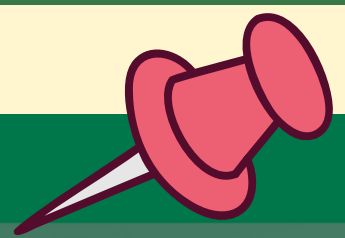
**\*\*The infant formula provided must be an eligible formula by meeting the criteria identified by the USDA or they will require a Special Meals Prescription Form from a Health Care Provider stating the formula is necessary if it is not considered eligible.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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# Civil Rights Requirements

- Annual training required for all CACFP staff
- USDA Nondiscrimination statement on all printed materials
- '...And Justice For All' poster displayed at all centers
  - Displayed in a location that allows for parents/guardians to review information and write down info if needed
  - CACFP monitor will look for poster during visit



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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) 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, at [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), 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 inform 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](mailto:program.intake@usda.gov).

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Conforme a 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, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) 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 [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

**correo postal:**  
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](mailto:program.intake@usda.gov).

Esta institución ofrece igualdad de oportunidades.



# Trivia Question #21

## True or False

Your center has a child with a food allergy, the kitchen sent something wrapped in a small bowl without a label, you should assume it's a meal for the child with the food allergy and serve it to them

# Answer:

**False.**

- All meals for children with special diets should be labeled before they are sent to the classroom.
- The label can be the child's initials or what the specific allergen is (ex- fish free, soy free, etc)
- If you are unsure if something is safe for a child with a food allergy, call the kitchen

# Trivia Question #22

How often is special diet paperwork updated?

**Answer:**

**Annually or when changes are  
made**

# Trivia Question #23

Any food stored in your classroom refrigerator needs to have what information?

# Answer:

## Label with item name and date

- Best practice- all food should be disposed of at the end of the meal.
- Refrigerators should be cleaned out at the end of the week
- No staff food stored in classroom refrigerators
- Refrigerator temperature needs to be monitored, let someone know if refrigerator temp is above 40 degrees
- Leftover food cannot be sent home with families or staff

# Trivia Question #24

True or False

Fresh fruits and vegetables are better  
than canned or frozen

# Answer:

## False.

- Canned and frozen fruits and vegetables are often picked at the peak of freshness, giving them great flavor and nutrient quality
- Canned and frozen fruits and vegetables can be stored longer than fresh fruits and vegetables, this helps cut down on waste
- The important thing to look for is canned fruits packed in water or juice (no added sugar), and canned vegetables that are low-sodium



# CACFP Quiz 2024

