Nutriservice

Over 30 Years Serving Texas Children

DAY HOME HANDBOOK

For:

801B E I-30, Rockwall TX 75087
office 972-772-3200 fax 972-203-9429
Email: Homes@nutriservice.org
NUTRISERVICE WEBSITE: WWW.NUTRISERVICE.ORG

NutriService

30 Years Serving Texas Children

1. You will enroll students on the program using our online Web Service: KIDKARE.COM
2. Each student has an enrollment form to complete and fax or email to Nutriservice.
3. You will keep a record of what you served (menu) and to whom you served it (meal attendance report) These two records are meal service records and must be done daily.
4. You will receive reimbursement that is always RATE X MEALS. For example, you serve about 7 children 21 days of the month and submit a claim. Your reimbursement will be the lunch rate times the number of lunches served, the breakfast rate times the number of breakfasts served, and the snack rate times the number of snacks served for the month.
5. You will submit your claim records by the 2nd of every month via minutemenu..
6. We will check your enrollment records and your meal service each month.
7. Your payment will be direct deposited the day we receive payment.
8. We will visit your home at least 3 times each year to check compliance and bring you supplies
9. We will train you and your staff every year at no charge.
10. We will send you a free newsletter every month with a list of scheduled workshops.

Our goal is to be efficient, courteous, helpful, and knowledgeable so that the CACFP is easy for you ! We encourage your phone calls, your questions, and your feedback.

People who are eligible to participate in the program must not be discriminated against because of race, color, national origin, sex, age, disability, religion or political belief. Anyone who believes that they have been discriminated against should write immediately to: Director, Civil Rights Division, MC E609, Texas Department of Human Services, P.O. Box 149030, Austin, TX 78714-9030 or Secretary of Agriculture, Washington, D.C., 20250. Note: Discrimination complaints based on religion or political beliefs must be referred only to the Director, Civil Rights Division, Texas Department of Human Services

Rates of Reimbursement

Rates are effective from July 1, 2026, through June 30, 2027

	Tier I	Tier II
Breakfast:	1.74	0.62
Lunch	3.31	1.99
Supper	3.31	1.99
AM & PM Snacks	.98	.27

Reimbursement rates are the same for infant meals as they are for children ages 1-12.

Reimbursement rates are adjusted annually on July 1.

The money for your reimbursement check comes from the U.S. Dept of Agriculture. They have a "block" of money set aside for the CACFP, which is divided among the different state agencies that administer the CACFP. The agency in Texas is the Texas Dept. of Agriculture, Food and Nutrition Division. TDA contracts with sponsoring agencies, like Nutriservice, Inc. to work with the individual day home providers like you.

SUBMITTING MENUS AND WAITING FOR THE DEPOSIT:

The 2 to 6 week lag time of your reimbursement deposit is due to processing. We strive to give you our *expected pay date* with each newsletter. If you can use the technology available to go online and see your claim report and disallowances, and download your newsletter from our website, this saves about 3 days in processing time. We call this a PRONTO provider and you receive payment a bit earlier than those who require paperwork mailed to them.

If a holiday falls on the process day, the batch in which our claim is included has any incorrect claims in it, if any little unforeseen anything delays the claim payment, it will delay it until the following week. **That is why it is so important to send your menus on the last day of the month**. If you are uncertain when to expect payment, feel free to call. While we can never depend on the regularity of payment, we can try to predict it.

If your menus are not in the office in time to send in with the rest of the claim, you will most likely lose reimbursement for that month. Unfortunately, we cannot "catch up" the next month. Occasionally we can "amend" the claim. If your menus are going to be late, call the office to make sure you won't miss the deadline. MENUS DUE ON THE 2ND DAY OF THE MONTH REGARDLESS OF HOLIDAYS.

Qualifying for TIER I Rates:

Where you live

If your home is located in the **attendance area** of an **elementary, middle or high school** where 50% or more of the students receive free/reduced price lunch, then your business qualifies for Tier I rates.

If your home is located in a geographically eligible area based on **census data**, you qualify for Tier I rates.

or

Your income

Your **household income** qualifies you if your total household income is at or below the rates in the chart on page 7.

or

Income of the parents

The household **income of the parents** of each child can qualify that child's meals for Tier I rates.

- If you qualify by elementary school or Census, that determination lasts for 5 years.
- If you qualify by household income, that determination lasts for 1 year. (We renew these applications in annually.)
- If a child in your daycare qualifies by income, the determination lasts for one year. You can request an application for all children enrolled in your daycare or you can request an application for those families you think might qualify. The income information is confidential and is mailed by the parent directly to the sponsor.
- If you need an application for either your own household or for the parents of your daycare children, you simply request them from the office.

f you have any questions about your Tier status, just call us!

ELIGIBILITY FOR YOUR OWN CHILDREN

Home daycare providers may claim their own children on the Child Care Food Program ONLY if the total household income meets income guidelines established by USDA. Check the chart on the next page to see if your total household income is less than or equal to those standards. If you qualify to claim your own children, you will be reimbursed for your child's eligible snacks and meals at the same rate as your daycare children.

In order to be eligible to claim your children's meals, an application must be submitted to Nutriservice,Inc. containing all eligibility criteria, including total current household income, names of all household members, and the signature of a household member.

Children having parents or guardians who become **unemployed** are eligible for free or reduced-price meals during the period of unemployment provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standard for those meals.

If you are able to claim your child's meals, your status is valid for one year. You will be required to renew your application annually. Verification of income is not required at the time of application but you may be asked to verify your income at any time during the year.

The income that you receive from Nutriservice is considered self-employment income. **However, the income from the meals you serve to your own children is not considered taxable income.**

The information that you give to Nutriservice on the Meal Benefits Form will remain confidential and will not be used for any purpose other that the Child Care Food Program. If you have any questions regarding the eligibility of your own children, please call us at 972-772-3200

TO QUALIFY FOR A FREE OR REDUCED-PRICE MEAL FOR YOUR CHILD/CHILDREN, AT LEAST ONE NON-RESIDENT CHILD ENROLLED FOR CHILD CARE MUST BE PRESENT AND PARTICIPATING IN THE MEAL SERVICE.

Nutriservice
Over 30 Years Serving Texas Children

Texas Department of Agriculture

Form H1625-A

July 2026

Income Eligibility Guidelines for Determining Free or Reduced-Price Benefits
July 1, 2026- June 30, 2027

lngresos maximos para determiner la elegibilidad para beneficios gratuitos o a precio reducido
1 de julio de 2026 - 30 de junco de 2027

Children from households whose incomes are at or below the levels shown below, or who receive Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program

(SNAP) benefits, are eligible for free or reduced-price meals. Adult Day Care participants whose household incomes are at or below the levels shown below, or who receive Medicaid, Supplemental Security Income (SSI), or SNAP benefits, are eligible for free or reduced-price meals.

Los ninos de hogares con ingresos iguales o menores a los niveles que se muestran a continuaci6n, o que reciben Asistencia Temporal para Familias Necesitadas {TANF), ayuda del Programa Suplementario de Asistencia Nutricional (SNAP), o del Programa de Distribuci6n de Alimentos en Reservaciones lndigenas {FDPIR) califican para recibir comidas gratuitas o a precio reducido.

Las person as que participan en programas de Cuidado Diario para Adultos cuyos ingresos familiares son iguales o por debajo de los niveles que se muestran a continuaci6n, o que reciben Medicaid, Seguridad de lngreso S⬦lementario (SSI), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas gratuitas o a precio reducido.

Effective July 1, 2026 – June 30, 2027

Household Size	Total Income									
	Annual		Monthly		Twice-Monthly		Bi-Weekly		Weekly	
No. of Household Members	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced	Free	Reduced
1	$20,748	$29,526	$1,729	$2,461	$865	$1,231	$798	$1,136	$399	$568
2	$28,132	$40,034	$2,345	$3,337	$1,173	$1,669	$1,082	$1,540	$541	$770
3	$35,516	$50,542	$2,960	$4,212	$1,480	$2,106	$1,366	$1,944	$683	$972
4	$42,900	$61,050	$3,575	$5,088	$1,788	$2,544	$1,650	$2,349	$825	$1,175
5	$50,284	$71,558	$4,191	$5,964	$2,096	$2,982	$1,934	$2,753	$967	$1,377
6	$57,668	$82,066	$4,806	$6,839	$2,403	$3,420	$2,218	$3,157	$1,109	$1,579
7	$65,052	$92,574	$5,421	$7,715	$2,711	$3,858	$2,502	$3,561	$1,251	$1,781
8	$72,436	$103,082	$6,037	$8,591	$3,019	$4,296	$2,786	$3,965	$1,393	$1,983
For each additional family member, add	+$7,384	+$10,508	+$616	+$876	+$308	+$438	+$284	+$405	+$142	+$203

These guidelines are based on 130% (free) and 185% (reduced) of the federal poverty guidelines and are effective July 1, 2026 - June 30, 2027.

NutrService
30 Years Serving Texas Children

ENROLLMENT FORMS:

- **IMPORTANT: The child is not enrolled in the CACFP until you have submitted the enrollment form to the office and we are not allowed to reimburse for those meals until we have the form.**

- The **DATE** on the enrollment form determines when you are eligible to begin claiming meal service for the enrolled child.

- You can print your enrollment form from the web menus application and have the parent sign it after you type in the information. Then you can send it by fax or mail or attach to an email. If you use web menus, when the status of the child changes from **pending** to **active**, we have received the form (check this when you enroll a new child)

- You may claim reimbursement for any food service up to <u>two meals and one snack or one meal and two snacks per child per day.</u>

- <u>Enrollment forms are also needed on your own children under the age of 13 whether or not you qualify to claim their meals on the CACFP.</u>

- <u>As you enroll your daycare children, you keep a copy of the enrollment form and send Nutriservice, Inc. the original. Keep your copy for 3 years.</u>

- <u>Please make sure the form is complete and legible</u>

Provider: Phone: (555) 555-5555
Test Delagarza Linda #006789 Monitor:
2306 Guthrie
Happy TX 97000 Tier: 2

CHILD ENROLLMENT REPORT

Food Program Sponsoring Agency:
Nutriservice Inc.
801B E I30 Hwy
Rockwall TX 750870000
(972) 577-5200

CHILD INFO:

Child #: **8** Status: **Pending**

First Name: **Baby** MI: **Last Name: Cakes** Ethnicity: **Not Hispanic or Latino**
Address: **Childrens street** Race: **American Indian/ Alaska Native**
City: **Dallas** State: TX Zip Code: 75214 Sex: Female
Date of Birth: **04/01/2012** Enrollment Date: **06/01/2012** Withdrawal Date:
Age as of Date Printed: **1y 0m** Date Enrollment Finalized: **06/01/2012**

PARENT INFO:

Sex: **Female**

First Name: **Mommy** MI: Last Name: **Cakes**
Address: **Childrens street**
City: **Dallas** State: TX Zip Code: 75214 Email:
Phone: Home: (214) 726-2993 Alt: Work: Work Name:

NORMAL SCHEDULE:

Participating Days: MON TUE WED THU FRI Days vary: YES Weekday Times: 6:00 am - 6:00 pm
Participating Meals: BRK AMS LUN PMS DIN EVS Weekend Times:

SCHOOL INFO:

School Type: School Number:
School Name: School District:
School Depart/Return Times: Days Attend:

SPECIAL INFO:

Participates in CACFP: YES Relation to Provider: Not Related/Day Care Child
Special Needs: NO
Special Diet: NO
If either are YES, attach a signed medical statement.

Breastmilk and Iron-Fortified Infant Formula (IFIF)

Infant Formula Form Received: **NO**

Your provider is required to offer Iron-Fortified Infant Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breastmilk or formula for your infant. If you accept the formula offered by the provider, you give your permission for the formula to be mixed for your infant by the facility staff. You may be required to provide sufficient sanitized bottles each day for your child's use. If this is required, the bottles must be labeled with your child's name/date and be taken home daily. If you choose to supply breastmilk for your infant, write "Parent Supplies Breastmilk or IFIF" on this form. If you refuse the provider's formula and choose to supply formula for your infant, you must write the brand of formula you will be supplying in the space provided on this form and write "Parent Supplies Breastmilk or IFIF" on this form. If the formula you provide is low-iron fortified, non-iron fortified, or a specialty formula, a medical statement is required.

When your infant is four months old or older and is developmentally ready for baby food, your provider is required to offer additional, supplemental foods in compliance with the infant meal pattern as required by 7CFR226.20. These foods will include iron-fortified infant cereal, fruits, vegetables, meats, and meat alternates, when developmentally appropriate for your child. You have the option of supplying these supplimental foods and refusing the provider's supplemental foods.

Note to parents who receive formula through the WIC program: Your infant is eligible to receive formula from this child care facility as well as from the WIC program.It is your decision which formula you want your infant to use when in child care.

Formula: Parent Supplies Breast Milk or Formula (IFIF) Formula Offered by Provider: Parents Choice
Food: Provider Supplies Food Formula Offered by Parent: Similac

Dear Parents:
Your provider has chosen to join the Child and Adult Care Food Program (CACFP). This program extends the National School Lunch program to children in Family and group child care homes. The USDA has guidelines that your provider has agreed to follow. Under the regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement, and they must supply all of the components needed to meet the requirements. In an effort to improve our Program, we periodically contact parents to provide input and to verify attendance of their children in this child care home.

I have verified that the above information is correct, and I have received a copy of this completed form and the Building For The Future Flyer.

Parent/Guardian Signature: Mommy Cakes Date: 6/01/13

Provider's Signature: Linda De La Garza ID#: **006789**

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, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

THE MONTHLY PAPERWORK- MENUS

ON-LINE MENUS:

We recommend using the Online Menus. Send us an email or call the office & give us your email address. We can instantly sign you up for the on-line menus and send you a password. To access the program on your computer, go to the website with your user name and password at WWW.KIDKARE.COM This is completely free to all Nutriservice Providers, and you can try it out for free.

(You will need a password from us to log on.)

Manual Method:

1. Make sure your name is on each page.

2. You fill out separate menus for separate age groups: one menu each month for ALL 0-1 year old children and one menu each month for all 1-12 year old children. You do combine their attendance on one page.

3. At the top of the menu, write in the day and date. At the bottom, be sure to total your attendance and meals.

4. Plan your menu one day in advance or one week in advance, however you find it easiest. We suggest at least one week in advance so grocery shopping is easier, maybe less expensive, you feel more organized and you are sure to have a variety of meals. You need to have a different menu each day so that there is a variety offered to the children. Of course, infants' needs are different and you will want to offer a baby a new food only once a week until you are sure there is not an allergic reaction to the new food. It is okay to serve a favorite food more than once a week!

5. You can claim reimbursement for any enrolled daycare child in your home that you are legally registered or licensed to care for and who is offered an eligible meal or snack.

6. You must supply 100% of any meal or snack you offer a child in order to claim it for reimbursement. The exception to this rule is breast milk or infant formula.

7. When filling out your menu, you must follow the USDA minimum requirements for infants and children as including in your handbook and **on the back of your menus.**

8. Fill out every food group item for the meal you are serving. For every snack, choose 2 out of the 4 food groups listed.

9. Your menu should list the food served, not the name of the dish that was served. For example if you serve tuna casserole, break down the ingredients and then add any additional foods needed, such as milk

USDA Child Care Food Program Meal
Requirements for Children

		Age 1-2	Age 3-5	Age 6-18
Breakfast				
All 3 components:	Milk:	1/2 Cup	3/4 Cup	1 Cup
	Juice or Fruit or Vegetable	1/4 Cup	1/2 Cup	1/2 Cup
	Bread or	1/2 Slice or 1/2 oz.	1/2 Slice or 1/2 oz.	1 Slice or 1 oz
	Dry Cereal	1/4 Cup or 1/2 oz.	1/3 Cup or 1/2 oz.	3/4 Cup or 1 oz.
	Cooked Cereal, Grains & Pasta	1/4 Cup or 1/2 oz.	1/4 Cup or 1/2 oz.	1/2 Cup or 1 oz.
	May serve meat equivalent 3 x a week instead	1/2 ounce	1/2 ounce	1 ounce
Snacks				
Serve 2 components from 2 different groups	Milk	1/2 Cup	1/2 Cup	1 Cup
	Fruit (or juice)	1/2 Cup	1/2 Cup	3/4 Cup
	Vegetable	1/2 Cup	1/2 Cup	3/4 Cup
	Bread or	1/2 Slice or 1/2 oz	1/2 Slice or 1/2 oz.	1 Slice or 1oz
	Dry Cereal	1/4 Cup or 1/2 oz.	1/3 Cup or 1/2 oz.	3/4 Cup or 1 oz.
	Cooked Cereal, Grains & Pasta	1/4 Cup or 1/2 oz.	1/4 Cup or 1/2 oz.	3/4 Cup or 1 oz.
	Meat or Poultry or Fish or Cheese	1/2 Ounce	1/2 Ounce	1 Ounce
	Yogurt	2 oz. or 1/4 Cup	2 oz. or 1/4 Cup	4 oz. Or 1/2 Cup
	Eggs	1/2 Egg	1/2 Egg	1 Egg
	Tofu, or alternate protein product	1/8 Cup	1/8 Cup	1/4 Cup
	Peanut Butter or	1 Tablespoon	1 Tablespoon	2 Tablespoons
	Dried Beans and Peas	1/8 Cup	1/8 Cup	1/4 Cup
	Peanuts or Soynuts, Treenuts, Seeds,	1/2 Ounce	1/2 Ounce	1 Ounce
Lunch/ Supper				
All 5 components	Milk	1/2 Cup	3/4 Cup	1 Cup
	Meat or Poultry or Fish or Cheese	1 Ounce	1 1/2 Ounce	2 Ounces
	Yogurt - Plain or Sweetened or	1/2 Cup	3/4 Cup	1 Cup
	Eggs	1 Egg	1 Egg	1 Egg
	Tofu, or alternate protein product	1 Ounce	1 1/2 Ounce	2 Ounces
	Peanut Butter or	2 Tablespoons	3 Tablespoons	4 Tablespoons
	Dried Beans and Peas	1/4 Cup	3/8 Cup	1/2 Cup
	Peanuts or Soynuts, Treenuts, Seeds *Must be combined with another meat alternate*	1/2 oz. (50%)	3/4 oz. (50%)	1 oz. (50%)
	Fruit or Vegetables	1/8 Cup	1/4 Cup	1/4 cup
	Vegetables	1/8 Cup	1/4 Cup	1/2 cup
	Bread or	1/2 Slice or 1/2 oz	1/2 Slice or 1/2 oz	1 Slice
	Cooked Cereal, Grains & Pasta	1/4 Cup or 1/2 oz.	1/4 Cup or 1/2 oz.	1/2 Cup

Milk: 1% or skim for ages 2+; Whole milk for age 12mo-23mo.
Meat equivalent may be served instead of grain 3 x a week at breakfast
Juice only 1x a day
Dry cereal: no more than 6 grams of sugar per dry ounce
Grains: At least 1 serving per day must be Whole Grain Rich

Office: 972-772-3200 Fax: 972-203-9429

801 B E I-30 Hwy Rockwall TX 75087
Email:homes@nutriservice.org

USDA Child and Adult Care Food Program Infant Meal Pattern

The provider is required to serve all components except Breast Milk or Infant Formula. If your "house" brand of formula is not what the parents want for their infant, you can have them sign a formula waiver, they can supply the formula they prefer, and you can still claim that meal.

MEAL TYPE		BIRTH - 5 MONTHS	6-11 MONTHS
BREAKFAST	BM/Form	4-6 FL OZ. Breast Milk or Formula	6-8 FL OZ. Breast Milk or Formula
	Grains/Meat Eq		0-4 TBSP. Dry Infant Cereal, meat, fish, poultry, whole egg, cooked dry beans, or cookked dry peas; or 0-2 oz. cheese; or 0-4 oz. cottage cheese; or 0-4 ounces yogurt; or a combination of the above
	Fruit/vegetable		0-2 TBSP. Vegetable and/or Fruit or both
LUNCH OR SUPPER	BM/Form	4-6 FL OZ. Breast Milk or Formula	6-8 FL OZ. Breast Milk or Formula
	Grains/Meat Eq		0-4 TBSP. Dry Infant Cereal and/or Meat, Fish, Poultry, Whole Egg, Cooked Dry Beans or Peas or 0-2 OZ. Cheese; or 0-4 OZ. (volume) Cottage cheese or 0-4 OZ. or 1/2 cup of yogurt; or a combination of the above; and
	Fruit/vegetable		0-2 TBSP. Fruit and/or Vegetable or both
SNACK	BM/Form	4-6 FL OZ. Breast Milk or Formula	2-4 FL OZ. Breast Milk or Formula
	Grains		0-1/2 Slice Bread, or 0-2 Crackers or 0-4 TBSP infant cereal or ready to eat breakfast cereal
	Fruit/vegetable		0-2 TBSP vegetable or fruit or combination of both.

IFIF= Iron Fortified Infant Formula IFIC = Iron Fortified Infant Cereal

Breastmilk or formula, or portions of both, must be served; however, it is recommended that breasmilk be served in place of formula from birth through 11 months. For some breastfed infants who consume less than the minimum amout 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.

Infant formula must be iron-fortified.

Yogurt must contain no more than 23 grams of total sugars per 6 ounces

A serving of optional component is required when the infant is developmentally ready to accept it.

Breakfast Cereals (snack only) must contain no more than 6 grams of sugar per dry ounce.

Office: 972-772-3200 Fax: 972-203-9429

Email:homes@nutriservice.org

ALLOWABLE MEALS:

In addition to the meal pattern requirements, providers must also adhere to the following guidance:

- "cup" means a standard measuring cup;
- juice cannot be the second component of a snack if milk is the other component;
- the minimum serving size for cereal is measured by volume (cup) or weight (oz.), whichever is less;
- at lunch or supper, you must serve two or more kinds of vegetable and/or fruit.
- the minimum amounts shown for meat, poultry, or fish are edible portions as served;
- USDA determines whether a specific tree nut or seed may be served as a meat alternate. At lunch or supper, tree nuts and seeds may be counted toward a maximum of one-half of this requirement. Nuts or seeds must be combined with another meat/meat alternate to fulfill the requirement. For the purpose of determining combinations, one ounce of nuts or seeds is equal to one ounce of cooked lean meat, poultry, or fish; and
- the following items cannot be used to satisfy the meat/meat alternate component for a snack:
  - o frozen yogurt; yogurt bars; yogurt covered fruits or nuts; yogurt flavored products; or homemade yogurt.

Note: Commercially added flavorings such as fruit, fruit juice, juice, nuts, seeds, or granola cannot be counted as the second component of a snack.

If a child is unable for medical reasons to eat or drink a required food, you may substitute another food prescribed by a doctor. You must:

- keep on file a copy of the statement from the physician;

provide the meal at no additional cost to the participant;

MEAL TIMES

You must ensure that the following meal service times are observed:

- **3 hours** must elapse between the beginning of breakfast and the beginning of lunch;
- **4 hours** must elapse between the beginning of lunch and the beginning of supper, when a supplement is not served in between; and
- **2 hours** must elapse between the beginning of a:
  - o meal service and the beginning of a snack;
  - o snack and the beginning of a meal service; and
  - o snack and the beginning of another snack.

Note: When determining meal service times, a snack is not a meal. The following conditions also ap-ply to the meal service schedule:

- the duration of a meal service must not exceed two hours;
- the duration of a snack service must not exceed one hour; and
- service of supper must begin no earlier than 4:00 p.m., but no later than 7:00 p.m. It must end no later than 8:00 p.m.
- A meal service cannot begin any later than 30 minutes before the licensed closing time.
- Providers may use a different feeding schedule for infants younger than one year old.

Breast milk is oh so healthy.

We don't want to pressure everyone to nurse. We just want you to be aware of the benefits. Breast milk contains antibodies that can't be engineered. "Breastfed babies get fewer colds and sinus and ear infections," says Jim Sears, MD, coauthor of *The Baby Book*. They also have less diarrhea and constipation and a decreased chance of having allergies.

There is lots of literature about how much better it is for baby to receive breast milk rather than formula. If you need help in supplying good information to encourage moms to breastfeed, please call us and we can send you lots of resources!

- It is a requirement that you offer the CACFP to all infants in your care by supplying a Formula of your choice, like a "house brand".
- The parents have two options: 1. Use your formula or 2. bring their own formula or breast milk.
- As long as the parent has completed the formula preference on the enrollment form, you may claim meals for all infants.
- As infants get older and require solid foods, you must supply the solid food in order to claim meals.
- If the Parent wants to provide solid food, you may not claim the meal. The Provider is required to provide all other components of the meal except formula or breast milk.

Fruits and Vegetables For Infants

Commercial baby foods that are reimbursable in the Infant Meal Pattern:

• Commercial baby food fruits and vegetables that list fruit or vegetable as the first ingredient in the ingredient listing on the label.

Commercial baby foods that are NOT reimbursable:

- Commercial baby food "dinners" which list fruit or vegetable as the first ingredient.
- Commercial baby foods in the "jarred cereal with fruit" category.
- Commercial baby foods in the "dessert" category
- Commercial baby food fruits and vegetables that list water as the first ingredient in their ingredient listing.

Meat/Meat Alternates for Infants

Commercial baby foods that are reimbursable:

• Commercial plain strained baby food meats (including those with beef, chicken, turkey, lamb, veal and ham).

• Gerber "2nd Foods" baby food meat products (i.e., Beef and Beef Gravy, Chicken and Chicken Gravy, Ham and Ham Gravy, Lamb and Lamb Gravy, Turkey and Turkey Gravy, and Veal and Veal Gravy), even if they do contain additional ingredients, such as cornstarch and, in some cases, lemon juice concentrate.

Bread and Crackers, and Infant Cereals continued

- Cracker-type products
- Crackers-saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers; animal crackers; graham crackers made without honey (honey,even in baked goods, could possibly contain Clostridium botulinum spores which can cause a type of serious food borne illness in infants)
- Zwieback
- Teething biscuits

NOTE: If any of the above items are served, they must be prepared in a form that is suitable for an infant to use as a finger food and that reduces the chances of choking (e.g., small thin strips of bread are most appropriate, not a whole or half of an uncut hard bagel, English muffin, pita bread, wheat roll, or soft tortilla). It is advisable that these items only be served if parents agree for them to be served, and after they have previously been introduced to an infant, with no problems, by the infant's parents.

Cereal that is reimbursable:

Infant cereal in the Infant Meal Pattern is defined as "any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or milk prior to consumption." The package should include the words, "Cereal for Baby," and the infant cereal should be fortified with iron. The percent Daily Value for iron on the nutrition label must be at least 45%. Ready-to-eat breakfast cereal for SNACK only.

Cereals that are NOT reimbursable:

- Iron-fortified dry infant cereal containing fruit
- Commercial jarred baby food cereals (which are "wet," not "dry")
- Ready-to-eat breakfast cereal (cold dry)at breakfast or lunch/supper and cooked breakfast cereals (such as farina or oatmeal). Although enriched farina, regular oatmeal, and corn grits, for example, are not reimbursable, they can be fed as additional foods if the parent requests that they be served. Do not feed ready-to-eat cold or cooked breakfast cereals with nuts, seeds, raisins and hard pieces of whole-grain kernels or other hard food pieces to infants because they pose a choking risk. Cereal served at snack must contain less than 6 grams of sugar per dry ounce.

Meals for Children with Disabilities

If a child is unable for medical reasons to eat or drink a required food, you may substitute another food prescribed by a doctor. You must:

- keep on file a copy of the statement from the physician;
- provide the meal at no additional cost to the participant; and
- Report the meal on the meal on separate record

Children with Special Dietary Needs

Children who are not disabled but have certified medical or special dietary needs may be served substitutions. This includes children with food intolerance, e.g., lactose intolerant or food allergy. The parent/guardian of the child must provide a licensed medical authority's signed statement that includes the following:

- the medical or special dietary need that restricts the child's diet;
- the major life activity affected by the disability;
- the foods that must not be served to the child; and
- the foods that must be substituted.

Reimbursement rates for meals that meet special dietary needs are the same as other meals.

If a child is lactose intolerant you are also encouraged to provide lactose-reduced milk as a fluid milk choice. If you substitute lactose-reduced milk for another milk type, you cannot assess additional charges to the child.

If a child's diet requires lactose-reduced milk, you can provide lactose-reduced milk as a creditable part of a reimbursable meal. If you serve a meal without milk to a child, you cannot claim reimbursement unless you maintain a licensed medical authority's signed statement that includes the following:

- the medical or special dietary need that restricts the child's diet;
- the foods that must not be served to the child; and
- the foods that must be substituted.

Additionally, children with chewing and swallowing difficulties may require menus modified that include softer foods, e.g., cooked carrots rather than raw carrots, or foods that are chopped, ground, or blended. These modifications can usually be made within the meal pattern requirements. A physician's written instructions indicating the appropriate food texture is recommended, but not required.

For children with special dietary needs, you must:

- provide substitutions on a case-by-case basis;
- maintain the required medical statement in your files
- provide the meal at no additional cost to the child; and
- document substitutions made to meals on separate meal production records

Meal Service Styles

Providers may serve meals:

- as a unit (cafeteria style); or
- family style.

In either type of meal service, the provider must ensure that the minimum quantities of each meal component are available to each child. At lunch or supper, the minimum quantity of the vegetable component is the combined amount of each of the two or more fruit or vegetable items served to meet meal pattern requirements.

In cafeteria style meal service, each child must be served at least the minimum amount of each component.

In family style meal service:

- A sufficient amount of prepared food must be placed on each table to provide the full required portions of each of the food components for all children at the table, and to accommodate adults if they eat with the children.
- Children should initially be offered the full required portion of each meal component. The family style meal service allows children to make choices in selecting foods and the size of initial servings.
- It is the responsibility of the supervising adults, during the course of the meal, to actively encourage each child to accept service of the full required portion for each food component of the meal pattern. If a child initially refuses a food component, or initially does not accept the full required portion of a meal component, the supervising adult should offer the food component to the child again.
- Second meals cannot be claimed for reimbursement.

In some instances it may be appropriate to offer only some components family style. However, any component not served family style, in an otherwise family style meal service, must be served according to the criteria for cafeteria style service, which dictates that the full portion of each component must be served to each child. For example, if you serve a meal family style with the exception of milk, then each child must be served at least the full minimum portion of milk.

Although we strongly encourage allowing children to serve themselves in a family style meal service, it is not required.

Limit on Quantity of Reimbursable Meals

You may serve any or all of the following:

Breakfast am snack lunch pm snack supper evening snack

You can claim (2 meals, 1 snack) or (1 meal, 2 snacks)

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Eligible Meal Service

You may submit a claim for payment for up to two meals and one snack or two snacks and one meal per child per day, if the meals meet meal pattern requirements and are:

- served to children who are enrolled for child care;
- eaten in the home
- served to children who meet CACFP age requirements; and
- supplied by the home daycare provider
- served as a meal type, e.g. breakfast and lunch, and at a time that we have approved;
- If a child is in attendance at all meals, mark them and submit all meals to Nutriservice. We will deduct the meals in excess of the maximum to prevent an overclaim.

Ineligible Meal Service

- You cannot claim reimbursement for meals or supplements that are provided by a child's parent/guardian, e.g., a sack lunch.

You cannot claim reimbursement for meals or supplements that:

- do not meet meal requirements;
- are served to children in excess of the facility's licensed capacity; or
- are served to adults or children 13 or over (unless disabled)
- are sent "to go" on a bus or with a parent
- Are not served to children present and participating
- Are not documented DAILY
- For which you do not have documentation ON SITE at a visit.

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Foods that don't qualify:

Any food listed in the "**other foods**" section of the Food Buying Guide: http://teamnutrition.usda.gov/Resources/foodbuyingguide.html does not qualify as a reimbursable food. Some examples are: Jell-O, potato sticks, popcorn, juice drinks, Kool-Aid, cream cheese, bacon, Velveeta cheese. These foods don't meet the requirements.

If you serve them, either don't claim the meal or serve other foods that meet the requirements and use these foods as "extras"

If you don't find the food your online list, don't serve it until you call the office to find out if it is eligible.

Combination Foods: These are foods that contain more than one food group, for example, Lasagna. This food contains three components: Meat/Cheese, pasta, tomato sauce.

Lasagna:

1. **HOMEMADE** If you made the lasagna, this food does qualify because you know how much of the components were used when you made it.

2. **Pre-PREPARED** If you purchased a ready-made lasagna, you don't know if the quantity of components meets requirements and you cannot use this combination food.

3. **PRE-PREPARED WITH CN LABEL** If you purchased a ready made lasagna with a CN Label, the label does give you quantity information and you may use this combination food.

Some other examples of combination foods that must have a CN Label to qualify: Chicken nuggets, pizza, fish sticks, fish portions, ravioli, any frozen pot pies, canned stews, cheese sticks... **Remember: this applies to any food made with components you cannot measure!**

Meals that don't qualify:

Meals that weren't prepared at the home. If you eat out, you may not claim that meal. You don't know what quantities have been served to the children.

Meals that parents provided. You can't vouch for the quantities or contents of meals.

Meals that have been donated by parents.

Meals that don't meet the meal pattern requirements

Food served must be acquired by the home daycare provider for you to be able to claim that meal. There is one exception to this rule: Parents may supply the formula or breast milk to infants and those meals do qualify for reimbursement.

WHEN DO I NEED A CN (CHILD NUTRITION) LABEL?

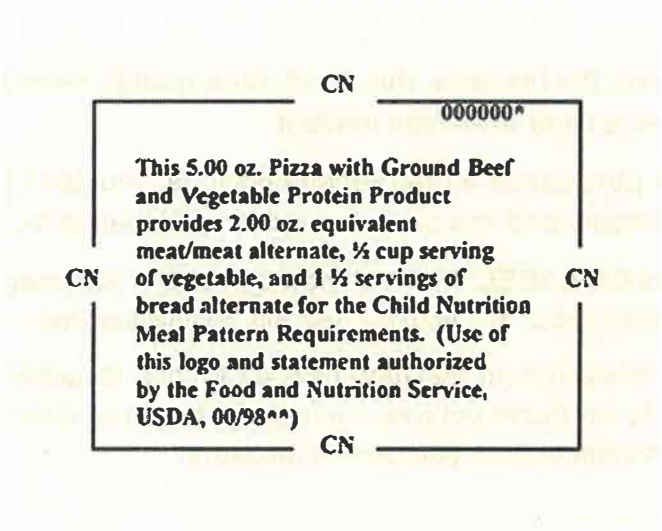
A Child Nutrition Label is necessary when you are serving a COMBINATION food. This means any food that is composed of more than 1 food group. For example,

Chicken nuggets (meat & bread/grains group)

Pizza (meat & bread/grains & fr/veg group)

Any meat product with fillers like soy

Meats products that are composed of only one component or type of product (like all beef hot dogs) do not need a Child Nutrition Label, since you can tell by the weight of the product how much meat component you are serving.



Always looks like this

Review this CN Label together with the meal pattern chart.

1. Get your CN Label from the product and figure how much you need to serve each child.
2. Copy the label and send/fax it to Nutriservice.
3. Keep a copy of the label for your records.
4. If you use a different brand, be sure to repeat these steps :).

As a participant in the Child and Adult Care Food Program for Home Daycare Providers, you are responsible for:

Reimbursable meals;

a. Meet the guidelines for components and for serving times.
b. Meet the ratio guidelines for Licensing

(At this point, you should have an understanding of what makes an eligible meal)

ACCURATE program documentation;

a. the meals you are claiming have been served to the children you are claiming at approved meal times while in your home.
b. The meals you are claiming have been recorded as required: Daily

Providers are encouraged to plan meals at least two weeks in advance of a meal service to assist in food-purchasing, cost control, and the scheduling of food preparation. We are happy to review your menus in advance to reduce the number of disallowed meals. Since children's diets often lack sufficient nutrients, such as iron and vitamins A and C, we recommend using foods that are good sources of these nutrients.

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To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue SW, Washington D.C. 20250-9410

or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

LICENSING RATIO CHART

Limits on Numbers of Children in Care by Age

Preschoolers		School Age Children	Maximum Allowed
(Including Caregivers Own Children)			
INFANTS 0-17 MOS.	18 MOS. – 4 YRS	5 -13 YRS	
0	6	6	12
0	5	7	12
0	4	8	12
0	3	9	12
0	2	10	12
0	1	11	12
0	0	12	12
1	5	4	10
1	4	5	10
1	3	6	10
1	2	7	10
1	1	8	10
1	0	9	10
2	4	2	8
2	3	3	8
2	2	4	8
2	1	5	8
2	0	6	8
3	3	1	7
3	2	2	7
3	1	3	7
3	0	4	7
4	2	0	6
4	1	1	6
4	1	1	6

There must not be more children in the home at the same time than is shown in one of the lines across in the chart.

Breads and Bread Alternates

All products must be made with whole grain or enriched flour or meal. A "full" serving (usually twice as much) is required for children 6 and over. An easy way to tell if a product is eligible is to check that the first ingredient is whole grain or enriched grain. A **WGR (whole grain rich food is required at least one time per day.)**

FOOD ITEM	SERVING SIZE FOR AGES 1-2 AND 3-5	SERVING SIZE FOR AGES 6-12
Bagels	¼ - 2/3 (min. wt. 13 g)	½ - 1 bagel* (min. wt.25 g)
Barley	¼ cup cooked	½ cup cooked
Batter-type coating	13 g (0.5 oz)	25 g (0.9 oz)
Biscuits	1 biscuit (13 g or 0.5oz)	2 biscuits
Bread sticks (hard)	2 small or 1 large	4 small or 2 large
Bread sticks (soft)	½ stick*	1 stick*
Bread stuffing (dry)	⅓ cup	⅔ cup
Bread-type coating	10 g (0.4 oz)	20 g (0.7 g)
Breads (white, wheat, raisin, rye, whole-wheat, French, Italian)	½ slice (min. wt. 13 g)	1 slice
Breakfast cereals (cooked, like oat-meal)	¼ cup cooked	½ cup cooked
Breakfast cereals (dry, ready to-eat)	⅓ cup or 0.5 oz, whichever is less	¾ cup or 1 oz, whichever is less
Bulgur or cracked wheat	¼ cup cooked	¾ cup cooked
Buns (hamburger, hot dog)	½ bun*	1 bun*
Corn muffin	½ muffin (min. wt. 16g)	1 muffin (min wt. 31 g)
Corn grits or meal	¼ cup cooked	½ cup cooked
Crackers (animal)	6 crackers	12 crackers
Crackers (chicken in a biscuit)	5 crackers	10 crackers
Crackers, Graham(2 1/2" x 5')	1 large crackers (2 squares)	2 large crackers (4 squares)
Crackers (1" squares, i.e. wheat thins)	6 crackers	12 crackers
Crackers, matzos	½ large	1 large

*Portion rounded upward to allow a reasonable and satisfying amount to be served.

You will use the following criteria as a basis for determining whether an item meets the grains/breads requirement:

1. The item must be whole-grain or enriched or made from whole-grain or enriched meal or flour. Cereal must be whole-grain, enriched, or fortified AND have NO more than 6 Grams of sugar per dry ounce. (See WIC List)

The label must show that the product is enriched or whole-grain, fortified, or made from enriched or whole-grain meal or flour, bran or germ, in any combination.

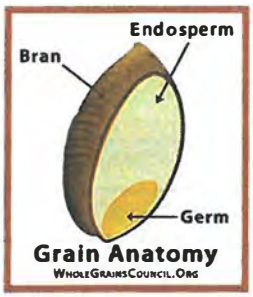
Note: For food items you are not certain of: **SEND US A COPY OF THE LABEL!!**

The item must be provided in quantities specified in the regulations. One-quarter (1/4) of a serving is the smallest amount that can be counted toward the minimum quantities of a grains/breads serving

FOOD ITEM	SERVING SIZE FOR AGES 1-2 AND 3-5	SERVING SIZE FOR AGES 6-12
Crackers melba toast	3 crackers	5 crackers
Crackers mini ritz	10 crackers	18 crackers
Crackers oyster	⅓ cup (30 crackers)	⅔ cup (60 crackers)
Crackers ritz	4 crackers	7 crackers
Crackers rye krisp 1" x 2"	5 crackers	10 crackers
Crackers saltines	4 squares	8 squares
Crackers small cheese-flavored	9 crackers	18 crackers
Crackers Goldfish	24 fish	48 fish
Crackers snack: rounds, ovals,	4 crackers	8 crackers
Crackers sociables	5 crackers	10 crackers
Crackers stoned wheat	4 crackers	8 crackers
Crackers townhouse	3 crackers	6 crackers
Crackers triscuit	4 crackers	7 crackers
Crackers vegetable thins	4 crackers	8 crackers
Crackers wasa crisp bread	⅔ large	1 ⅓ large
Crackers waverly wafers	3 crackers	5 crackers
Crackers wheat thins	5 crackers	10 crackers
Crackers wheatsworth stoneground	4 crackers	8 crackers
Croissants	½ croissant (min.wt.16 g)	1 croissant (min. wt.31 g)
Croutons	⅓ cup (~7 croutons)	⅔ cup (~14 croutons
Dumplings	Min. wt. 16 g	Min. wt. 31 g
Egg roll skins	1 skin	2 skins
English muffins	½ muffin*	1 muffin*
French toast	½ slice	1 slice
Fry bread	Min. wt. 16 g	Min. wt. 31 g
Hush puppies (large)	Min. wt. 16 g	Min. wt. 31 g
Macaroni, noodles, pasta (all shapes)	¼ cup cooked	½ cup cooked
Melba toast	3 rounds or 3 slices	6 rounds or 6 slices
Muffins (all except corn; regular size)	½ muffin (min. wt. 25g)	1 muffin (min. wt. 50g)
Muffins large, i.e. costcosized	¼ large muffin	½ large muffin
Muffins (mini)	1 mini muffin	2 mini muffins
Pancakes (medium)	1 ½ - 2 pancakes	3 – 4 pancakes

FOOD ITEM	SERVING SIZE FOR AGES 1-2 AND 3-5	SERVING SIZE FOR AGES 6-12
Pie crust (from meat/meat alternate pies)	½ serving (min. wt. 16 g)	1 serving (min. wt. 31 g)
Pita/pocket bread	¼ medium	½ medium
Pizza crust	1 serving	1 – 2 servings
Pretzel chips	7 chips	14 chips
Pretzels (hard: large & fat, i.e. Snyder's)	½ pretzel*	1 pretzel
Pretzels (hard: mini pretzel twists)	7 mini pretzels	14 mini pretzels
Pretzels (hard: standard twists)	4 pretzels	8 pretzels
Pretzels (hard: thin sticks)	17 sticks	34 sticks
Pretzels (soft)	½ large pretzel*	1 large pretzel*
Rice (enriched white or brown)	¼ cup cooked	½ cup cooked
Rice cakes, large	1 cake	2 cakes
Rice cakes, small	4 cakes	8 cakes
Rolls (dinner-type)	½ roll	1 roll
Rolls (sub sandwich-type)	⅓ roll*	⅔ – 1 roll*
Taco shells	1 shell	2 shells
Tortilla chips (round or large)	4 – 6 chips (or 9 mini rounds)	8 – 12 chips (or 18 mini rounds
Tortilla, wheat or corn – burrito size	¼ tortilla	½ tortilla
Tortillas, wheat or corn – fajita size	½ tortilla	1 tortilla
Tortilla, wheat or corn – "kid size"	1 tortilla	2 tortillas
Tortillas, wheat or corn – soft taco size	⅓ tortilla	⅔ tortilla
Wafers, rye	2 wafers	4 wafers
Waffles (frozen, square or round)	½ waffle*	1 waffle*
Zwieback	2 pieces	4 pieces

1. One service of grains per day must be WGR (whole grain rich) What does "whole grain" mean? It means the entire grain is used, not just some parts of it.
2. Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.



USDA CHILD AND ADULT CARE FOOD PROGRAM

Grains Component

This handout provides information on grain requirements for infants, child and adult participants in the Child and Adult Care Food Program (CACFP). Throughout the handout, the term *program* will be used which refers to all facility types: group child care centers, family day care homes, afterschool programs, emergency shelters and adult care centers. Find this handout and more information on the New CACFP Meal Pattern webpage: https://dpi.wi.gov/community-nutrition/cacfp/new-cacfp-meal-pattern.

What is Whole Grain-Rich (WGR)?

At least 1 serving of grains per day must be whole grain-rich. Whole grain-rich (WGR) foods contain **100% whole grains**, or at least **50% whole grains**, and the remaining grains are **enriched**.

The whole grain-rich requirement only applies to meals served to children 1 year and older, and adult participants; it **does not** apply to infant meals.

Identifying Whole Grains *(This is not an all-inclusive list)*

Whole Grains	Not Whole Grains
Amaranth	All-purpose flour
Brown rice	Bread flour
Bromated whole wheat flour	Bromated flour
Buckwheat	Cake flour
Bulgar (cracked wheat)	Corn grits, corn flour
Crushed wheat	Couscous
Graham flour	De-germinated cornmeal
Millet	Durum flour
Oatmeal or rolled oats	Enriched flour
Quinoa	Enriched rice
Triticale	Enriched wheat flour
Wild rice	Farina
Whole grain barley	Long-grain white rice
Whole rye	Pearled barley
Whole grain corn	Phosphate flour
Whole cornmeal	Rice flour
Whole grain sorghum	Unbleached flour
Whole durum wheat	White flour
Whole wheat	Wheat flour

Grains like quinoa, brown rice, oatmeal, etc. may not have the word *whole* before their name, but are 100% whole grains.

Foods labeled with the words *made with whole wheat, bran, multi-grain, stone-ground, 100% wheat, or seven-grain*, are usually not whole grain.

Serving Meals with WGR Foods

Each day, at least one meal or snack must include a whole grain-rich food. If your program serves:

- One meal (breakfast, lunch or supper), the grain must be WGR.
- One snack, if one of the two components is a grain item, it must be WGR.
- More than one meal or snack (breakfast, lunch and snack), you may choose which meal to serve the WGR food.

Whole Grain-Rich Criteria

Identify whole grain-rich foods by ONE of the 4 options below:

1. Grain products specifically labeled as "whole wheat bread", "entire wheat bread", "whole wheat rolls", "entire wheat rolls", "whole wheat buns", and "entire wheat buns" are **100% whole wheat**
2. The package includes one of the following **FDA health claims**:
   - Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may reduce the risk of heart disease and some cancers. ***OR***
   - Diets rich in whole grain foods and other plant foods, and low in saturated fat and cholesterol, may help reduce the risk of heart disease.
3. Use the **Ingredients List** on the product label:
   - A **whole grain** is the first ingredient or is the second ingredient, with water as the first ingredient

   Ingredients: Whole-wheat flour, water, enriched unbleached wheat flour, yeast
4. **Store-bought combination foods** (i.e. pizza, corn dogs, etc.):
   Obtain a CN label or PFS to credit the breading as WGR.
   If the CN label or PFS says:
   - "oz. equivalent grains" = **WGR**
   - "bread" or "bread alternate" = **not WGR**

Homemade Grain Items:
Look at the grains in the recipe. If 50% or more of the grains are whole grain, the item is WGR.

Recordkeeping Requirements

Whole grain (WG), whole wheat (WW) or whole grain-rich (WGR) must be written on menus next to the grain item. If you do not serve a WGR item on a given day, **the least reimbursable meal or snack serving a grain must not be claimed.**

For More Information on Grains:

Refer to this website and USDA Policy Memo 01-2018

Rev. 3/2018

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ELIGIBLE CEREAL

Breakfast Cereal and Sugar Guide

Requirement: Starting July 1, 2017, breakfast cereals served in CACFP must contain no more than 6 grams of sugar per dry ounce.

Method #1: Use WIC Approved Breakfast Cereals List

Use any State Agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) approved breakfast cereal list for creditable breakfast cereals. Similar to CACFP, all WIC approved breakfast cereals must contain no more than 6 grams of sugar per dry ounce (21.2 grams of sugar per 100 grams).

Website: http://bit.ly/2kYvsy8

Method #2: Calculate the total sugars per ounce

Complete the following calculation to determine if the breakfast cereal is within the threshold of 0.212* or less.

Step 1: Find the Nutrition Facts Label on the package.

Step 2: Find the Serving Size of the cereal.

Write the number of grams (g) here: ***28 grams***

Step 3: Find the amount for sugars. It is below the "Total Carbohydrate" line.

Write it here: ***1 gram***

Nutrition Facts

Serving Size 1 cup (28g)
Servings Per Container 12

Amount Per Serving

Calories 105	Calories from Fat 9
	% Daily Value*
Total Fat 2g	3%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 139mg	6%
Total Carbohydrate 20g	7%
Dietary Fiber 3g	12%
Sugars 1g	
Protein 0g	0%

Step 4: Divide the Sugars number by the Serving Size number.

$$\frac{\text{Sugars}}{\text{Serving Size}} = \frac{1}{28} = \underline{\mathbf{0.036}}$$

Step 5: If the number is 0.212 or less, the cereal is below the sugar limit.

Is it creditable? ***Yes, this cereal is creditable, since 0.036 is less than 0.21.***

*** Threshold Formula: 21.2 ÷ 100 = 0.212**

Check your cereal: Sugar per serving_____/Serving Size_____=_____ less than .212?

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Eligible Fruits & Vegetables

A	C	
Beet greens	Acerola	Apples
Carrots	Broccoli	Applesauce
Chard, Swiss	Brussels sprouts	Avocados
Chili peppers, red	Chili peppers, red and green	Bananas
Collards	Guavas	Beans, green or wax
Cress, garden	Orange juice	Beans, lima, green
Dandelion greens	Oranges	Bean sprouts
Kale	Papayas	Beets
Mangoes	Peppers, sweet red and green	Berries (black, blue, etc.)
Mixed vegetables	Cauliflower	Celery
Mustard greens	Collards	Chinese cabbage
Peas & carrots (canned or frozen)	Cress, garden	Corn
Peppers, sweet red	Grapefruit	Cranberries
Pumpkin	Grapefruit juice	Cranberry sauce
Spinach	Grapefruit-orange juice	Cucumbers
Squash winter (acorn,	Kale	Dates
Butternut, hubbard)	Kohlrabi	Eggplant
Sweet potatoes	Kumquats	Figs
Turnip greens	Mangoes	Fruit cocktail
Apricots	Mustard greens	Fruits for salads
Broccoli	Pineapple juice	Grapes
Cantaloupe	Strawberries	Lettuce
Chicory greens	Tangerine juice	Mushrooms
Papayas	Tangerines	Olives
Purple plums (canned)	Asparagus	Onions
Asparagus, green	Cabbage	Parsley
Cherries, red sour	Cantaloupe	Parsnips
Chili peppers, green (fresh)	Dandelion greens	Peaches (canned)
Endive, curly	Honeydew melon	Pears
Escarole	Okra	Cowpeas, immature seed
Nectarines	Potatoes (baked, broiled, steamed)	Pimientos
Peaches (except canned)	Raspberries, red	Plums
Prunes	Rutabagas	Potatoes (mashed, fried, etc.)
Tomatoes	Sauerkraut	Radishes
Tomato juice or paste	Spinach	Raisins
Or puree	Sweet potatoes (except canned in syrup)	Rhubarb
	Tangelos	Squash, summer
	Tomatoes	Watercress
	Tomato juice or Paste or puree	Watermelon
	Turnip greens	Fruit juices (apple, grape, etc/)
	Turnips	Dried Beans/Peas

Meat/Meat Alternates

Meat, poultry, fish, cheese, eggs, peanut butter, dried beans, peas, yogurt,tofu, nuts and seeds are all eligible meat and meat equivalents.

Nuts and seeds will fulfill only one half of the meat requirement at meals and must be served in combination with another meat equivalent at meals.

Combination foods:

Any pre-prepared product containing more components than the meat/meat equivalent **is not eligible** on the CACFP unless the label indicates **the amount of meat equivalent** available per serving. We suggest that once you find a food product with that information available, stick with that brand. You have to be able to determine how much meat is in a product in order to be sure you are serving enough. This means keeping the CN Label on site. (See page 9 for an example of a CN Label)

All beef franks (no fillers or by-products)

Baked Beans

Bean Soup

Beef

Black –eyed Peas

Bologna

Cheese (American, cheddar, mozzarella, swiss, feta, brie)

Cheese food, cheese spread (2oz=1oz. Meat equiv.)

Chicken

Corny Dogs-**all beef**

Cottage Cheese—2oz=1oz. --meat equivalent

Eggs

Fish Sticks or fillets (CN)

Garbanzo Beans

Hamburger

Ham

Homemade pot pies --(with sufficient meat)

Kidney beans

Lentils

Lima Beans

Meatballs (homemade)

Navy Beans

Nuts: almonds, brazil, cashew, macadamia, pecans, pinyons, pistachio,walnut, peanuts

Peanut butter

Pinto beans Red beans

Refried beans

Roast beef

Salmon

Sardines

Sausage

Seeds: sesame, pumpkin, squash, sunflower

Shrimp

Split pea soup

Turkey

Turkey franks (no fillers or by-products

Turkey ham

Tofu

Yogurt-Plain or flavored

Ineligible Meat Equivalents

Bacon (it is a fat)

Chunky soup (no cn label)

Frozen Pot Pies

Boxed Macaroni & cheese

Baby foods w/tapioca

Cheese Product (Velveeta)

Frozen yogurt, yogurt bars, etc.

Homemade yogurt

Pasteurized prepared cheese product (cheese spreads)

Commercial Foods and Baby Foods That Are Not Reimbursable

Commercial baby food combination dinners
Meat sticks or "finger sticks" (which look like miniature hot dogs
Commercial fish sticks, other commercial breaded or battered fish or seafood products
Canned fish with bones, hot dogs, and sausages are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because these foods are not designed by their manufacturers for consumption by infants (less than 12 months of age). Infants may choke on these food items and there may be an incidental bone in fish sticks and other breaded fish products.

Nuts, seeds, and nut and/or seed butters
Smoked snack sticks made with beef and chicken;
Summer sausage;
Pepperoni sticks;
Meat, poultry or seafood jerky such as beef jerky, turkey jerky and salmon jerky;
Meat or poultry nuggets (shelf-stable, non–breaded, dried meat or poultry snack made similar to jerky) such as turkey nuggets.

Ineligible Fruits & Vegetables

Cranberry Juice
Blends (Except 100% juice)
Coconut
Five Alive Fruit Flavored Drinks
Fruit turnovers
Fruit leather
Gatorade
Hawaiian Punch
Hi-C
Honey
Jellied Cranberry Sauce
Jell-O
Jelly or Jam
Kool-Aid
Lemonade
Limeade
Sunny Delight
All fruit nectars

Did you know....

One cup of 100% apple juice contains 6 teaspoons of sugar? That's why juice may only be served 1 time a day.

NutriService
over 30-Years Serving Texas Children

Eligible Milk Equivalents

1% Milk Acceptable for all participants age 2 and over.

Skim Milk –Acceptable for all participants age 2 and over.

2% Milk –Acceptable for all participants age 2 and over.

Whole Milk – Eligible for all children ages of 1 and over.

Flavored Milk Only for children ages 6-12.

No alternative milk is eligible unless accompanied by a Medical Statement or unless it is nutritionally equivalent to milk. You can choose to supply alternative milk or the parent can supply it and you can still claim it if eligible.

Ineligible Milk and Milk Products

Carnation Canned Milk
Powdered or instant milk
Non-fat dry milk
Eagle Brand milk
Custard
Pudding
Hot Chocolate Mixes Ice cream, milkshakes
Pudding
Sherbert
Yogurt (meat equivalent)
Sour cream dips
Whipped toppings
Cream
Half & Half

NO FOOD MADE WITH MILK MAY BE SUBSTITUTED FOR FLUID MILK

Field Trips

You may claim reimbursement for meals that are served during a field trip if:

- the activity is directly related to child care, and
- all program requirements are met.

Program requirements include, but are not limited to the following:

- Meals served must meet the CACFP meal pattern for the appropriate age group and must be served to eligible children.
- All state and local health department standards, including maintaining food at proper temperatures, must be followed.
- Daily menu records that include the food items and amounts of food prepared must be maintained.
- Meal counts for meals served to eligible children must be documented on, Daily Meal Count and Attendance Records. You must also maintain these forms as required.
- **Meals purchased from restaurants or fast food outlets are not reimbursable.**
- **Meals served to children in transit anywhere (to school or their homes , etc.) cannot be claimed as reimbursable meals.**

Field trips must be documented in writing. The documentation must include the following information:

- date of trip;
- destination of trip;
- duration (departure and return time) of the trip;
- meal types served on the trip;
- a description of the location where the meal was served;
- a description of the method used to ensure that foods are held at proper temperatures;
- a list of foods served on the field trip; and
- a list of everyone that participated in the field trip.

In addition, the employee completing the documentation of the field trip must sign a certification statement that reads: "*I certify that to the best of my knowledge the information reported about this field trip is true and correct. I understand misrepresentation may result in prosecution under applicable state or federal statutes. I certify that meals were prepared, delivered, and served in accordance with all state and local health department standards.*"

You are required to notify Nutriservice when planning a field trip as a condition of reimbursement.

Occasionally, field trips will include a visit to a Summer Food Service Program (SFSP) site. You cannot claim reimbursement for meals that are served at SFSP sites.

THIS IS TO CERTIFY THAT

_____

HAS COMPLETED **1** HOUR OF CREDITABLE Child Care Training as listed below:

1 HOUR Child and Infant Nutrition

CACFP TOPICS ADDITIONALLY COVERED: Meal Pattern, Meal counts, Claim Submission, Review Procedures, Recordkeeping requirements, Reimbursement System, Civil Rights

UNIT NAME: **NUTRITION AND THE CACFP**

DATE OF COMPLETION : _____

CERTIFIED BY:

_____

NUTRISERVICE, INC.
801 B E I-30
Rockwall, TX 75087
972-772-3200

NutriService
30 Years Serving Texas Children

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

COMPANY NAME: Nutriservice, Inc.

I hereby authorize Nutriservice, Inc., hereinafter called Company, to initiate credit and, if necessary, debit entries and adjustments for any credit entries in error to my (select one)

Checking Account Savings Account

indicated below, at the depository Financial Institution named below, and to credit or debit the same from such account. I acknowledge that the authority will remain in effect until I have cancelled it in writing and that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

Financial Institution_____

City_____

Account Number_____ Routing Number_____

This authorization is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and Financial Institution a reasonable opportunity to act on it.

Name of Center

_____

Your Printed Name

_____

Date_____ Signature_____

Please attach a copy of an attached check to this form and fax to 972-203-9429 or Email to homes@nutriservice.org

SIGN IN/OUT SHEET			NUTRISERVICE, INC.		
	****To be completed ONLY by parent of each child on a daily basis****				
Date	Child's Name	Time In	Parent Signature (in full)	Time Out	Parent Signature(in full)
	***Payment may be denied for incomplete or blank information.				
		Provider signature: _____			

INSTRUCTIONS FOR SIGN IN/SIGN OUT SHEET

1. Make copies of this master form.
2. Fill in complete date
3. Fill in child's first and last name
4. Time in should be actual time of arrival
5. Full parent signature required at time of arrival
6. Time out should be actual time of departure
7. Full parent signature required at time of departure
8. Sign in/Sign out sheets must be submitted at end of month with menus

Please note that incomplete information may result in meal disallowances.

Formula Waiver

Family Childcare Provider's Name:_____

Baby's Name:_____ Date of Birth:_____

Parent's Name:_____

I understand that under the policies of the USDA Child and Adult Care Food Program, my childcare provider is required to supply the iron-fortified infant formula of her choice. I prefer that my child receive a different iron-fortified infant formula, which I will supply.

The iron-fortified infant formula I will provide is:_____

Parent signature:_____ Date:_____

CACFP APPEALS PROCEDURE

Any time Nutriservice takes an adverse action, you have the right to appeal. An adverse action is any action that denies or reduces your CACFP benefits, such as disallowing your claim for the month or dropping you from the program.

Nutriservice has designated the Texas Child and Adult Care Food Program Sponsors Association Appeals Board as its independent appeals organization. This board is made up of members of the Association who serve in rotation. Nutriservice does not select which people will hear your appeal. Here is how the appeals process works:

1. Nutriservice notifies you of an adverse action. The notification includes a statement of your right to appeal and the address of the Appeals Board Chairperson.
2. You have 15 days to notify the Appeals Board of your desire to appeal the action.
3. The Appeals Board acknowledges your request for appeal within 10 days.
4. You may respond in person or in writing. If in writing, the Appeals Board must receive your written documentation within 30 days of the Nutriservice notice to you.
5. If you wish, you may request a hearing instead of or in addition to the written documentation. If you request a hearing, a conference telephone hearing will be set up by the Appeals Board. You will receive notice of the telephone hearing date and time at least 10 days before the hearing. You many choose a representative.
6. Failure to present the written documentation within 30 days or to appear for the telephone hearing is considered a waiver of your right to a personal appearance or to inclusion of that written information.
7. Any Nutriservice information on why or how the adverse action was taken is available to you.
8. You will receive a determination of the appeal from the Appeals Board within 30 days.

The Appeals Board is required to make their determination based on state and federal policy governing the administration of the program and the information you and Nutriservice provide to the board. An example might be if you neglected to write down the bread or equivalent for several meals. The USDA requirement includes bread at all meals, so the Appeals Board would be required to uphold the deduction of those meals. You may participate in the program while the appeal is in process, but if the action is to terminate your participation in the CACFP, you may not be paid for those meals if the decision is upheld by the board. The decision of the Appeals Board is final.

Building for the Future

This child care receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's Child and Adult Care Food Program.

Questions? Concerns?

Call USDA at 1-866-873-2263

OR

Food and Nutrition Division at 1-800 TELL TDA (835-5832)

Your child care at

Contact Information: Nutriservice Inc
Address: 801 B E I-30
Phone Number: 972-772-3200
Email Address: Homes@nutriservice.org
Other Necessary Information: CACFP Food Program

TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

Fraud Hotline: 1-866-5-FRAUD-4 or 1-866-537-2834 | P.O. Box 12847 | Austin, TX 78711
Toll Free: (877) TEX-MEAL | For the hearing impaired: (800) 735-2989 (TTY)

Square Meals

Food and Nutrition Division
Child and Adult Care Food Program

This product was funded by USDA.
This institution is an equal opportunity provider.

Updated 11/17/2021
www.SquareMeals.org

Construyendo Para El Futuro

Este cuidado infantile recibe asistencia federal en efectivo para server comidas saludables a sus hijos. Una Buena nutricion hoy en dia significa una manana mas fuerte.

Las comidas servidas aqui cumplen con los requisites de nutricion establecidos por el Programa de Alimientos para el Cuidado de Ninos y Adultos (Child and Adult Care Food Program) de USDA.

¿Preguntas? ¿Preocupaciones?

Llame gratutamente a USDA al 1-866-873-2263

OR

División de Alimentos y Nutrición al 1-800 TELL TDA (835-5832)

Centro de cuidado de niños de su hijo al

Contact Information: Nutriservice Inc
Address: 801 B E I-30
Phone Number: 972-772-3200
Email Address: Homes@nutriservice.org
Other Necessary Information: CACFP Food Program

DEPARTAMENTO DE AGRICULTURA DE TEXAS
COMISIONADO SID MILLER

Línea directa de fraude: 1-866-5-FRAUD-4 o 1-866-537-2834 | P.O. Box 12847 | Austin, TX 78711
Llamada gratuita: (877) TEX-MEAL | Para personas con problemas de audición: (800) 735-2989 (TTY)

Square Meals

Food and Nutrition Division
Nutrition Assistance Programs

Este producto fue financiado por el USDA.
Esta institución proporciona igualdad de oportunidades.

Updated 11/17/2021
www.SquareMeals.org

Join Texas WIC

We're here for you

"Thanks to WIC, I now have the tools I need to make sure my family stays on the path to a healthy lifestyle."

–Roxie, WIC Client

As a WIC Client, you'll get:

- Delicious food
- One-on-one counseling with nutritionists
- Easy recipes
- Nutrition classes
- Breastfeeding support
- Health and immunization screenings
- Cooking demonstrations
- Personalized support
- Children's activities

Are you eligible?

Eight million women, infants, and children get WIC benefits. WIC is for pregnant women, new parents, infants, and children under five. If you are on Medicaid, TANF, or SNAP you already qualify.

Texas WIC Income Guidelines

Number of people in the home*	Monthly income	Annual income
2	$3,238	$39,128
3	$4,109	$49,303
4	$4,957	$59,478
5	$5,805	$69,653
6	$6,653	$79,828

Effective May 1, 2025

* A pregnant woman's household can be increased by the number of infants she is expecting. For more than 6 household members, call your local WIC office.

** Income can also be determined on a weekly or biweekly basis.

Start now. Call 1-800-942-3678 or visit TexasWIC.org

This institution is an equal opportunity provider.

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Ven a WIC de Texas

Estamos aquí para servirte

"Gracias a WIC, ahora tengo las herramientas que necesito para asegurar que mi familia siga el camino hacia un estilo de vida saludable."

– Roxie, cliente de WIC

Como cliente de WIC, recibirás:

- Alimentos deliciosos
- Asesoramiento individualizado con nutricionistas
- Recetas sencillas de preparar
- Clases sobre nutrición
- Apoyo para la lactancia
- Evaluaciones médicas y sobre las vacunas
- Demostraciones de cocina
- Apoyo personalizado
- Actividades para niños

¿Calificas?

Ocho millones de mujeres, bebés y niños reciben beneficios de WIC. El Programa WIC va dirigido a mujeres embarazadas, nuevos padres, bebés y niños menores de cinco años. Si ya recibes Medicaid, TANF o SNAP, es posible que califiques.

Requisitos de ingresos de WIC de Texas

Número de personas en el hogar*	Ingresos mensuales	Ingresos anuales
2	$3,261	$39,128
3	$4,109	$49,303
4	$4,957	$59,478
5	$5,805	$69,653
6	$6,653	$79,828

Vigente a partir del 1 de mayo de 2025

* El número de personas en el hogar de una mujer embarazada aumenta según los bebés que espera. Si son más de seis personas, llama a la oficina local de WIC.

** Los ingresos también se calculan por semana o por quincena.

Empieza hoy mismo. Llama al 1-800-942-3678 o visita TexasWIC.org

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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Provider Application – Day Care Homes

See the Provider Application – Day Care Homes Instructions for information on the completion, submittal and maintenance of this form.

CONTRACTING ENTITY (CE) AND PROVIDER INFORMATION

1. Name of Contracting Entity	2. CE ID	3. Version
NUTRISERVICE, INC.	02995	

4. Provider Name	5. Provider ID

EFFECTIVE DATE

1. Requested Application Effective Date:

LICENSE INFORMATION

2. Provider is: (check only one box)

- ☐ Licensed
- ☐ Registered
- ☐ Military
- ☐ Tribal

3. License/Registration Number:	4. Capacity:

5. License Effective Date:

6. License Expiration Date:

PROVIDER INFORMATION

7. Provider: Salutation	Provider: First Name	Provider: Last Name

8. Date of Birth:	9. Email Address:

10. Phone (include area code)	Extension	Fax (include area code)

11. Alternate Provider ID:

DAY CARE HOME LOCATION (Must be physical address; no P.O. Box)

12. Address 1	13. Address 2	14. City	15. State	Zip+4	16. County

MAILING ADDRESS

Mailing Address - Same as the Street Address? ☐ Yes ☐ No (If no, enter mailing address)

17. Mailing Address (Street or P.O. Box) – Address 1	18. Address 2	19. City	20. State	Zip+4
				+

ALTERNATE CONTACT INFORMATION (optional)

21. Salutation	First Name:	Last Name:

22. Email Address:	23. Phone (include area code)	Extension	Fax (include area code)

24. Alternate Contact Information – Address 1	25. Address 2	26. City	A24. State	Zip+4
				+

TIERING

28. Provider Tier Level: (check only one box)

☐ Tier I
☐ Tier II

29. If Tier Level is Tier I, please complete the following information:

The Provider is Tier I because: (check only one box)

☐ Area Eligible - School
☐ Area Eligible - Census
☐ Income Qualified
☐ Categorically Eligible

Census Code:

Tier I Status - Start Date: Tier I Status - End Date:

30. If the provider is Tier II, choose reimbursement option: (check only one box)

☐ Have CE attempt to identify all income and categorically eligible children enrolled and receive Tier I rates for those children identified
☒ Have CE attempt to identify only categorically eligible children enrolled and receive Tier I rates for those children identified
☐ Receive Tier II rates for all enrolled children

31. Number of children enrolled in program:

Nonresident:
Provider's Own/Resident:
Resident Foster:

SCHEDULE

32. A. Months of Operation (Check all that apply)

All: ☒ Jan: ☐ Feb: ☐ Mar: ☐ Apr: ☐ May: ☐ Jun: ☐ Jul: ☐ Aug: ☐ Sep: ☐ Oct: ☐ Nov: ☐ Dec: ☐

B. Days of Operation (Check all that apply)

Mon-Fri: ☒ Mon: ☐ Tue: ☐ Wed: ☐ Thu: ☐ Fri: ☐ Sat: ☐ Sun: ☐

Regular Schedule

33. Normal Hours of Child Care Operations: Time Open: Time Close:

34. Regular Meals:

Meal Types	**First Shift**		**Second Shift**	
☐ Breakfast	Start Time:	End Time:	Start Time:	End Time:
☐ AM Snack	Start Time:	End Time:	Start Time:	End Time:
☐ Lunch	Start Time:	End Time:	Start Time:	End Time:
☐ PM Snack	Start Time:	End Time:	Start Time:	End Time:
☐ Supper	Start Time:	End Time:	Start Time:	End Time:
☐ Evening Snack	Start Time:	End Time:	Start Time:	End Time:

Weekend Schedule

35. Normal Hours of Child Care Operations: Time Open: Time Close:

36. Weekend Meals:

Meal Types	First Shift		Second Shift	
☐ Breakfast	Start Time:	End Time:	Start Time:	End Time:
☐ AM Snack	Start Time:	End Time:	Start Time:	End Time:
☐ Lunch	Start Time:	End Time:	Start Time:	End Time:
☐ PM Snack	Start Time:	End Time:	Start Time:	End Time:
☐ Supper	Start Time:	End Time:	Start Time:	End Time:
☐ Evening Snack	Start Time:	End Time:	Start Time:	End Time:

37. Anticipated Closures:

GENERAL QUESTIONS

38. How are meals prepared? (Check all that apply)

A. ☒ Prepared on site
B. ☐ Other

If Other, please explain:

39. Site will make meal counts and menu records available to the Contracting Entity by the following date of each month: 2ND

40. Date of Pre-Approval visit:

41. Has the provider ever been found guilty of committing fraud (including deferred adjudication)? ☐ Yes ☒ No
If Yes, provide the date the sentence expired:

SIGNATURE DATE ON AGREEMENT

Signature Date of Provider(s) from Permanent Agreement with Sponsoring Organization:

Signature Date of Contracting Entity Representative from Permanent Agreement with Sponsoring Organization:

CERTIFICATION

I hereby certify that neither the Contracting Entity nor its principals/authorized representatives is presently debarred, suspended, proposed for debarment, declared ineligible, disqualified, or voluntarily excluded from participation in this transaction by any Federal/State department or agency.

I certify under penalty of perjury that the information on these application forms is true and correct, and that I will immediately report to the Texas Department of Agriculture any changes that occur to the information submitted. I understand that this information is being given in connection with receipt of federal funds. The Texas Department of Agriculture may verify information; and the deliberate misrepresentation of information will subject me to prosecution under applicable federal and state criminal statutes.

On behalf of the Contracting Entity, I hereby agree to comply with all state and federal laws and regulations governing the Child Nutrition Programs administered by the Texas Department of Agriculture. In accordance with Federal law and U.S. Department of Agriculture policy, this Contracting Entity does not discriminate on the basis of race, color, national origin, sex, age or disability. I will ensure that all monthly claims for reimbursement are true and correct and that records are available to support these claims.

Signature – Day Care Home Provider | Date

Signature – Authorized Representative of Contracting Entity | Date

Name (please type or print)	Title

Child and Adult Care Food Program

Permanent Agreement Between Sponsoring Organization and Day Care Home Provider(s)

Name of Sponsoring Organization NUTRISERVICE INC.	CE ID 02995
Address of Sponsoring Organization (Street, City, State, ZIP) 801 B E I-30 ROCKWALL, TX 75087	
Full Name of Day Care Home Provider(s)	Provider's County Name
Physical Address of Day Care Home (Street, City, State, ZIP)	
Mailing Address of Day Care Home Provider(s), if different from Day Care Home (Street, P.O. Box, City, State, ZIP)	
Provider(s) Date of Birth (MM/DD/YYYY)	

Agreement

This permanent agreement specifies the rights and responsibilities of the above named sponsoring organization (Sponsor) and day care home provider(s) (Provider(s)) as participants in the Child and Adult Care Food Program (CACFP). By signing this permanent agreement, both parties are bound by its terms and conditions from its beginning effective date until terminated.

Rights and Responsibilities of the Sponsor

The Sponsor agrees to accept final financial and administrative management of a proper, efficient, and effective food service, and comply with all CACFP requirements, including the following:

1. Train the Provider(s) annually according to CACFP requirements.
2. Provide technical assistance when problems are cited during monitoring visits, upon request from the Provider(s) and as needed and scheduled at a time and place convenient to the Provider(s).
3. Provide CACFP record keeping forms to the Provider(s) at no charge, and ensure the Provider(s) maintains records on-site according to CACFP Provider(s) record-keeping requirements.
4. Timely disburse any reimbursement payments, including advance payments, for valid meals to the Provider(s) within five working days of receipt of payment from Texas Department of Agriculture (TDA) for the corresponding claim period. Reimbursements will not be withheld for any reason other than the Sponsor having reason to believe meals served were invalid due to the Provider having submitted a false or erroneous meal count.
5. Make no charge whatsoever to the Provider(s) for CACFP administrative services.
6. Ensure that all meals are served to enrolled children without regard to race, color, national origin, sex, age or disability in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and USDA's regulations concerning nondiscrimination.
7. Ensure that all meals claimed for reimbursement are those served to children who are properly enrolled and in attendance at the meal service.
8. Ensure that all meals prepared, served, and claimed meet CACFP meal pattern requirements.
9. Claim reimbursement for no more than two meals (breakfast, lunch, or supper) and one snack, or one meal and two snacks, per child per day.
10. Ensure Sponsor staff that conduct announced or unannounced monitoring reviews show photo identification to demonstrate that they are employees of the Sponsor.
11. Conduct announced and unannounced monitoring reviews of the Provider's food program operation according to CACFP requirements during the Provider's normal hours of child care operation, including weekends, if applicable.
12. Submit the Provider Application and any amendments on behalf of the Provider(s) to TDA in a timely manner.
13. Ensure that the day care home maintains a current license or registration status.
14. Ensure that no person acting in any capacity on behalf of the Sponsor will enter any day care home when children are present if the person has been convicted of a felony or misdemeanor classified as an offense against the person or the family, or public indecency, or a felony violation of any statute intended to control the possession or distribution of a substance included in the Texas Controlled Substance Act (Chapter 481 of the Texas Health and Safety Code).
15. Notify the Provider(s) of his/her right to appeal any adverse action in accordance with CACFP requirements. Appealable actions include notice of proposed termination or suspension of participation due to health and safety concerns.

16. Immediately inform the health or licensing authority of any situation existing in day care homes that would threaten the health or safety of children in attendance.
17. Notify TIER II Provider(s) of the choices available to them regarding:
    a. options for determining TIER I eligibility for enrolled children, and
    b. reimbursement methods.
18. If requested by a TIER II Provider(s), distribute and collect income applications and determine if children enrolled in TIER II homes are income eligible/categorically eligible for TIER I meal reimbursements.
19. Maintain the confidentiality of income information collected from the households of children in TIER II homes.
20. Pay the full amount of reimbursement owed to the Provider(s) based on the number of valid meals served and the number of eligible children in each meal reimbursement TIER.
21. Ensure policies and procedures do not exclude or limit participation, benefits or activities of a Provider(s) on the basis of race, color, national origin, sex, age, or disability.
22. Take reasonable steps to provide and ensure services and information, both orally and in writing, are available to Provider(s) in appropriate languages other than English.
23. Accept final administrative responsibility for ensuring that Provider(s) take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English.

Rights and Responsibilities of the Provider(s)

The Provider(s) agree(s) to:

1. Record daily the:
    a. menu served to the children,
    b. number of meals, by type, served to each child, and
    c. number of enrolled children in attendance.
2. Claim meals served to children living in the home only if:
    a. the children are enrolled for child care and participating in the CACFP during the time of meal service,
    b. enrolled nonresident children are present and participating in the meal service, and
    c. Providers have completed and submitted a CACFP Meal Benefit Income Eligibility Form for Tier I Eligibility to the Sponsor demonstrating that the Provider's children are eligible for free or reduced-price meals.
3. Claim only meals actually served during approved meal service times to children who are enrolled in child care, in attendance and participating in the meal service.
4. Prepare and serve meals which meet the current CACFP meal pattern requirements for the ages of the children served.
5. Ensure that food is prepared and served in amounts sufficient for each enrolled child to have one reimbursable meal/snack at each meal service.
6. Notify the Sponsor immediately if there is any change in the meal service, including days, times, and/or types of meals served.
7. Notify the Sponsor immediately of the names of any children added or withdrawn from the enrollment for day care.
8. Receive mandatory CACFP training prior to Program participation and annually thereafter as required by TDA and the Sponsor.
9. Notify the Sponsor in advance whenever the Provider(s) is planning to be out of the home during the meal service period. If this procedure is not followed and if an unannounced review is conducted when the children are not present in the day care home, claims for meals that would have been served during the unannounced review will be disallowed.
10. Allow representatives of the Sponsor, TDA, the United States Department of Agriculture, and other state and federal officials to enter the Provider's home, announced and unannounced, to review CACFP operations and records during normal hours of child care operation. Individuals making such reviews must show photo identification of their employment with one of these entities.
11. As required by the Sponsor, periodically submit meal records for Sponsor review.
12. Notify the Sponsor immediately if there is any change in the Provider's child care licensing or registration status and update license or registration as required by the Texas Department of Family and Protective Services or other authority (if military or tribal).
13. Serve meals to all children without regard to race, color, national origin, sex, age or disability in accordance with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and USDA's regulations concerning nondiscrimination.
14. Participate with one Sponsor at a time.
15. Authorize the Sponsor to apply for participation in the CACFP on behalf of the day care home.
16. Maintain records on-site according to CACFP Provider(s) record-keeping requirements; failure to do so is grounds for denial of reimbursement.
17. Distribute a copy of the Sponsor's notice to parents if instructed by the Provider's Sponsor.
18. Participate in the CACFP with only one day care home (if licensed or registered to provide care in more than one day care home).

19. Obtain prior written approval from TDA before transferring to another Sponsor within the program year. Termination of this permanent agreement during the program year does not constitute approval to transfer to another Sponsor. If the Provider(s) terminates this permanent agreement and wants to participate in the CACFP again during the same program year, the Provider(s) may only participate with its current Sponsor unless the transfer is approved by TDA. **Exception:** Each year a Provider(s) may transfer to a different Sponsor without TDA approval, if otherwise eligible to participate in the CACFP, by signing a permanent agreement with a new Sponsor between June 1 and September 30 to become effective on the following October 1.

Term and Termination

This agreement is effective from: _____ until terminated.

The Provider(s) will provide 30 days written notice if terminating this permanent agreement without the mutual consent of the Sponsor. If terminating this permanent agreement due to transfer to another Sponsor during the exception provided in #19 above, the Provider(s) will provide written notification as soon as possible.

The Sponsor will provide the Provider(s) 30 days written notice if terminating this permanent agreement for mutual consent or for reasons other than the Provider's failure to meet the terms of this permanent agreement.

Certification

We, the undersigned, do hereby make and enter into this contract. By so doing, we do certify that the information contained in this document to be true and correct to the best of our knowledge and is provided for the purpose of obtaining Federal financial assistance. We do mutually agree to comply with the CACFP federal regulations (7 CFR Part 226, as amended), Uniform Administrative Requirements, Cost Principles, an Audit Requirements for Federal Awards (2 CFR Part 200, as amended), and state policies and procedures as issued and amended by TDA. The Provider does further agree to perform as described in its application for participation in the CACFP (including approved amendments to the application). The Provider(s) certifies he/she is not currently participating under any other sponsoring organization, has not been disqualified from participation in the CACFP in Texas or any other state, and is not currently debarred or otherwise excluded from entering into agreements for Federal funds. We understand that the deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal laws.

_____ _____
Signature – Day Care Home Provider(s) Date

_____ _____
Signature – Sponsor Representative Date

_____
Title – Sponsor Representative

Name of Sponsoring Organization Nutriservice, Inc.			CE ID 02995
Date of Pre-Approval Visit	Time of Arrival ☐ **AM** ☐ **PM**	Time of Departure	☐ **AM** ☐ **PM**
CACFP Program Status ☐ **Currently Active: Sponsor** ☐ **Previous Participation: Sponsor** ☐ **Never Participated**			
Provider(s) Name(s)			
Day Care Home Address			
Is the provider currently caring for children other than the provider's own child(ren)?		☐ **Yes**	☐ **No**

Program Requirements	Observations, Comments, Discussion
Enrollment *Review the provider's methods and the documents used to enroll infants/children to ensure all information required by CACFP regulations is obtained.*	
Tier Determinations *Explain tier determinations and the provider's choice if he/she is not tier I.*	
Meal Counts and Attendance *Explain Daily Meal Count, Attendance and Meal Production Record (H1539) or alternate to ensure the provider(s) understands how to complete the form and when the form must be completed. Ensure the provider(s) understands that these forms are used to complete their monthly claim.*	

Program Requirements	Observations, Comments, Discussion
Menus and Meal Production Records *Review the menus that have been developed or completed to date. Ensure that all components for the meal types being claimed are included.* *Review meal production records, if any have been completed. Ensure that these forms are completed on a daily basis. Ensure that the provider understands the documentation requirements for special diets, disabilities, processed foods, etc. Review the use of the Food Buying Guide for Child Nutrition Programs (FBG) with the provider.*	
Monitoring Requirements *Discuss monitoring requirements. Explain announced and unannounced reviews. Discuss the review form and its elements and explain corrective action requirements and disallowances.*	
Claims *Review the procedures for filing claims. Explain which documentation must be submitted so that a claim can be submitted. Emphasize the due date requirements for submittal of claim documentation. Explain late claims and disallowances.*	
Training Requirements *Discuss the mandatory training requirements and the consequences for failure to attend.*	
Record Retention Requirements *Explain that Program records must be maintained for 3 years, or until audit findings, claims, or litigation have been resolved. Ensure the provider(s) understands what records would be considered Program records.*	
Civil Rights Requirements *Discuss civil rights requirements, including training requirements. Ensure the provider(s) understands the process for handling complaints and can explain the complaint procedure.*	

Program Requirements	Observations, Comments, Discussion
Serious Deficiency *Explain the serious deficiency process as well as what actions and non-compliances might result in a determination of serious deficiency.*	
Serious Deficiency *Explain appeal rights and give the Provider a copy of the appeal procedures.*	
Health and Sanitation *Look for any obvious health, sanitation, or safety concerns. Discuss any areas of concern.*	
Other *Discuss any other issues or concerns not discussed above and document here.*	

Is this day care home eligible to participate in the CACFP?	☐ **Yes**	☐ **No**
If no, explain:		

Certification and Signature

The provider(s) acknowledges that the sponsoring organization representative has fully explained, discussed, and provided technical assistance for all Program requirements listed above.

Signature – Sponsoring Organization Representative _____ Date _____

Signature – Provider(s) _____ Date _____

INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)

Follow these instructions if your household receives SNAP, TANF, or FDPIR benefits:

Part 1: List all enrolled children and household members.
Part 2: List the eligibility number for any household members (including adults) receiving SNAP, TANF, or FDPIR benefits. The SNAP or TANF number must be the 8 or 9-digit EDG# assigned by HHSC. **For Day Care Home Providers seeking Tier I classification only:** You must provide additional dated documentation supporting participation in these programs.

Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

Follow these instructions if you are a Day Care Home Provider or have a child enrolled at a Day Care Home Provider, *and* your child or a household member is enrolled in any of the federal or state qualifying Programs listed in Form H1660, *List of Eligible Federal/State Funded Programs*:

Part 1: List all enrolled children and household members.
Part 2: Skip this part.
Part 3: The sponsor should have provided Form H1660, *List of Eligible Federal/State Funded Programs* with this application. Provide the name of the qualifying Program from Form H1660 and list the eligibility number, if applicable. **In order to qualify a child without providing income information in Part 4**, you must additionally attach official evidence of the household's participation in the listed program.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

Follow these instructions If all children you are applying for are foster or homeless children, or if you are only applying for benefits for the foster or homeless child:

Part 1: List all foster or homeless children**.** Check the box indicating that the child is a foster or homeless child.
Part 2: Skip this part.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Adult household member must sign the form. The last four digits of the Social Security Number are not required.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

All other households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster or homeless child.
Part 2: Skip this part. See instructions above for households participating in SNAP, TANF, or FDPIR.

Part 3: Skip this part. See instructions above for households participating in a qualifying program listed in Form H1660.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub, or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Name of Child Care Facility or Day Care Home Provider:

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) OR A HOMELESS CHILD * IF ALL CHILDREN LISTED BELOW ARE FOSTER OR HOMELESS CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR benefits, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to Part 3.**

NAME:_____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home or day care home provider households) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660),* provide the name of the program and eligibility number:

NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

ADDITONALLY, PLEASE ATTACH OFFICIAL EVIDENCE OF ENROLLMENT IN THE LISTED PROGRAM. If you are not a day care home provider, do not have a child enrolled at a day care, and/or are not participating in a qualifying program, **skip to Part 4**.

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received** **Note:** Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly_____	$150/twice a month_	$100/monthly_____	$200/bi-monthly
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also 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 Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

Last four digits of Social Security Number: _* _* _* - _* _* - _ _ _ _ ❑ I do not have a Social Security Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐Asian ☐ American Indian or Alaska Native ☐White ☐ Native Hawaiian or Other Pacific Islander ☐Black or African American

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

☐ **I do elect to allow my household information to be disclosed.**

☐ **I do not elect to allow my household information to be disclosed.**

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I_____ Tier II____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date:_____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meal benefits. You must include the last four digits of the Social Security Number of the adult household member who signs the application; however, the Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR), or other qualifying program eligibility identifier, or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, 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: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

(2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

INSTRUCCIONES PARA LLENAR EL FORMULARIO DE CALIFICACIÓN POR INGRESOS PARA EL BENEFICIO DE COMIDAS DE CACFP (Cuidados para niños)

Siga estas instrucciones si su hogar recibe SNAP, TANF o FDPIR:

Parte 1: Indique todos los niños y los miembros del hogar que están inscritos.
Parte 2: Indique el número de elegibilidad de cualquier miembro del hogar (incluyendo adultos) que reciba beneficios SNAP, TANF, FDPIR, SSI o Medicaid. El número SNAP o TANF debe ser el #EDG de 9 o 8 dígitos que es asignado por HHSC.
Parte 3: Omita esta parte.
Parte 4: Omita esta parte.
Parte 5: Firme el formulario. Los cuatro últimos dígitos del Número del Seguro Social no son necesarios.
Parte 6: Responda esta pregunta si quiere.
Parte 7: Responda esta pregunta si quiere.

Si está presentando una solicitud en nombre de un NIÑO DE CRIANZA, siga estas instrucciones:

Si **todos** los niños para los que presenta la solicitud son niños de crianza, o si solamente está solicitando beneficios para el niño de crianza:

Parte 1: Indique todos los niños de crianza. Marque la casilla que indica que el niño es un niño de crianza.
Parte 2: Omita esta parte.
Parte 3: Omita esta parte.
Parte 4: Omita esta parte.
Parte 5: Firme el formulario. El Número de Seguro Social **no** es necesario.
Parte 6: Responda esta pregunta si quiere.
Parte 7: Responda esta pregunta si quiere.

Si algunos de los niños del hogar son niños de crianza.

Parte 1: Indique todos los niños y los miembros del hogar que están inscritos. Para las personas, incluyendo los niños, que no tienen ingresos, debe marcar la casilla que dice “No Ingresos”. Marque la casilla si el niño es un niño de crianza.
Parte 2: Si el hogar no tiene un número de elegibilidad favor de omitir esta parte.
Parte 3: Se aplica sólo a los padres/tutores de niños en Hogares de Guarderías de Nivel II. Los patrocinadores deben entregar la *Lista de Programas con Financiación Federal / Estatal que Califican* (H1660), junto con este formulario a los hogares que tienen niños inscritos en Hogares de Guarderías de Nivel II. Los padres/tutores pueden indicar el nombre del programa y el número según corresponda.
Parte 4: Siga estas instrucciones para notificar los ingresos totales del hogar de este mes o del último mes.
Columna A – Nombre: Indique sólo el primero y el último nombre de **cada** persona que viva en su hogar y que comparta ingresos y gastos, relacionados o no con ingresos (por ejemplo, abuelos, otros parientes o amigos que viven con usted). Inclúyase usted y a todos los niños que viven con usted. De ser necesario, adjunte otra hoja.
Columna B – Ingresos brutos y con cuánta frecuencia se recibieron: Por cada miembro del hogar, indique cada tipo de ingresos recibidos durante el mes. Debe informarnos con cuánta frecuencia se recibe el dinero: semanalmente, cada dos semanas, dos veces por mes, o mensualmente.
Casilla 1: Indique los **ingresos brutos**, no el salario neto. Los ingresos brutos son la cantidad obtenida antes de los impuestos y **otras deducciones**. **Puede encontrar esto en el talonario o su jefe puede decírselo.**
Casilla 2: Indique la cantidad que recibió cada persona durante el mes, por asistencia social, manutención de hijos, pensión alimenticia.
Casilla 3: Indique los beneficios de jubilación, Seguro Social, Ingresos Suplementarios del Seguro Social (SSI), beneficios para Veteranos (VA), beneficios por discapacidad.

Casilla 4: Indique TODAS LAS DEMÁS FUENTES DE INGRESOS incluyendo Indemnización de Trabajadores, desempleo, indemnización por huelga, aportes regulares de personas que no viven en su casa y cualquier otro ingreso. *SÓLO para los que trabajan por cuenta propia, indique ingresos después de gastos en la Casilla 1*. La Casilla 4 es para su empresa, hacienda o propiedad arrendada. No incluya los ingresos por beneficios de SNAP, TANF, FDPIR, WIC o federales para educación. Si está en la Iniciativa Militar de Privatización de la Vivienda o recibe un sueldo por combate, no incluya esa pensión de vivienda como ingresos.

Parte 5: El miembro adulto del hogar debe firmar el formulario e indicar los últimos cuatro dígitos del Número del Seguro Social o marcar la casilla si no tiene uno.

Parte 6: Responda esta pregunta si quiere.

Parte 7: Responda esta pregunta si quiere.

TODOS LOS DEMÁS HOGARES, incluyendo los hogares WIC, deben seguir estas instrucciones:

Parte 1: Indique todos los niños y los miembros del hogar que están inscritos. Para las personas, incluyendo los niños, que no tienen ingresos, debe marcar la casilla que dice “No Ingresos”.

Parte 2: Omita esta parte.

Parte 3: Omita esta parte.

Parte 4: Siga estas instrucciones para notificar los ingresos totales del hogar de este mes o del último mes.

Columna A – Nombre: Indique sólo el primero y el último nombre de **cada** persona que viva en su hogar y que comparta ingresos y gastos, relacionados o no con ingresos (por ejemplo, abuelos, otros parientes o amigos que viven con usted). Inclúyase usted y a todos los niños que viven con usted. De ser necesario, adjunte otra hoja.

Columna B – Ingresos brutos y con cuánta frecuencia se recibieron: Por cada miembro del hogar, indique cada tipo de ingresos recibidos durante el mes. Debe informarnos con cuánta frecuencia se recibe el dinero: semanalmente, cada dos semanas, dos veces por mes, o mensualmente.

Casilla 1: Indique los **ingresos brutos**, no el salario neto. Los ingresos brutos son la cantidad obtenida antes de los impuestos y otras deducciones. Puede encontrar esto en el talonario o su jefe puede decírselo.

Casilla 2: Indique la cantidad que recibió cada persona durante el mes, por asistencia social, manutención de hijos, pensión alimenticia.

Casilla 3: Indique los beneficios de jubilación, Seguro Social, Ingresos Suplementarios del Seguro Social (SSI), beneficios para Veteranos (VA), beneficios por discapacidad.

Casilla 4: Indique TODAS LAS DEMÁS FUENTES DE INGRESOS incluyendo Indemnización de Trabajadores, desempleo, indemnización por huelga, aportes regulares de personas que no viven en su casa y cualquier otro ingreso. *SÓLO para los que trabajan por cuenta propia, indique ingresos después de gastos en la Casilla 1*. La Casilla 4 es para su empresa, hacienda o propiedad arrendada. No incluya los ingresos por beneficios de SNAP, FDPIR, WIC o federales para educación. Si está en la Iniciativa Militar de Privatización de la Vivienda o recibe un sueldo por combate, no incluya esa pensión de vivienda como ingresos.

Parte 5: El miembro adulto del hogar debe firmar el formulario e indicar los últimos cuatro dígitos del Número del Seguro Social o marcar la casilla si no tiene uno.

Parte 6: Responda esta pregunta si quiere.

Parte 7: Responda esta pregunta si quiere.

Declaración del Acta de Privacidad Esto explica cómo utilizaremos la información que nos da.

Declaración de No Discriminación: Esto explica qué debe hacer si piensa que fue tratado injustamente.

FORMULARIO DE CALIFICACIÓN POR INGRESOS PARA EL BENEFICIO DE COMIDAS DE CACFP (Cuidado para niños)

Parte 1. Todos los miembros del hogar		
Nombre del niño(s) inscrito(s):		
Nombre de todos los miembros del hogar (Nombre, inicial de segundo nombre, apellido)	MARQUE SI ES UN HIJO DE CRIANZA (RESPONSABILIDAD LEGAL DE UNA AGENCIA DE ASISTENCIA SOCIAL O TRIBUNAL) * SI TODOS LOS NIÑOS QUE APARECEN ABAJO SON HIJOS DE CRIANZA, SÁLTESE A LA PARTE 5 Y FIRME ESTE FORMULARIO.	MARQUE SI NO HAY INGRESOS
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Parte 2. Beneficios: Si algún miembro de su hogar recibe SNAP, TANF, o FDPIR, proporcione el nombre y el número de elegibilidad de la persona que recibe los beneficios. **Si nadie recibe estos beneficios, vaya a la parte 3.**

NOMBRE: _____ NÚMERO DE ELEGIBILIDAD:_____

Parte 3. (Aplica solamente para padres/guardianes de niños inscritos en guarderías en hogar) Si algún miembro de su hogar recibe beneficios que se encuentren en la *Lista de Programas de asistencia Federales/Estatales (H1660),* proporcione el nombre del programa y el número de elegibilidad: NOMBRE:_____ NÚMERO DE ELEGIBILIDAD:_____

Marque aquí si no hay ningún número de elegibilidad ☐

Parte 4. Ingreso bruto total de su hogar – Usted debe decirnos cuánto es y la frecuencia en que lo recibe

	B. Ingreso bruto y frecuencia en que lo recibe SÓLO para los que trabajan por cuenta propia, indique ingresos después de gastos en la Casilla 1			
A. Nombre (Ponga **sólo** los miembros del hogar que tengan ingresos)	1. Ganancias del trabajo antes de deducciones	2. Asistencia pública, manutención de niños, pensión alimenticia	3. Pensiones, jubilación, Seguro Social, beneficios de SSI, VA	4. Todo ingreso adicional
(Ejemplo) *Jane Smith*	$200/semanales____	$150/dos veces por mes_	$100/mensuales____	$200/cada 2 meses
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Parte 5. Firma y los cuatro últimos dígitos del número de Seguro Social (Un adulto debe firmar)

Una persona adulta de este hogar debe firmar esta forma. **Si se llena la Parte 4, el adulto que firma la forma debe además anotar los cuatro últimos dígitos de su número de Seguro Social o marcar la cajilla que dice: "Yo no tengo número de Seguro Social".** (Vea la Declaración del Acta de Privacidad en la próxima página.)

Yo certifico que toda la información en esta forma es verdadera y se ha reportado todos los ingresos. Yo entiendo que el centro o casa de guardería recibirá fondos Federales a base de la información que yo presento. Yo entiendo que los funcionarios de CACFP puedan verificar la información. Yo entiendo que si doy información que sé que es falsa, las personas que reciben las comidas pueden perder esos beneficios, y yo podría ser procesado legalmente.

Firme aquí: _____ Nombre con letra de molde: _____

Fecha: _____

Dirección: _____ Número de teléfono: _____

Ciudad:_____ Estado: _____ Código Postal: _____

Cuatro últimos dígitos del Número del Seguro Social: * * * - * * - __ __ __ __ ❑ Yo no tengo Número de Seguro Social

Parte 6. Identidad étnica o racial del participante (opcional)

Anote una identidad étnica:	Anote una o más identidades raciales:
☐ hispano o latino ☐ No hispano ni latino	☐Asiático ☐ Indígena Norteamericano o Nativo de Alaska ☐Blanco ☐ Hawaiiano o de otra isla del Pacífico ☐ Negro o Africano-Americano

Parte 7. Compartir información con otros programas: OPTATIVO

La información de arriba sobre ingresos del hogar puede divulgarse con el fin de inscribir a los niños en el Programa de Seguro de Salud para Niños (CHIP). Los padres/tutores no están obligados a dar consentimiento respecto a dicha divulgación y el optar por no divulgar no afectará adversamente a los beneficios del niño.

☐ **Sí acepto que la información de mi familia sea divulgada.**

☐ **No acepto que la información de mi familia sea divulgada.**

No rellene esta parte. Esto es para uso oficial solamente.

Conversión de Ingresos Anuales: Semanal x 52, Cada 2 semanas x 26, Dos veces por Mes x 24, Mensual x 12

Ingresos totales: _____ Por: ❑ Semana, ❑ Cada 2 semanas, ❑ Dos veces por mes, ❑ Mes, ❑ Año Tamaño de la familia: _____

Calificación categórica: ___ Fecha retirado: _____ Calificación: Gratuita___ Reducida___ Negada___ Nivel I_____ Nivel II____

Motivo: _____

Firma del Funcionario que Decide: _____ Fecha: _____

Firma del Funcionario que Confirma: _____ Fecha: _____

Firma del Funcionario que hace el seguimiento: _____ Fecha:_____

Declaración del Acta de Privacidad

La Ley Nacional de Almuerzo Escolar Richard B. Russell exige la información que se pide en esta solicitud. Usted no está obligado a dar la información, pero si se niega a hacerlo, no podemos aprobar que el participante reciba comidas gratis o a un precio reducido. Usted debe incluir los cuatro últimos dígitos del número de Seguro Social de la persona adulta de su hogar quien firma la solicitud. El número del Seguro Social no es necesario cuando aplica como representante de un niño adoptivo o indica un número de elegibilidad de los siguientes programas: Programa de Asistencia de Nutrición Suplementaria (SNAP), Asistencia Temporal para Familias Necesitadas (TANF) o el programa de distribución de alimentos en reservaciones indígenas (FDPIR). El número de elegibilidad puede ser del participante u otro identificador (FDPIR) o cuando se indica que algún miembro adulto de la familia firme y no tenga un número del Seguro Social. Nosotros utilizaremos la información para determinar si el participante califica para recibir comidas gratis o de precio reducido, así como para la administración y el cumplimiento legal del programa.

Declaración de No Discriminación:

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; o

(3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

NON RESIDENTIAL CHILDREN.

Nutriservice Inc

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home. _____offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form.

1. Am I required to complete a Meal Benefit Income Eligibility Form in order for my child(ren) to receive CACFP Benefits? No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child. If you do complete the form, you have the option of returning it directly to your Provider or to the Provider's Sponsor, **Nutriservice Inc**. If you would like to provide your form directly to the sponsor, return the completed form to: **Nutriservice Inc.**

801B E I-30 HWY ROCKWALL TX 75087

___ Initial here if you consent to allowing _____ to collect your form and provide it to the Sponsor.
_____ will not review your form.

2. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.

3. Who qualifies for the higher reimbursement without providing income information? Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR), or any of the programs listed on the enclosed Form H1660, *List of Eligible Federal/State Funded Programs*. Children in households participating in WIC also may qualify for the higher reimbursement.

4. Who qualifies for the higher reimbursement based on income? Your provider may receive a higher reimbursement for the meals served to your children if your household income is equal to or less than the amount indicated for your household size listed on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for the higher reimbursement.

5. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the day care home.

6. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include any foster children living with you.

7. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

8. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

9. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver or sponsor and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

10. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability. If you have other questions or need help, call 972-772-3200

For Provider to qualify as Tier 1 by income & qualify to serve your own children.

Nutriservice Inc.

To qualify for Tier I reimbursement, or if you wish to receive reimbursement for meals served to your own children under the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP), you must complete, sign and return to us the enclosed Meal Benefit Income Eligibility Form.

1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home? You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data, or (b) establish economic need through the information provided on the enclosed Meal Benefit Income Eligibility Form.

2. Who determines my eligibility as a Tier I day care home? Our office will determine your eligibility status. We will use the information you provide on the Meal Benefit Form. Make sure you complete and sign the form; report all household income (not just your family day care home business income); and provide appropriate records of your income. **Return the completed form and other papers to: [at name, address, phone number].**

3. What kind of records should I submit with my Meal Benefit Form? If you operated a family day care home business last year, attach a copy of your most recent tax return, including Schedule C. If your recent tax return and Schedule C is no longer indicative of your income you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.

4. How do I get reimbursed for meals served to my own children? You are required by law to complete this form if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need, or you have already been classified as a Tier I home, you must complete this form. Our office may verify the income information you submit.

5. If I do not live in an area of economic need or don't want to submit the Meal Benefit Form, what are my options for reimbursement? You will receive lower rates of reimbursement for meals served to children enrolled in your family day care home.

6. Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** If your application is denied you have the right to appeal that decision and you will be given instructions for filing an appeal with your denial letter.

7. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you.

8. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, you will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

9. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens.

10. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals regardless of income, and providers will receive Tier I reimbursement for their meals. Providers wishing to apply for such benefits for foster children must provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their sponsor and do not need to complete a separate CACFP Meal Benefit Income Eligibility Form for the foster child/children. Providers may include foster children on the Meal Benefit Form for their household if including them helps them qualify for Tier I reimbursement, but are not required to include payments received for the foster child as income.

11. We are in the military. Do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.
If you have other questions or need help, call 972-772-3200

Sincerely,
Sharon Ray

July 2011

CIVIL RIGHTS COMPLIANCE
FOR FAMILY DAY CARE HOME PROVIDERS

Civil Rights regulations are intended to ensure that the benefits of the Child Nutrition Programs (CNP) are made available to all eligible persons. This includes:

1. In recruitment and enrollment procedures making every effort to allow equal participation by all eligible and potentially eligible participants regardless of race, color, national origin, sex, age, or disability.

2. Distributing and classifying the Applications for Free and Reduced-price Meals [*Application Statement of Household Size-Income For the Child and Adult Care Food Program (Child Care Component)]* in a way that is fair to all and does not discriminate based on race, color, national origin, age, sex, or disability.

3. Serving meals in a way that allows equal participation regardless of race, color, national origin, age, sex, or disability

Discriminatory practices

Discrimination is when an individual or a group of individuals are:

- denied a benefit or service that others receive,
- delayed receiving a benefit or service that others receive, or
- treated differently than others

When individuals or groups of individuals in a protected class (race, color, national origin, age, sex or disability) feel they have experienced discrimination based on one or more of the protected classes, the complainants should report the alleged incident(s).

Examples of discriminatory practices include:

- refusing the enrollment of an eligible child based on his/her disability;
- failing to provide participants with disabilities reasonable accommodations to receive benefits;
- serving meals at a place, time, or in a manner that discriminates based on race, color, national origin, sex, age, or disability;
- selectively distributing *Application Statement of Household Size-Income For the Child and Adult Care Food Program (Child Care Component)* to only some households (For example, distributing *Application Statement of Household Size-Income for the Child and Adult Care Food Program (Child Care Component)* only to those households the Sponsor thinks will qualify for free or reduced-price eligibility) ; and
- failing to apply the same eligibility criteria to all provider participants.

Obligation to Offer Infant Meals in the CACFP or CNP

All childcare providers participating in the Child and Adult Care Food Program (CACFP) must offer meals to all children enrolled for care in their facilities, including infants. A provider may not avoid this obligation by stating that the infants are not "enrolled" in the CACFP, or by citing a logistical or cost barrier to offering infant meals. When an infant is in care during the meal service period, the childcare provider must offer the infant meals that comply with program requirements. The provider will be able to claim the meal if the provider supplies at least one component of the meal.

"Building for the Future" Poster

All providers must inform parents or guardians about the program and its benefits when the children enroll in the child care home. The "Building for the Future" flier serves as the parent notification document.

Collecting and Reporting Racial/Ethnic Data

Collecting racial and ethnic data is required as part of the annual renewal process. All racial/ethnic data is confidential and must be stored in a way that protects each participant's privacy.

Civil Rights Complaints

All written or verbal complaints alleging discrimination on the basis of race, color, national origin, sex, age, or disability shall be processed within 90 days of receipt. The Director, Office of Civil Rights (OCR), under the Secretary of Agriculture, is responsible for the handling of complaints.

Non-Discrimination Statement

When the CACFP or USDA is mentioned or implied on materials directed to parents, potential participants, or public groups, the non-discrimination statement must be included on the materials. Information that is that mentions the CACFP or USDA meals must include the non-discrimination statement.

Examples of informational materials that require this statement include:

- your child care policies;
- newsletters that are given to child care families if they reference or imply the CACFP;
- brochures used to advertise your child care if they reference or imply the CACFP;
- flyers posted to advertise your child care if they reference or imply the CACFP; and
- any printed or on line advertising that references or implies the CACFP.

USDA Non-Discrimination Statement

The authorized statements read as follows:

"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 USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

If the material is too small to permit the full statement, the following statement may be used in a print size no smaller than the text used in the material.

"This institution is an equal opportunity provider."

name:

DOB:

Address:

City,state,zip

phone:

License:

County:

Dear Nutriservice Provider,

We are so glad you have chosen Nutriservice as your CACFP Sponsor! To bring you up to speed, here are some important tips for you.

- Our website is www.nutriservice.org and has all our free training and newsletters on it. Please log in and create your user name and password for access.
- Our newsletters have updated training announcements every month, and you are invited to attend all trainings posted in the newsletter.
- If you are transferring from another sponsor, be sure to call Minute Menu/Kidkare if you use the accounting feature that Kidkare offers you will need to let them know to switch your accounting over to Nutriservice: Minute Menu 972-671-5211 or email them at Support@kidkare.com
- Child Enrollment: We need a copy of your signed enrollment forms for each child: fax 972-972-203-9429 or email them to homes@nutriservice.org (Kidkare will print these)
- Our newsletters always state the expected pay date for everyone in general. If you are able to use Kidkare for your claims and can access the website to receive newsletters (instead of in the mail), we upgrade your payment status: you can be a Pronto Provider and receive direct deposits a few days earlier than those providers who don't use the technology.
- To upgrade to Pronto status, just email me at homes@nutriservice.org

I hope you will feel free to call us or email us with any questions you have.

Sincerely,

Linda DeLaGarza,
VP Of Operations

801B E I-30, Rockwall, TX 75087
972-772-3200 office 972-203-9429 fax