

Child Care Center Handbook

801 E. Interstate 30 #B
Rockwall, Tx 75087-5506
Office 972-772-3200
Fax 866-380-5488
email (all forms)
centers@nutriservice.org

We are glad you have chosen Nutriservice to help you with the CACFP!

Below is a list of all forms/information we need each month, and the final deadline to have each form to our office. Our fax operates 24/7.

www.centerpilot.com

your log in url:
hanger4.centerpilot.net/centerpilot

FORM NAME	Due Date for Claims Processing	
MENU – MEAL PRODUCTION RECORD	4TH day of the month	
MEAL COUNTS	4TH day of the month	
ENROLLMENT FORM Send these as you get them	4TH day of the month	
MEAL BENEFITS FORM	4TH day of the month	
RECEIPTS LOG	4TH day of the month	

If you miss these important deadlines, it may delay your claim, reduce your claim amount, or cause a non-payment for some or all of your claim. If we don't receive your complete claim by the 6th, your claim will be processed the following month. Of course, if you are having unexpected circumstances, please call us and we will help you in any way we can.

Fax forms to 866-380-5488 **Email forms** to centers@nutriservice.org

Email contacts: sharon@nutriservice.org, jeanne@nutriservice.org,

diane@nutriservice.org linda@nutriservice.org lisa@nutriservice.org

HOW DO I PARTICPATE ON THE CACFP?

1. You will enroll students on the Program using our online Web Service: Centerpilot.com **hanger4.centerpilot.net/centerpilot**
2. Each student has two forms to complete and submit by fax or email.
3. You will maintain a record of what you served (meal production) and to whom you served it (meal attendance report) These two records are meal service records.
4. You will receive reimbursement that is always RATE X MEALS. For example, you serve about 100 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 have to spend all the CACFP income on food and related meal service expenses. To document this, you will be required to submit all of your Food Program related expenses every month on a receipts log. You will total your CACFP related expenses so we can be sure you are operating a non-profit food service.
6. You will submit your claim records by the 4th of every month.
7. We will check your enrollment records, your meal service records and your receipts records each month.
8. We will file your claim and deduct an administrative fee of 15%. Your payment will be direct deposited the day we receive payment.
9. We will visit your center at least 3 times each year to check compliance.
10. We will train your staff every year at no charge.
11. 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 and your staff. We encourage your phone calls, your questions, and your feedback.



NutriService
30 Years Serving Texas Children

NutriService
25 Years Serving Texas Children

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: Whole, 2%, 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 service in place of formula from birth through 11 months. For some breastfed infants who consume less than the minimum amout of breastmi k per feeding, a serving of less than the minimum amount of breastmi k 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.

NutriService
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Email: centers@nutriservice.org

REQUIRED FORM - MUST BE POSTED IN KITCHEN

NON-INFANT MEAL PRODUCTION REPORT

Alt. Form 1530

SPONSOR
NUTRISERVICE INC.

FACILITY
A CHILDCARE TESTER

AGREEMENT NO.
1628472

						PLANNED/ACTUAL PARTICIPATION						
						PROGRAM MEALS						
DATE	MEAL	FOOD TYPE	MENU ITEM	ITEM UNIT	QUANTITY SERVED	AGE:1	AGE:2	AGE:3-5	AGE:6-12	AGE:13-18	ADULTS	SUBSTITUTION OR AMT SERVED
11/15/2018	BK	VEGE	APPLES, FRESH	POUND	4.50	[10 / 0]	[10 / 0]	[10 / 0]	[10 / 0]	[0 / 0]	[0 / 0]	
		GRAIN	AWG BREAD1, 100% WHOLE GRAIN	16 SL/24 OZ (1 SL = 1.5 OZ)	1.50	[10 / 0]	[10 / 0]	[10 / 0]	[10 / 0]	[0 / 0]	[0 / 0]	
		MILK	MILK, 1% GALLON	GALLON	1.50		[10 / 0]	[10 / 0]	[10 / 0]	[0 / 0]	[0 / 0]	
		MILK	MILK, WHOLE, GALLON	GALLON	0.50	[10 / 0]						
	LU	MEAT	HAM, SLICED 32 OZ PKG	2 LB PACKAGE	1.00	[10 / 9]	[5 / 3]	[7 / 2]	[0 / 1]	[0 / 0]	[0 / 0]	
		VEGE	CELERY, FRESH	POUND	2.00	[10 / 9]	[5 / 3]	[7 / 2]	[0 / 1]	[0 / 0]	[0 / 0]	
		VEGE	FRUIT, MIXED, CANNED	NO. 2-1/2 CAN (29 OZ)	1.50	[10 / 9]	[5 / 3]	[7 / 2]	[0 / 1]	[0 / 0]	[0 / 0]	
		GRAIN	BREAD2, GREAT VALUE SPLIT TOP WHEAT	22 SL/20 OZ (1 SL = .9 OZ)	1.00	[10 / 9]	[5 / 3]	[7 / 2]	[0 / 1]	[0 / 0]	[0 / 0]	
		MILK	MILK, 1% GALLON	GALLON	0.50		[5 / 3]	[7 / 2]	[0 / 1]	[0 / 0]	[0 / 0]	
		MILK	MILK, WHOLE, GALLON	GALLON	0.50	[10 / 9]						SOY MILK:0.03
	PM	MEAT	YOGURT TUBE (GOGURT) 1 EA	2.25 OZ TUBE	44.50	[10 / 0]	[10 / 0]	[10 / 0]	[10 / 0]	[0 / 0]	[0 / 0]	
		GRAIN	CRACKERS, GRAHAM, KEEBLER, HONEY	16 OZ BOX	2.00	[10 / 0]	[10 / 0]	[10 / 0]	[10 / 0]	[0 / 0]	[0 / 0]	

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REQUIRED FORM - MUST BE POSTED IN KITCHEN

INFANT MEAL PRODUCTION REPORT

Alt. Form 1530

SPONSOR
NUTRISERVICE INC.

FACILITY

AGREEMENT NO.
1674010

						PROGRAM MEALS		
DATE	**MEAL**	**FOOD TYPE**	**MENU ITEM**	**ITEM UNIT**	**QUANTITY SERVED**	**AGE: 0-5 MTHS**	**AGE: 6-11 MTHS**	**SUBSTITUTION OR AMT SERVED**
10/1/2018	BK	INF FORMULA	INFANT FORMULA IRON FORTIFIED OR BREAST MILK	OUNCES	10.00	[1 / 1]	[1 / 1]	
	LU	INF FORMULA	INFANT FORMULA IRON FORTIFIED OR BREAST MILK	OUNCES	10.00	[1 / 1]	[1 / 1]	
	PM	INF FORMULA	INFANT FORMULA IRON FORTIFIED OR BREAST MILK	OUNCES	6.00	[1 / 1]	[1 / 1]	

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ALLOWABLE MEALS:

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

- children 12 and older may be served adult size portions but must be served at least the minimum amount for children age 6 to 12;
- "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 one vegetable and another fruit or vegetable..
- 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:
  - 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.

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:
  - meal service and the beginning of a snack;
  - snack and the beginning of a meal service; and
  - snack and the beginning of another snack.

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

- the duration of a meal service must not exceed two hours;
- the duration of a supplement 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.

Outside-school-hours care centers may claim lunches served to children

- attending schools without lunch programs; and
- on weekends, school holidays, or school vacations.
- A meal service cannot begin any later than 30 minutes before the licensed closing t em
- Centers 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 Center 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 Patt ern:

• 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 addi onal ingredients, such as cornstarch and, in some cases, lemon juice concentrate.

Meat/Meat Alternates for Infants (continued)

Commercial foods and baby foods that are NOT reimbursable:

- Commercial baby food "combination dinners" because the actual amount of various food components in the dinners is difficult to determine.
- Meat sticks or "finger sticks" (which look like miniature hot dogs) because they could present a choking risk in infants and, by the manufacturer's declaration, they are designed to match the skills of children over 12 months of age.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products,
- canned fish with bones, hot dogs, and sausages, because these foods are not designed by their manufacturers for consumption by infants (less than 12 months of age). Also, 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, because these foods can cause an infant to choke and can cause allergic reactions in some infants

Bread and Crackers, and Infant Cereals

Bread and cracker-type products that are reimbursable:

The following foods, which must be made from whole-grain or enriched meal or flour, are reimbursable in the bread and crackers categories of the Infant Meal Pattern:

Bread:

- Breads (white, wheat, whole wheat, French, Italian, and similar breads, all without nuts,
- seeds, or hard pieces of whole-grain kernels)
- Biscuits
- Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels)
- English muffins
- Pita bread (white, wheat, whole wheat)
- Rolls (white, wheat, whole wheat, potato, all without nuts, seeds or hard pieces of wholegrain
- kernels)
- Soft tortillas (wheat or corn)

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



Centers may serve meals:

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

In either type of meal service, the center 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

Your center is eligible to 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)

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 facility;
- served to children who meet CACFP age requirements; and
- supplied by the center
- served as a meal type, e.g. breakfast and lunch, and at a time that we have approved;
- served at a center that we have approved for participation in the CACFP;
- prepared by a source (self-prep or vended) that we have approved.
- If a child is in attendance at all meals, mark them at the point of service and submit all meals to Nutriservice. We will deduct the meals in excess of the maximum to prevent an overclaim.
- Served in a for-profit center in any month in which the center receives Title XX benefits for at least 25% of its enrolled children or licensed capacity (whichever is less), or at least 25% of the enrolled children or licensed capacity (whichever is less) are eligible for free or reduced-price meals; and
- Counted at the point of service (where it is observed that the child receives a reimbursable meal).



- 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 at the point of service
- For which you do not have documentation ON SITE.

At-Risk Meal Service Schedule Requirements

At Risk Afterschool Care Centers may claim snacks and meals served to children on school days, weekends, and school holidays during a school's regular session.

Eligible meals include breakfast, lunch and supper. The following requirements apply:

- Breakfast meals may only be claimed during **school holidays or weekends during the school year**. Breakfast meal service may be no more than two hours in duration;
- Lunch meals may only be claimed during **school holidays or weekends during the school year,** except that lunch meals may be claimed for those children who only attend school half-day, such as pre-school. Lunch meal service may be no more than two hours in duration;
- Supper meals may be claimed while school is in session, during school holidays and weekends during the school year and must begin no earlier than the end of the normal school day. Supper meal service may be no more than two hours in duration.
- Snack service may be no more than one hour in duration and must begin no earlier than the end of the normal school day and two hours must elapse between the beginning of a meal service and the beginning of a snack service.
- Snack/meal counts must be taken at the point of service. The point of service is where you observe that a creditable snack/meal is served to a program participant.

Emergency shelters may claim meals served to children on weekdays and weekends

NOTES:

- Supper and snack meal service times on the weekend do not have to be the same as the meal service times during the week
- Snack meal service does not have to occur prior to supper meal service
- It is possible to be approved to serve two snacks (as opposed to one snack and one meal) with TDA approval – requests must be made in writing and include a justification.

- The AT RISK Meal Service must be located in an area where 50% or more of children attending the area school are categorized as eligible for benefits, i.e. free lunch.
- The AT RISK Meal Service must provide an enrichment or educational component in addition to the meal service.
- The AT RISK Meal Service needs no enrollment documentation, but a daily meal attendance (at the point of service) and activity roster is required.
- The AT RISK Meal Service can be offered to children up to the age of 18.
- The AT RISK Meal Service is paid at the “free” rate.

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, 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 in Centerpilot, don't serve it until you 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 facility. 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 center 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.

Other foods, like milk, may be donated to the center and used in the meal service, but must be documented on the donated foods form.

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

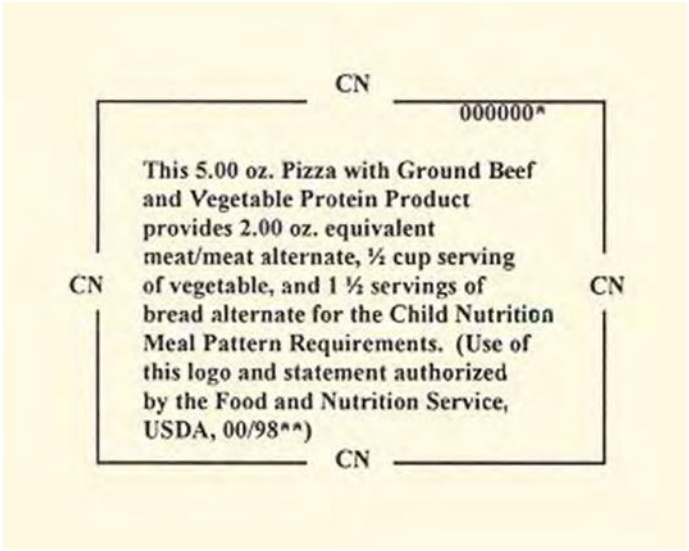
A Child Nutrition Label is necessary when you are serving a COMBINATION food. This means any food that is composed of more than 1 food group. For example,

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 Daycare Centers, you are responsible for:

Reimbursable meals;

a. Meet the guidelines for components and for serving times.
(At this point, you should have an understanding of what makes an eligible meal)

Operating a nonprofit food service

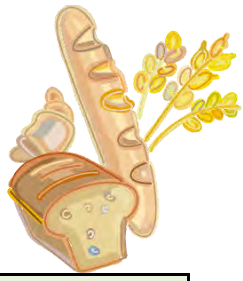
a. **you are spending all the program income on Food related costs and are submitting your receipts, invoices, and wages for CACFP activities to prove this.**
b. **Keep all of your food receipts and documentation of food purchases.**
c. **Submit all your copies of receipts, invoices and wages expense reports by the 4th.**
d. **Remember you are receiving a rate per meal, and are documenting how you are spending every dollar on an allowable, food service related cost. There are 3 main categories: Food, Supplies for the food service, Wages paid to operate the food service part of the child care.**

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 facility.**
b. **The meals you are claiming have been recorded as required: meal production records daily and attendance taken at the point of service.**
c. **The expense you are claiming can be documented with your receipts and invoices.**

Centers 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 centers' 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.

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, squares	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

USDA Food and Nutrition Service
U.S. DEPARTMENT OF AGRICULTURE

Identifying Whole Grain-Rich Foods for the Child and Adult Care Food Program Using the Ingredient List

The **ingredient list** is printed on the food packaging of products. This list includes information on flours, grains, and other ingredients that are in the product. On the ingredient list, the ingredients are listed in order of quantity. If a whole grain is listed first, you know there is more of that whole grain than anything else in the food.

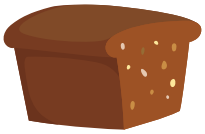
In the United States Department of Agriculture's Child and Adult Care Food Program (CACFP), you can identify grains that are whole grain-rich by looking at the first three **grain** ingredients that appear on the ingredient list. This method is known as the *Rule of Three*. If the ingredient list does not include three grain ingredients, you only have to look at the grain ingredients that are present. Some whole grain-rich foods may have only one grain ingredient.

In the CACFP, at least one offering of grains per day must be whole grain-rich for children and adults.*

Step-by-Step Guide To Identifying Whole Grain-Rich Foods Using the *Rule of Three*

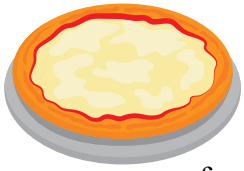


STEP 1 Find the ingredient list



This ingredient list is for **bread**. In this example, you would look at the full ingredient list to determine if the bread is whole grain-rich.

INGREDIENTS: Whole-wheat flour, water, yeast, brown sugar, wheat gluten, contains 2% or less of each of the following: salt, dough conditioners, soybean oil, vinegar, cultured wheat flour, citric acid.



The ingredient list shown here is for a frozen **cheese pizza**. Because pizza is a combination food, the ingredients for all the foods within the cheese pizza, such as the crust, cheese, and sauce, are listed within one ingredient list. In this example, you would look at the ingredients for the crust, to determine if the grain component of this food is whole grain-rich.

INGREDIENTS: Crust: Whole-wheat flour, enriched wheat flour (bleached wheat flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), wheat bran, water, soybean oil, dextrose, baking powder, yeast, salt, dough conditioners, wheat gluten, contains less than 2% of each of the following: vegetable shortening, sesame flour, preservatives. **Shredded mozzarella cheese:** Pasteurized part skim milk, cheese cultures, salt, enzymes. **Sauce:** Water, tomato paste, pizza seasoning, modified food starch.

**During the COVID-19 public health emergency, some State agencies may have opted into School Year 2021-2022 meal pattern waivers. Additional information on these waivers is available at: fns.usda.gov/disaster/pandemic/cn-2021-22-waivers-and-flexibilities.*

FNS-655 Slightly Revised October 2021

STEP 2 Simplify the ingredient list

Look at the "Disregarded Ingredients" list below. Do not consider these ingredients. Some sound like grains, so it can be helpful to cross them out at the beginning.

Disregarded Ingredients:

- Cellulose fiber
- Corn dextrin
- Corn starch
- Modified food starch
- Rice starch
- Tapioca starch
- Water
- Wheat dextrin
- Wheat gluten
- Wheat starch
- Any ingredients that appear after the phrase, "Contains 2% or less of…" or "Contains less than 2% of..."

INGREDIENTS: Crust: Whole-wheat flour, enriched wheat flour (bleached wheat flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), wheat bran, ~~water~~, soybean oil, dextrose, baking powder, yeast, salt, dough conditioners, ~~wheat gluten, contains less than 2% of each of the following: vegetable shortening, sesame flour, preservatives~~.

▲ *This ingredient list shows some ingredients that can be crossed out to simplify the list.*

STEP 3 Look at the first ingredient

If you have a combination food, like a pizza, look at the part of the ingredient list that refers to the grain product. For this food, the grain product is the pizza crust.

Is the first ingredient a whole-grain ingredient?

INGREDIENTS: Crust: Whole-wheat flour, enriched wheat flour (bleached wheat flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), wheat bran, ~~water~~, soybean oil, dextrose, baking powder, yeast, salt, dough conditioners, ~~wheat gluten, contains less than 2% of each of the following: vegetable shortening, sesame flour, preservatives~~.

▲ *The first grain ingredient is "**whole-wheat flour**," which is a **whole-grain ingredient**.*

YES ✓ If the first ingredient is whole-grain and the food is not a ready-to-eat breakfast cereal, **go to Step 4 on page 3**.

YES ✓ If the first ingredient is whole-grain and the food is a ready-to-eat breakfast cereal, **see "Identifying Whole Grain-Rich Breakfast Cereals in the CACFP" on page 7**.

NO ✗ If the first ingredient is not a whole-grain ingredient, then this food is not creditable as a whole grain-rich food in the CACFP using the *Rule of Three*.*

NO ✗ It is possible that the food includes several whole-grain ingredients. When added together, these grains may meet the whole grain-rich requirement. In this case, you would need to request additional information from the manufacturer.



*See the **Whole-Grain Ingredients** chart on page 5 for some common whole grains. Make sure the first grain ingredient is not listed on the **Enriched Grain Ingredients**, **Bran or Germ Ingredients**, or **Non-Creditable Grains or Flours** charts on page 6.*

This food might be creditable as a grain that is not being served as a whole grain-rich food. See the Food Buying Guide for Child Nutrition Programs (https://foodbuyingguide.fns.usda.gov**) for information on how to determine if an enriched grain is creditable towards the grain component in the CACFP.*

STEP 4 Look for the second grain ingredient

Does the food have another grain ingredient?

NO ✗ If the food does not have any other grain ingredients, you can **stop here**. The food is whole grain-rich!

YES ✓ **If so, is the second grain ingredient whole-grain, enriched, or bran or germ?** *Make sure the second grain ingredient is not listed on the "**Non-Creditable Grains or Flours**" chart.*

YES ✓ If the second grain ingredient is whole-grain, enriched, or bran or germ, **go to Step 5 below**.

NO ✗ If the second grain ingredient is **not** whole-grain, enriched, or bran or germ, then this food is not creditable as a whole grain-rich food in the CACFP using the *Rule of Three*.*

INGREDIENTS: Crust: Whole-wheat flour, enriched wheat flour (bleached wheat flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), wheat bran, ~~water~~, soybean oil, dextrose, baking powder, yeast, salt, dough conditioners, ~~wheat gluten, contains less than 2% of each of the following: vegetable shortening, sesame flour, preservatives~~.

▲ *The second grain ingredient is "**enriched wheat flour**," which is an **enriched grain ingredient**. For information on flour made from more than one grain ingredient, see "Focus on Flour Blends" on page 4.*

STEP 5 Look for the third grain ingredient

Does the food have a third grain ingredient?

NO ✗ If the food does not have any other grain ingredients, you can **stop here**. The food is whole grain-rich!

YES ✓ **If so, is the third grain ingredient whole-grain, enriched, or bran or germ?** *Make sure the third grain ingredient is not listed on the "**Non-Creditable Grains or Flours**" chart.*

YES ✓ If the third grain ingredient is whole-grain, enriched, or bran or germ, then this food is whole grain-rich! If your product has other grain ingredients, such as a fourth grain ingredient, you do not need to consider them.

NO ✗ If the third grain ingredient is not whole-grain, enriched, bran, or germ, then this food is not creditable as a whole grain-rich food in the CACFP using the *Rule of Three*.*

INGREDIENTS: Crust: Whole-wheat flour, enriched wheat flour (bleached wheat flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), **wheat bran,** ~~water~~, soybean oil, dextrose, baking powder, yeast, salt, dough conditioners, ~~wheat gluten, contains less than 2% of each of the following: vegetable shortening, sesame flour, preservatives~~.

▲ *The third grain ingredient is "**wheat bran**," which is a type of bran.*

✓ *This pizza crust is considered whole grain-rich because the first ingredient is **whole-grain**, the second grain ingredient is **enriched**, and the third ingredient is a type of **bran**.*

More training, menu planning, and nutrition education materials for the CACFP can be found at **TeamNutrition.USDA.gov**.

Focus on Flour Blends

You may see an ingredient list that includes a flour blend as an ingredient. The flour blend will be followed by a list of sub-ingredients that make up the flour blend. These sub-ingredients are shown in parenthesis. Treat these flour blends as one grain ingredient when applying the *Rule of Three*.

INGREDIENTS: **Whole grain flour** (whole-wheat flour, brown rice flour, whole grain oat flour), water, **flour blend** (graham flour, enriched wheat flour, enriched corn flour, wheat bran), yeast, salt.

▲ *This is an ingredient list for bread. This bread includes two flour blends: whole grain flour and a flour blend.*

The list of sub-ingredients in parenthesis tells you what grains are in the whole grain flour and the flour blend.

Find the first ingredient on the ingredient list.

INGREDIENTS: **Whole grain flour** (whole-wheat flour, brown rice flour, whole grain oat flour), water, flour blend (graham flour, enriched wheat flour, enriched corn flour, wheat bran), yeast, salt.

▲ *The whole grain flour is the first ingredient on this ingredient list.*

If the first ingredient is a flour blend, all the ingredients in the flour blend must be whole-grain.

You can now proceed with examining the second and third grain ingredients as described on pages 2 and 3.

INGREDIENTS: Whole grain flour **(whole-wheat flour, brown rice flour, whole grain oat flour),** water, flour blend (graham flour, enriched wheat flour, enriched corn flour, wheat bran), yeast, salt.

▲ *The ingredients in the whole grain flour are whole-wheat flour, brown rice flour, and whole grain oat flour.*

All the ingredients in the whole grain flour are whole-grain, so the whole grain flour is considered whole grain-rich.

If the flour blend is the second or third grain ingredient, then the flour blend may be made up of whole grains, enriched grains, bran, and/or germ.

INGREDIENTS: Whole grain flour (whole-wheat flour, brown rice flour, whole grain oat flour), water, **flour blend** (graham flour, enriched wheat flour, enriched corn flour, wheat bran), yeast, salt.

▲ *The second grain ingredient in this bread is the flour blend.*

INGREDIENTS: Whole grain flour (whole-wheat flour, brown rice flour, whole grain oat flour), water, flour blend **(graham flour, enriched wheat flour, enriched corn flour, wheat bran),** yeast, salt.

▲ *The flour blend contains whole-grain ingredients (graham flour), enriched ingredients (enriched wheat flour, enriched corn flour) and bran (wheat bran).*

This bread does not have a third grain ingredient.

✓ *This bread is considered whole grain-rich because the first ingredient is whole-grain and the second grain ingredient is made from whole-grain, enriched, and bran ingredients.*



If the flour blend includes any non-creditable flours or grains, then the flour blend is not a creditable grain ingredient.

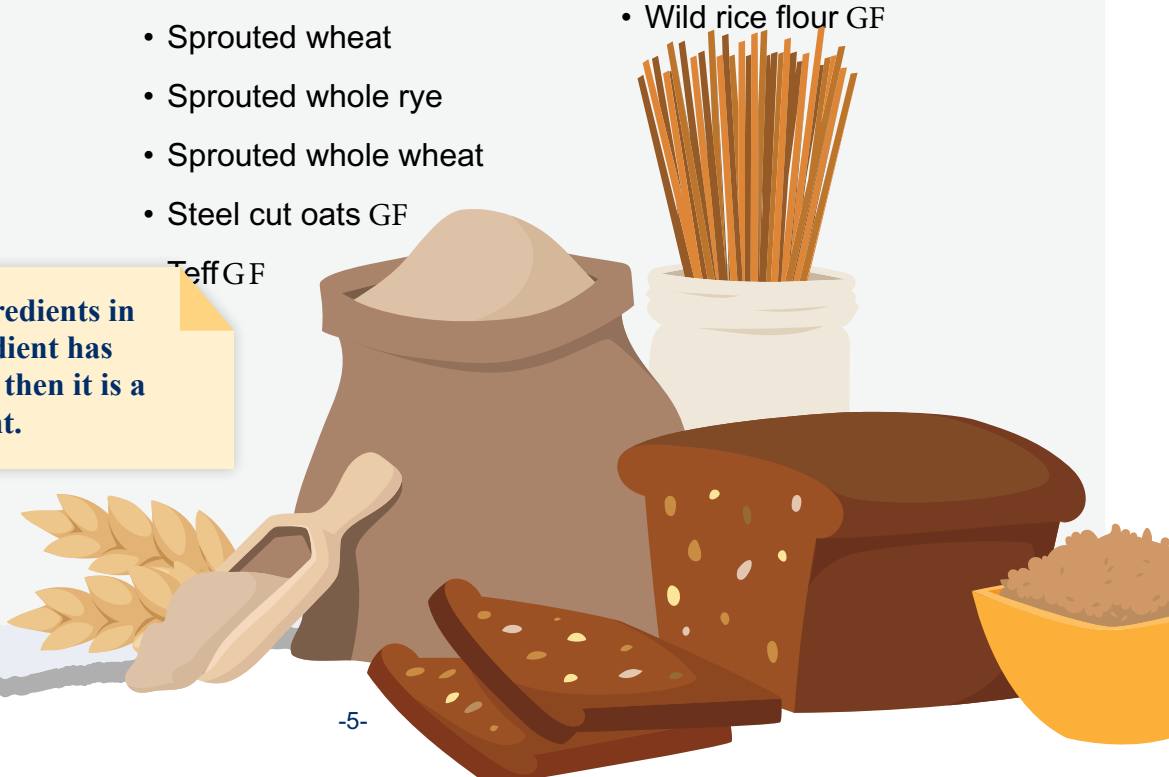
INGREDIENTS: Flour blend (durum flour, bromated flour, brown rice flour), water, salt.

✗ *This flour blend includes two non-creditable flours (durum flour and bromated flour), so the flour blend is not a creditable grain ingredient.*

Whole-Grain Ingredients

- Amaranth GF
- Amaranth flour GF
- Brown rice GF
- Brown rice flour GF
- Buckwheat GF
- Buckwheat flour GF
- Buckwheat groats GF
- Bulgur
- Corn masa GF
- Corn treated with lime GF
- Cracked wheat
- Crushed wheat
- Dehulled barley
- Dehulled-barley flour
- Entire wheat flour
- Flaked rye
- Flaked wheat
- Graham flour
- Hominy GF
- Hominy grits GF
- Instant oatmeal GF
- Masa harina
- Millet
- Millet flour GF
- Nixtamalized corn flour/meal GF
- Oat groats GF
- Oats/oatmeal GF
- Old fashioned oats GF
- Popcorn GF
- Quick cooking oats GF
- Quinoa GF
- Rye berries
- Rye groats
- Sorghum GF
- Sorghum flour GF
- Spelt berries
- Sprouted brown rice GF
- Sprouted buckwheat GF
- Sprouted einkorn
- Sprouted spelt
- Sprouted wheat
- Sprouted whole rye
- Sprouted whole wheat
- Steel cut oats GF
- Teff GF
- Teff flour GF
- Triticale
- Triticale flour
- Wheat berries
- Wheat groats
- White whole wheat flour
- Whole corn GF
- Whole durum flour
- Whole grain corn GF
- Whole grain corn flour GF
- Whole grain oat flour
- Whole grain spelt flour
- Whole grain wheat
- Whole grain wheat flakes
- Whole grain wheat flour
- Whole rye flour
- Whole wheat flour
- Wild rice GF
- Wild rice flour GF

In addition to the ingredients in this chart, if an ingredient has "whole" in front of it, then it is a whole-grain ingredient.



Enriched Grain Ingredients

- Enriched bromated flour
- Enriched corn flour
- Enriched durum flour
- Enriched durum wheat flour
- Enriched farina
- Enriched grits
- Enriched rice
- Enriched rice flour
- Enriched rye flour
- Enriched wheat flour
- Enriched white flour
- Other grains with the word "enriched" in front of it.



In addition to the ingredients listed above, if the ingredient list states or includes the nutrients used to enrich the flour, then your product has enriched grains. For example, an ingredient list might read: "Durum flour (niacin, iron, riboflavin, folic acid, thiamin)." The nutrients listed in the parenthesis indicate that the durum flour is enriched.

Bran or Germ Ingredients

- Corn bran
- Oat bran
- Rice bran
- Rye bran
- Wheat bran
- Wheat germ

Non-Creditable Grains or Flours

These foods cannot be one of the first three ingredients for whole grain-rich items.

- Barley malt
- Bean or legume flour (such as soy, chickpea, lentil, etc.)
- Bromated flour
- Corn
- Corn fiber
- Degermed corn
- Degerminated corn meal
- Durum flour
- Farina
- Grits
- Malted barley flour
- Nut or seed flour (any kind)
- Oat fiber
- Potato flour
- Rice flour
- Semolina
- Stone ground corn
- Tapioca flour
- Vegetable flour (any kind)
- Wheat flour
- White flour
- Yellow corn flour
- Yellow corn meal

Identifying Whole Grain-Rich Breakfast Cereals in the CACFP



For ready-to-eat breakfast cereals only, if the first ingredient is whole-grain, and the cereal is fortified, then the cereal is whole grain-rich in the CACFP.

Remember to check that the cereal also meets the CACFP sugar limit. For more information on sugar limits for cereal, see "Choose Breakfast Cereals That Are Lower in Sugar" at https://www.fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp.

To determine if a ready-to-eat cereal is whole grain-rich:

STEP 1 Look at the first ingredient

Is the first ingredient a whole-grain ingredient?

YES ✓ If the first ingredient is whole-grain, **go to Step 2**.

NO ✗ If the first ingredient is not a whole grain, then this food is not creditable as a whole-grain-rich food in the CACFP using the *Rule of Three*.*

Example 1

INGREDIENTS: Whole grain oat flour[1], corn flour, sugar, salt, tripotassium phosphate, vitamin E. **Vitamins and Minerals[2]:** calcium carbonate, iron and zinc, vitamin C, vitamin B6, vitamin A, vitamin B12.

▲ 1. *The first ingredient is "**whole grain oat flour**," which is a **whole-grain ingredient**.*

2. *The presence of "**Vitamins and Minerals**" on the ingredient list indicates that this cereal is fortified.*

✓ *This breakfast cereal is whole grain-rich because the first ingredient is **whole-grain** and the cereal is **fortified**.*

STEP 2 Look for fortification

Is the cereal fortified?

Look for the words "fortified" on the food package. You can also look at the ingredient list to see if it lists any vitamins and minerals that have been added to the product. Cereals that are not fortified would not have any added vitamins and minerals.

YES ✓ If the cereal is fortified, then this food is whole grain-rich! If your cereal has other grain ingredients, you do not need to consider them. See **Example 1**.

NO ✗ If the cereal has a whole grain as the first ingredient, but is not fortified, then follow the *Rule of Three* instructions on pages 1-3 to look at the second and third grain ingredients. See **Example 2**.

Example 2

INGREDIENTS: Whole grain wheat[1], wheat bran[3], raisins, oat fiber[4], sea salt.

▲ 1. *The first ingredient is "**whole grain wheat**," which is a **whole-grain ingredient**.*

2. *This food is not fortified. There are no vitamins and minerals on the ingredient list. Look at the second and third grain ingredients to see if the cereal is whole grain-rich.*

3. *The second grain ingredient is **wheat bran**, which is a type of **bran**.*

4. *The third grain ingredient is **oat fiber**, which is a **non-creditable ingredient**.*

✗ *This breakfast cereal is not whole grain-rich using the Rule of Three because the third grain ingredient is a non-creditable ingredient.*

Try It Out!

Look at the ingredient lists for the grain items below. Use the *Rule of Three* to determine if these items are whole grain-rich. Why or why not?

A



Crackers: ☐ **Yes** ☐ **No**

Why or why not? _____

_____

_____

_____

_____

INGREDIENTS: Whole grain wheat flour, vegetable oil, enriched rye flour, cracked wheat.

B



Bread: ☐ **Yes** ☐ **No**

Why or why not? _____

_____

_____

_____

_____

INGREDIENTS: Flour blend (enriched flour, brown rice flour, whole grain oat flour), water, whole grain flour blend (graham flour, whole grain corn flour), wheat bran, yeast, salt.

C



Ready-to-Eat Cereal:

☐ **Yes** ☐ **No**

Why or why not? _____

_____

_____

_____

_____

INGREDIENTS: Whole grain corn, corn meal, sugar, corn bran, salt, brown sugar syrup. Vitamins and Minerals: calcium carbonate, iron, zinc, vitamin C, vitamin B6, vitamin B2, vitamin A, vitamin B12.

Answer Key:

A **Yes**, these crackers are whole grain-rich.

1. The first grain ingredient is whole grain wheat flour, which is a whole-grain ingredient.
2. The second grain ingredient is enriched rye flour, which is an enriched ingredient.
3. The third grain ingredient is cracked wheat, which is a whole-grain ingredient.

B **No**, the bread is not whole grain-rich.

1. The first ingredient in this bread is a flour blend that contains enriched flour. If the first ingredient is a flour blend, all the grain ingredients in the flour blend must be whole-grain. Enriched flour is not a whole-grain ingredient.

C **Yes**, this ready-to-eat cereal is whole grain-rich.

1. The first ingredient is whole grain corn, which is a whole-grain ingredient.
2. The presence of "Vitamins and Minerals" on the ingredient list indicates that this cereal is fortified.

USDA is an equal opportunity provider, employer, and lender.

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, Almond, or other nut 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 (no more than

2 grams of sugar per

oz)

A good resource for Combination Foods (chicken nuggets, pizza, etc.) is Sunbeam Foods 214- 324-4086 ask for the Nutriservice Discount

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; and

Meat or poultry nuggets (shelf-stable, non–breaded, dried meat or poultry snack made similar to jerky) such as turkey nuggets.

Eligible Fruits & Vegetables

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, butternut, Hubbard)	Kale	Dates
Sweet potatoes	Kohlrabi	Eggplant
Turnip greens	Kumquats	Figs
Apricots	Mangoes	Fruit cocktail
Broccoli	Mustard greens	Fruits for salads
Cantaloupe	Pineapple juice	Grapes
Chicory greens	Strawberries	Lettuce
Papayas	Tangerine juice	Mushrooms
Purple plums (canned)	Tangerines	Olives
Asparagus, green	Asparagus	Onions
Cherries, red sour	Cabbage	Parsley
Chili peppers, green (fresh)	Cantaloupe	Parsnips
Endive, curly	Dandelion greens	Peaches (canned)
Escarole	Honeydew melon	Pears
Nectarines	Okra	Cowpeas, immature seed
Peaches (except canned)	Potatoes (baked, broiled or steamed)	Pimientos
Prunes	Raspberries, red	Plums
Tomatoes	Rutabagas	Potatoes (mashed, fried, etc.)
Tomato juice or reconstituted paste or puree	Sauerkraut	Radishes
	Spinach	Raisins
	Sweet potatoes (except canned in syrup)	Rhubarb
	Tangelos	Squash, summer
	Tomatoes	Watercress
	Tomato juice or reconst. Paste or puree	Watermelon
	Turnip greens	Fruit juices (apple, grape, pineapple, etc.)
	Turnips	Dried Beans/Peas



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?



THIS IS WHY IT MAY ONLY BE SERVED ONCE PER DAY

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

Meal Service Record

- POINT OF SERVICE: You must record meal counts at the point of service. What is point of service? It is when you observe that a child receives a creditable meal. This means while they are eating, or being served the meal. If you serve meals cafeteria style, a staff member must be stationed at the end of the serving line to count the meals as they are served. If you serve meals family style, a staff member must count the meals when they are served.
- RECORDING METHODS: Because you have to record at the POINT OF SERVICE, there are only two ways to record: either by entering the data in an electronic devise using Centerpilot©,

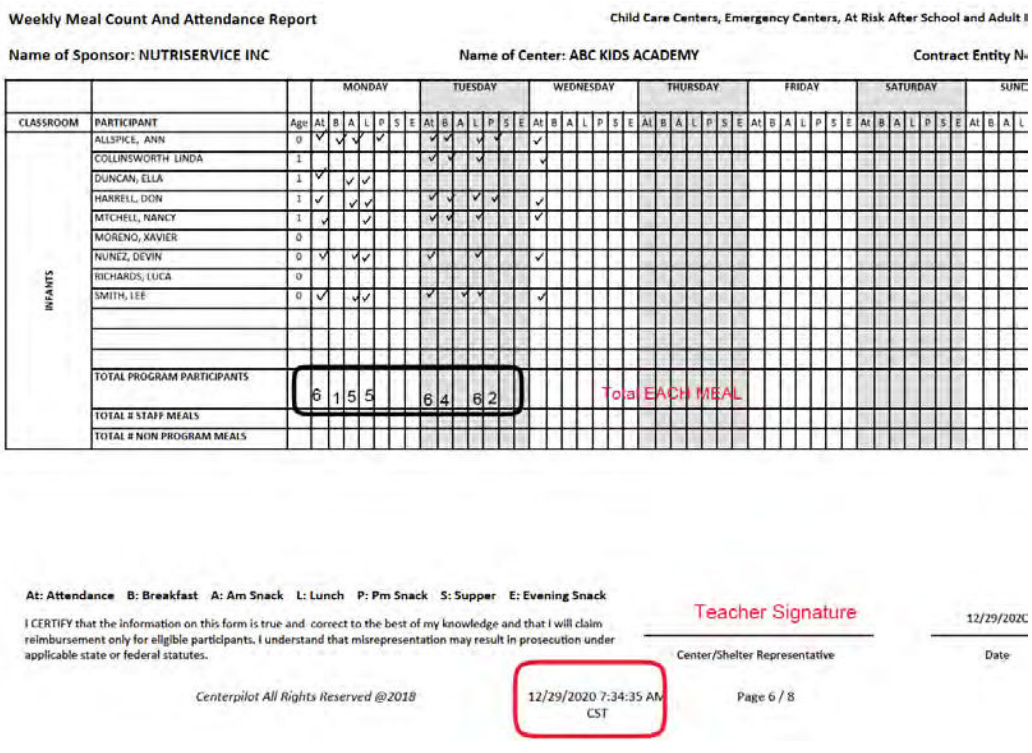
- or by written record on the Daily Meal Count and Attendance Record. This prefilled form MUST be generated (printed from the computer program) by Centerpilot© and must be completed in ink or other non-erasable form and all changes to the form must be initialed and dated by the person making the change. You can print by classroom or print by age group.

ALL RECORDS MUST BE AVAILABLE ON SITE AT THE CENTER AT ALL TIMES KEEP YOUR RECORDS FOR 3 YEARS AND 90 DAYS.

You must ensure that all items on the form are completed, including the:

- date of food service;
- day of the week;
- names of all children (participants);
- age of each child;
- meal counts, by meal type, for each participant; and
- the quantity of participant meals, program staff meals, and non program meals that were served.

This form contains a certification statement that must be signed and dated by a center representative if you submit "paper" meal counts. You sign the form electronically if you submit through Centerpilot.



Weekly Meal Count And Attendance Report — Child Care Centers, Emergency Centers, At Risk After School and Adult

Name of Sponsor: NUTRISERVICE INC — Name of Center: ABC KIDS ACADEMY — Contract Entity N

CLASSROOM	PARTICIPANT	Age	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNC
			At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L P S E	At B A L
INFANTS	ALLSPICE, ANN	0	✓ ✓ ✓ ✓	✓ ✓ ✓ ✓	✓				
	COLLINSWORTH LINDA	1		✓ ✓ ✓	✓				
	DUNCAN, ELLA	1	✓ ✓ ✓						
	HARRELL, DON	1	✓ ✓ ✓	✓ ✓ ✓ ✓	✓				
	MITCHELL, NANCY	1	✓ ✓	✓ ✓ ✓	✓				
	MORENO, XAVIER	0							
	NUNEZ, DEVIN	0	✓ ✓ ✓	✓ ✓	✓				
	RICHARDS, LUCA	0							
	SMITH, LEE	0	✓ ✓ ✓	✓ ✓ ✓	✓				
	TOTAL PROGRAM PARTICIPANTS		6 1 5 5	6 4 6 2	Total EACH MEAL				
	TOTAL # STAFF MEALS								
	TOTAL # NON PROGRAM MEALS								

At: Attendance B: Breakfast A: Am Snack L: Lunch P: Pm Snack S: Supper E: Evening Snack

I CERTIFY that the information on this form is true and correct to the best of my knowledge and that I will claim reimbursement only for eligible participants. I understand that misrepresentation may result in prosecution under applicable state or federal statutes.

Teacher Signature — Center/Shelter Representative — 12/29/202 Date

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12/29/2020 7:34:35 AM CST

Page 6 / 8

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 at the point of service on Daily Meal Count and Attendance Records. You must also maintain these forms as required.
- Meals must be provided by the approved source (self-prep or vended) named in the contractor's application and management plan. If a food service management company (FSMC) supplies the meals, they must be provided in a manner and detail prescribed in the contract between you and the FSMC.
- **Meals purchased from restaurants or fast food outlets are not reimbursable**. In addition, meals prepared by the CACFP contractor are not reimbursable when the approved source of meals is a vendor.
- **Meals served to children in transit to the center or their homes 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.

MEAL PRODUCTION WORKSHEET

What will you be serving? Include can/box/package size: example: tator tots, frozen, 1 lb.

Milk: *Milk gallon*

Fruit or Veg: _____

Fruit or Veg: _____

Bread/Grain: _____

Meat/Protein: _____

How many will you be feeding?

___ ___ ___ ___

1-2 3-5 6-12 adults

Look at the Meal Pa ern Chart. How much of each food will you need?

	Milk	Fr/Veg (Combined)	Bread/Grain	Meat/Protein
AGE 1-2	½ x =	¼ x =	½ sl, ¼ c x =	1 oz, 1/4c x =
AGE 3-5	¾ x =	½ x =	½ sl, ¼ c x =	1½oz, 3/8c x =
AGE 6-12	1 c. x =	¾ x =	1 sl, ½ c x =	2 oz, 1/2c x =
SERVINGS NEEDED:	_____	_____	_____	_____

How does each food item come packaged? In a box, or can, or by the pound? Fresh or frozen? Look in the Food Buying Guide. Find the size that matches what you are serving. For example, if you are serving frozen meat patties, find beef, patties, frozen. How many servings are available in the can/package?

SERVINGS NEEDED ÷ SERVINGS PER PACKAGE = AMOUNT TO OPEN

1/4 = .25
1/2 = .50
3/4 = .75
3/8 = .375
1 1/2 = 1.5

1/4 CUP = 2OZ
1/2 CUP = 4OZ
3/4 CUP = 6 OZ
1 CUP = 8 OZ
1 GALLON = 16 CUPS

NutriService
30 Years Serving Texas Children



RATES PER MEALS SERVED IN CHILD AND ADULT CARE CENTERS

EFFECTIVE JULY 1, 2026 - June 30, 2027

Rates per meals served in adult day care centers and child care centers

	Breakfast	Lunch/Supper	Snacks
Paid	$0.42	$0.45	$0.12
Reduced	$2.24	$4.36	$0.65
Free	$2.54	$4.76	$1.30

The cash-in-lieu value of USDA Foods (commodities) for July 1, 2026 - June 30, 2027 is $0.32.

Rates for At-Risk Afterschool Meals

Meal cost comparison for Free meal category

	Breakfast	Lunch/Supper	Snacks
Free	$2.54	$4.76	$1.30

The cash-in-lieu value of USDA Foods (commodities) for July 1, 2026 - June 30, 2027 is $0.32.

INCOME STANDARDS FOR DETERMINING FREE AND REDUCED-PRICE ELIGIBILITY

EFFECTIVE JULY 1, 2026 - JULY 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.

Calculate your Rate

Rate calculation will depend upon the overall ratio of children in the free, reduced and paid category. Here is a sample:

Total all children for lunch: 120

Number of enrolled children in free category : 81 (81/120 =68%)

Number of enrolled children in reduced category: 25 (25/120=20%)

Number of enrolled children in paid category: 14 (14/120=12%)

Free lunch rate = 3.41 x .68= 2.31

Reduced lunch rate = 3.01 x .20= .60

Paid lunch rate = .32 x .12= .038

Add it all up = 2.948 this is the rate for lunch for that month.

NutriService
25 Years Serving Texas Children

The USDA Child and Adult Care Food Program is a gift to the children of the United States from the people. We will safeguard the program from fraud so that all children will continue to benefit from it. There are "red flags" that indicate a center is not complying with regulations. Here is a list of some of those indicators:

Center claims maximum attendance every day. 

There are no absences at any meal types. 

The number of children usually claimed is different than what is observed at monitor visits. 

The center cannot comply with fax/mail deadlines. 

The center cannot produce receipts for the foods listed as served. 

CIVIL RIGHTS COMPLIANCE FOR CHILD or ADULT CARE 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). INSTRUCTIONS POSTED

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) ;
- failing to apply the same eligibility criteria to all provider participants.

1. Civil Rights regulations apply to everyone
2. When you enroll children
3. When you distribute paperwork
4. When you serve meals.

Sites that employee over 15 persons must also designate a Civil Rights Coordinator.

For your site, who would be the cooridinator?_____

(A center director or management staff is an appropriate selection)

This person must understand and be prepared to receive and relay any civil rights complaints from staff or parents of participants in care.

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

Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action. Complaints can be written or verbal. If the complainant makes a verbal complaint to your Center, The Coordinator must write up the elements of the complaint and should make every effort to obtain the following information: a. Name, address, and telephone number or other means of contacting the complainant, b. The specific location and name of the organization or individual participating in the CACFP, c. The nature of the incident or action that led to the complaint of discrimination, d. The basis on which the complainant believes discrimination exists (race, color, national origin, age, disability or sex.), e. The names, telephone numbers, titles, and business or personal address of persons that may have knowledge of the alleged discriminatory action, and f. The date(s) during which the alleged discriminatory action(s) occurred or, if continuing, the duration of such action(s). If a civil rights complaint is filed against your staff, you may forward it to USDA immediately. A courtesy copy should be sent to the Community Operations Field office.



Additional Training can be found at: www.squaremeals.com (click civil rights training)

CEs and sponsored sites must have procedures for processing complaints. Staff at all locations must be able to provide documentation of the procedures and an explanation of the complaint process. Any person or representative alleging discrimination based on a prohibited basis has the right to file a complaint within 180 days of the alleged discriminatory action. Complaints can be written or verbal.

If the complainant makes a verbal complaint, the person to whom the allegation is made must write up the elements of the complaint and should make every effort to obtain the following information:

a. Name, address, and telephone number or other means of contacting the complainant,
b. The specific location and name of the organization participating in the CACFP,
c. The nature of the incident or action that led to the complaint of discrimination,
d. The basis on which the complainant believes discrimination exists (race, color, national origin, age, disability or sex.),
e. The names, telephone numbers, titles, and business or personal address of persons that may have knowledge of the alleged discriminatory action, and
f. The date(s) during which the alleged discriminatory action(s) occurred or, if continuing, the duration of such action(s).

If a civil rights complaint is filed, the CE must forward it to USDA immediately. Sponsors are also responsible for forwarding civil rights complaints filed with a site to USDA. The complaints should be sent to: USDA Food and Nutrition Service Attn: Regional Civil Rights Director 1100 Commerce St. Dallas, Texas 75242

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_____

Routing Account

Number_____ 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 a voided check to this form and fax to 866-380-5488

Organizational Info

Is your company a:

☐ 1) Non profit Corporation

(please attach board of directors page)

(please attach your IRS letter designating a 501c corporation)

☐ 2 A For Profit Corporation (LLC, Subchapter S, etc.)

☐ 3. A Proprietorship or Partnership?

Please list owner/ president and principles involved in operations:

_____

_____

_____

_____



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 E Interstate 30 #B
Rockwall, TX 75087
972-772-3200

Center: Enrollment: New ☐ Updated ☐ Drop-In ☐

Date of Original CACFP Enrollment:	Date of Current CACFP Enrollment:	Date of Withdrawal:

Child First Name	Child Last Name	Date of Birth	Days In Care				Meals Attending			
			MON	☒	TUE	☒	BREAKFAST	☐	AM SNACK	☐
Parent/Guardian Name		Arrive	WED	☒	THR	☒	LUNCH	☐	PM SNACK	☐
		AM ☒ PM ☐	FRI	☒			SUPPER	☐	EV SNACK	☐
Address		Depart	SAT	☐	SUN	☐				
City, ST, Zip		AM ☐ PM ☒								
Phone		Race	White	☐	Black	☐	Asian	☐	Other	☐
Work Phone		Native American Indian ☐	Alaska Native ☐				Hawaiian/Pacific Islander ☐			
Email		Ethnicity	Hispanic ☐				Non-Hispanic ☐			

THIS SECTION MUST BE COMPLETED FOR INFANTS UNDER 12 MONTHS OF AGE

Under the regulations of the USDA CACFP, this center is required to offer an iron-fortified formula of the center's choice.
This center offers this iron-fortified formula: PARENT'S CHOICE
You may accept or decline the offered formula. Please select your preferences below:

☐ I accept the formula offered by this center.	☐ I decline the formula offered by this center and will bring expressed breast milk or will breast feed on site.	I decline the formula offered by this center and will bring this formula (specify brand): This formula is: ☐ Iron-fortified ☐ Low-iron ☐ Iron free (If this formula is low-iron or iron free, I understand a medical statement must be provided to the center.)

Under the regulations of the USDA CACFP, this center is required to offer solid foods such as iron-fortified infant cereal, vegetables, fruits, meat/meat alternates and crackers when an infant is developmentally ready to accept these components as recommended by the American Academy of Pediatrics and as specified in the Infant Meal Pattern. Please select your preferences below:

☐ My child is developmentally ready for solid foods. I accept the solid foods offered by this center to feed to my infant.	☐ My child is developmentally ready for solid foods. I decline the solid foods offered by this center and will bring the solid foods for my infant.	☐ My child is NOT developmentally ready for solid foods. I will inform the center when and designate the solid food(s) to be introduced to my infant at that time.

This center is required to update the feeding preferences of the infant as the situation changes as well as within one month of the infant changing age groups. Changes may include a change in the formula or foods. Please update any changes below *(example: change formula to IF Similac; begin feeding IF infant cereal):*

New Instructions:	Today's Date:	☐ My infant is: 0-5 mos	☐ My infant is: 6-11 mos

Dear parent, because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program (CACFP). This program is sponsored by NUTRISERVICE INC . Under the regulations of the CACFP, your center may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. 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 (including gender identity and sexual orientation), 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.usa.gov/sites/default/files/documents/ad-3027.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; fax: 833-256-1665; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

Signature of Parent/Guardian	Date of Signature

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	☐ Asian	☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ 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.

Nutriservice, Inc.

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **[Name of Center]** 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. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. 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 center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: your daycare Center.**

2. Who can get free meals without providing income information? 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) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. 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 child care center.

5. 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 foster children who live with you.

6. 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 center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. 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.

8. 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. Any foster child in the household is eligible for free meals 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 and do not need to complete the CACFP Meal Benefit Income Eligibility Form**.**

9. 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.

10. ***(Pricing program only)*** **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?** You can talk to **[enter name of staff person that handles complaints/disagreements]**, either in person or by telephone at **[enter phone number for the staff person above]**. You may ask for a hearing by calling or writing to: **[name, address, phone number].**

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 **972-203-9490**

Sincerely,

Nutriservice, Inc.

Time Distribution Worksheet

Employee Name		Position		Normal Work Hours							Month/Year	
	Work Hours	Food Service Operations Tasks										
Day	Start Time-End Time	A. Managing	B. Planning	C. Organizing	D. Menu Planning	E. Meal Prep/Serv	F. Meal Clean-UP	G. Supervise Meal	H. Meal Records	TOTAL FOOD SERVICE HOURS	I. Non Food Service	J. Total Hours
1												
2												
3												
4												
5												
6												
7												
8												
9												
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27												
28												
29												
30												
31												
Monthly Totals												

Total Food Service hours _____ + Total Non-Food Service Hours = Total Hours Worked

☐ Alternate Certification Statement: I certify that I am on a fixed work schedule. My workdays are _____through _____. My work hours are _____am to _____pm. I did not work outside the hours of my fixed schedule and all my work hours were spent performing Food Service duties.

_____ _____ HOURLY RATE:_____

Signature - Employee Date

FOOD DONATION FORM FOR _____

Item donated (Be Specific) *example: 1% Milk -Gallon*	Quantity	Date Donated	NAME and Signature of Donor	Center: Received by: Initial

Daily Meal Production Record - Infants (H1530-A)

Contracting Entity Name: **CE ID # (Five Digit):** 02995 **Date Meal was Served:**

Name of Site: **Site # (Four Digit):**

Planned Participants: **Meal Service:** ◯ Breakfast ◯ Lunch ◯ AM Snack ◯ PM Snack ◯ Supper ◯ Evening Snack

Required Food Components - Birth through 5 months	Required Food Components - 6 months thru 11 months	
Breakfast, Lunch/Supper, and Snack	**Breakfast, Lunch, and Supper**	**Snack**
4-6 fluid ounces breastmilk or infant formula	6-8 fluid ounces breastmilk or infant formula **and,** 0-4 tbsp infant cereal, **or** 0-4 tbst meat, fish, poultry, whole egg,**or** 0-4 tbsp cooked dry beans or dry peas, **or** 0-2 oz cheese or 0-4 oz cottage cheese,**or** 0-4 oz or 1/2 cup of yogurt, or a combination of the above* **and,** 0-2 tbsp vegetable or fruit or a combination of both*	2-4 fluid ounces breastmilk or infant formula **and** 0-1/2 slice bread, or 0-2 crackers, or 0-4 tbsp infant cereal* **and** 0-2 tbsp vegetable or fruit or a combination of both.*

Leftover/Recycled Food		
Date First Served	**Date Re-Served**	**Food Item and Quantity**

*Required component when infant is developmentally ready

Infant Name and Age	Menu	Food Items Used (Enter each food item used)	Quantity Prepared (measurable amount)

Substitutions due to Medical or Special dietary needs or disability

Name of Infant	Substitution(s) Made	Item/Component Provided by Parent/Guardian-Y/N

Comments (Record any other meal modifications or special instructions here) :

DAILY MEAL PRODUCTION RECORD

(Child Care Centers, Emergency Shelters and Day Care Homes)

Alt. Form 1530

NUTRISERVICE, INC.				3. Agreement No. TX 02995			Date	
	Required Food Components	MENUS	FOOD ITEMS USED	QUANTITY USED	PLANNED PARTICIPATION/ PROGRAM MEALS Ages 1 & 2	Ages 3-5	Ages 6-12	Adults	NON-PROGRAM MEALS
BREAKFAST	Milk								
	Vegetables and/or Fruits				ACTUAL:				
	Grains/Breads								
AM SNACK	Milk								
	Vegetables and/or Fruits								
	Grains/Breads				ACTUAL:				
	Meat and/or Meat Alternate								
LUNCH	Milk								
	Vegetables and/or Fruits								
	Grains/Breads				ACTUAL:				
	Meat and/or Meat Alternate								
PM SNACK	Milk								
	Vegetables and/or Fruits								
	Grains/Breads				ACTUAL:				
	Meat and/or Meat Alternate								
SUPPER	Milk								
	Vegetables and/or Fruits								
	Grains/Breads				ACTUAL:				
	Meat and/or Meat Alternate								
E	Milk								
	Vegetables and/or Fruits								
	Grains/Breads				ACTUAL:				
	Meat and/or Meat Alternate								

Nutriservice Fax 1-866-380-5488

CACFP CHECKLIST for CENTERS

We discussed the following items during our Nutriservice training. I understand that this information is available in my handbook and I am responsible for submitting claims which meet these requirements.

1. As of this date, I have a complete Nutriservice Handbook: _____
2. All records must be retained at my center for 3 years. They must be available immediately at a monitor visit. If the monitor cannot get to the records for any reason, this invalidates my claim for the corresponding period.
3. If a child is not present and seated at the meal, I may not claim his meal.
4. The point of service meal attendance record, if created on paper, must be generated from Centerpilot, kept at my center for 3 years, and made available upon request, even if I enter the attendance in Centerpilot electronically.
5. The report called Meal Production Record (child and infant, if applicable) must be posted in the kitchen where the cook can see it and make changes to it.
6. Foods supplied by the parent make the meal/snack ineligible. The only exception is breast milk or formula.
7. My Meal Production Report must have accurate, real, true amounts served. If the amount is not correct on this report, I must change this to the REAL amounts served prior to claim submission
8. Submitting a claim with INACCURATE information is a false claim, and could jeopardize my ability to participate in the future by leading to termination.
9. All of my staff who participate in the meal service must receive training, either by me or by going online to Nutriservice.org and taking the required annual training.
10. All of my staff who create and submit claim records must receive training, either by me or by calling Nutriservice to train. If I hire new staff involved in submitting claim records, I am responsible for notifying Nutriservice so that they can be properly trained.
11. Donated Milk may NOT be from another Federal Entitlement program, like WIC or SNAP. I am responsible for validating that the milk donated has been purchased by the donor.
12. I may be asked to produce sign in sheets, to substantiate attendance if there is a concern about the validity of my attendance records.
13. I may be asked to produce payment records if there is a concern about the validity of my receipts.
14. If I am out at a meal time and there is no meal service, I must notify Nutriservice in advance.
15. I am responsible for the supervising and validating all claim submissions. Other staff that have supervisory roles are listed below and will be updated with Nutriservice if changed:

    Name Title CACFP supervisory function:

    _____

    _____

    _____

    _____

Signed by _____ Title: _____Date of Birth_____

Signature:_____Date:_____

Nutriservice: _____Date:_____

The staff listed above must complete the online training by calling the office and scheduling a training time before this site may begin claiming.

Texas Department of Agriculture

Child and Adult Care Food Program
Site Application - Centers

August 2011

See the Site Application – Centers Instructions for information on the completion, submittal and maintenance of this form.

CONTRACTING ENTITY (CE) AND SITE INFORMATION

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

4. Site Name	5. Site ID	6. County

LICENSE/REGISTRATION INFORMATION

A1. Site Type: (check all that apply)

- ☐ Adult Care Center
- ☒ Child Care Center – Regular Child Care
- ☐ Child Care Center – Head Start
- ☐ Child Care Center – Outside School Hours
- ☐ At Risk Afterschool Care Center
- ☐ Emergency Shelter

A2. Tax Status: (check only one box)

- ☒ For Profit
- ☐ Non Profit
- ☐ Public
- ☐ Other, please explain:

If For Profit, select all that apply (eligibility status):

- ☐ Title XIX/XX (Adult Care Center)
- ☐ Title XX (Child Care Center)
- ☒ Free and Reduced Price

A3. Licensed by: (check only one box)

- ☒ DFPS (Child Care Center)
- ☐ DADS (Adult Care Center)
- ☐ Exempt
- ☐ Not required (operate less than 2 hours per day)
- ☐ Other, please explain:

A4. License Number:

A5. License Effective Date:

A6. License Expiration Date:

A7. License Capacity:

A8 Age Range of Participants: From: Yrs Mos To: Yrs Mos

A9. Do you provide child care for infants under 12 months old? ☐ Yes ☐ No

A10. Enter the elementary, middle or high school a child would attend if he/she lived next door to this center:

Name:

Address:

STREET ADDRESS

A11. Street Address – Address Line 1:	Address Line 2:	A12. City:	A13. State:	Zip+4:
				+

MAILING ADDRESS

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

A14. Mailing Address (Street or P.O. Box) – Address Line 1:	Address Line 2:	A15. City:	A16. State:	Zip+4:
				+

CENTER INFORMATION

A17. Affiliation: (check only one box)

☐ Affiliated
☐ Unaffiliated

Affiliated means the sites **are** part of the Contracting Entity organization. Unaffiliated means the sites **are not** part of the Contracting Entity organization.

A18. Has this site previously participated in the CACFP under a sponsoring organization? ☐ Yes ☐ No

If yes, provide previous Sponsor(s) name:

Dates of participation with previous Sponsor(s):

A19. Date of Pre-Approval visit:

A20. Unaffiliated site will make meal counts and menu records available to the Contracting Entity by the following date of each month:

CENTER CONTACT – PERSON IN CHARGE OF THIS CENTER ON A DAILY BASIS

B1. Salutation	First Name	Last Name	B2. Email Address

B3. Facility Phone (include area code)	Extension	Fax (include area code)

B4. Cell/Alt Phone (include area code)	B5. Title

ADDITIONAL CENTER CONTACT – ALTERNATE PERSON IN CHARGE OF THIS CENTER ON A DAILY BASIS

B6. Salutation	First Name	Last Name	B7. Email Address

B8. Facility Phone (include area code)	Extension	Fax (include area code)

B9. Cell/Alt Phone (include area code)	B10. Title

SCHEDULE

C1. 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				
C2. Normal Hours of Operations: Time Open:			Time Close:	
C3. 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:
C4. At Risk Meals				
Meal Types	**First Shift**		**Second Shift**	
☐ Breakfast	Start Time:	End Time:	Start Time:	End Time:
☐ Snack	Start Time:	End Time:	Start Time:	End Time:
☐ Lunch	Start Time:	End Time:	Start Time:	End Time:
☐ Supper	Start Time:	End Time:	Start Time:	End Time:
Weekend Schedule				
C5. Weekend Hours of Operations: Time Open:			Time Close:	
C6. 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:
C7. At Risk Meals				
Meal Types	**First Shift**		**Second Shift**	
☐ Breakfast	Start Time:	End Time:	Start Time:	End Time:
☐ Snack	Start Time:	End Time:	Start Time:	End Time:
☐ Lunch	Start Time:	End Time:	Start Time:	End Time:
☐ Supper	Start Time:	End Time:	Start Time:	End Time:
C8. Anticipated Closures:				

ood Service

C9. How are meals prepared? (Check all that apply)

- ☒ Prepared on site
- ☐ Prepared at Central Facility and Delivered
- ☐ Contracted with a Public School
- ☐ Purchased from a food service vendor
- ☐ Other, please explain:

C10. How are meal served? (Check all that apply)

- ☒ Unit (Cafeteria)
- ☒ Family

C11. Check all meals that are purchased through a food service vendor: (Check all that apply)

- ☐ Breakfast
- ☐ Lunch
- ☐ Supper
- ☐ Snacks

C12. Do you have a food service contract? ☐ Yes ☐ No

C13. Name of Food Service Vendor:

C14. Contract Period: From: To:

Adult Care Centers Only (questions C15 and C16)

C15. Does the site receive Title III-C funds or Title III-C commodities for meals served at the site? ☐ Yes ☐ No

C16. Which meal types does offer vs. serve apply? (Check all that apply)

- ☐ Breakfast
- ☐ Lunch
- ☐ Supper
- ☐ None

PARTICIPANTS

D1. Number of enrolled participants in each income eligibility category:

A. Free Category:
B. Reduced-Price Category:
C. Paid Category:
D. Total Enrolled:

D2. Number of enrolled children receiving Title XX:

D3. Number of enrolled participants (Adult Care Center) receiving Title XIX/XX:

SIGNATURE DATE ON AGREEMENT

If Site is Unaffiliated, enter Signature Date of Site Representative from Permanent Agreement with Sponsoring Organization:

If Site is Unaffiliated, enter 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 – Site Representative	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 Child Care Site

Name of Sponsoring Organization	CE ID
Address of Sponsoring Organization (Street, City, State, ZIP)	
Name of Child Care Site	
Physical Address of Child Care Site (Street, City, State, ZIP)	County Name
Mailing Address of Child Care Site, if different from physical address (Street, P.O. Box, City, State, ZIP)	

Agreement

This permanent agreement specifies the rights and responsibilities of the above named Sponsoring Organization (Sponsor) and the Child Care Site (Site) 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 child care Site staff according to CACFP requirements.
2. Provide technical assistance when problems are cited during monitoring visits, upon request from the Site, and as needed, and scheduled at a time and place convenient to the Site staff.
3. Provide CACFP record-keeping forms to the Site at no charge, and ensure the Site maintains records on-site according to CACFP record-keeping requirements.
4. Timely disburse any reimbursement payments, including advance payments, for meals to the Site within five working days of receipt of payment from Texas Department of Agriculture (TDA) for the corresponding claim period.
5. Make no charge whatsoever to the Site for CACFP services.
6. Retain no more than 15% of the CACFP reimbursement (excluding cash-in-lieu) for allowable, actual administrative costs.
7. Ensure that all meals are served to enrolled/participating 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.
8. Ensure that the Site complies with requirements for racial and ethnic participation data collection and public notification of the nondiscrimination policy.
9. Ensure that all meals claimed for reimbursement are those served to children who are properly enrolled, if applicable and in attendance at the meal service.
10. Ensure that all meals claimed meet CACFP requirements.
11. Claim reimbursement for no more than two meals and one snack, or one meal and two snacks, per child per day. If at-risk, claim no more than one meal and one snack per child per day. **Exception:** Emergency shelters may claim reimbursement for three meals or two meals and one snack per child per day.
12. Ensure Sponsor staff that conduct announced or unannounced monitoring reviews show photo identification to demonstrate they are employees of the Sponsor.
13. Conduct announced and unannounced monitoring reviews of the Site's food program operation according to CACFP requirements during the Site's normal hours of operation, including weekends, if applicable.
14. Submit the Site Application and any amendments on behalf of the Site to TDA in a timely manner.
15. Ensure the child care Site maintains a current license, if applicable.
16. Ensure an At-Risk Afterschool Care Center or Emergency Shelter maintains a current license or written verification of exemption from the Texas Health and Human Services (HHSC), if applicable. If not subject to licensing, ensure completion of required local health/sanitation and safety inspections.
17. Ensure that no person acting in any capacity on behalf of the Sponsor will enter any child care Site when participants 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).
18. Immediately inform the health or licensing authority of any situation existing in child care sites that would threaten the health or

safety of participants in attendance.

19. Ensure policies and procedures do not exclude or limit participation, benefits or activities of a Site on the basis of race, color, national origin, sex, age or disability.
20. Take reasonable steps to provide and ensure services and information, both orally and in writing, are available to the Site in appropriate languages other than English.
21. Accept final administrative responsibility for ensuring the Site takes reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English.
22. Review the purchased meal vendor according to CACFP requirements, if the Site contracts for meals.

Rights and Responsibilities of the Child Care Site

The Site agrees to:

1. Record daily the:
   a. menus, food items and quantity used to serve children;
   b. meal type and meal count (taken at the point of service) served to each child; and
   c. number of enrolled/participating children in attendance.
2. Claim only meals actually served during approved meal service times to children who are enrolled (or participate in an At-Risk Afterschool Care Center, Outside-School-Hours Child Care (OSHCC) programs or reside in an Emergency Shelter) in child care, in attendance and participating in the meal service.
3. Serve meals that meet the current CACFP meal pattern requirements for the ages of the children served.
4. Ensure that food is prepared and served in amounts sufficient for each enrolled child to have one reimbursable meal/snack at each meal service.
5. Notify the Sponsor immediately if there is any change in the meal service, including days, times, and/or types of meals served.
6. Notify the Sponsor immediately of the names of children added or withdrawn from the child care enrollment. (Not applicable to At-Risk Afterschool Care Centers, Emergency Shelters and OSHCC.)
7. Receive mandatory CACFP training prior to program participation and annually thereafter as required by TDA and the Sponsor.
8. Allow representative of the Sponsor, TDA, USDA and other state and federal officials to enter the Site, announced or 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.
9. As required by the Sponsor, periodically submit meal records for Sponsor review.
10. Notify the Sponsor immediately if there is any change in the Site's licensing/approval status, update license as required by the Texas Health and Human Services or other authority (if military or tribal), or if not subject to licensing, ensure completion of required local health/sanitation and fire safety inspections, including correction of any violations cited.
11. 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..
12. Serve snacks free of charge to all children participating in an At-Risk Afterschool Care Center.
13. Serve snacks free of charge to all eligible children residing in an Emergency Shelter.
14. Meet all local health and sanitary code requirements applicable to food service.
15. Participate with one Sponsor at a time.
16. Authorize the Sponsor to apply for participation in the CACFP on behalf of the child care Site.
17. Distribute a copy of the Sponsor's notice to parents if instructed by the Sponsor.
18. Provide education or enrichment activities for children participating in an At-Risk Afterschool Care Center.
19. Maintain records on-site relating to the Program according to CACFP record-keeping requirements; failure to do so is grounds for denial of reimbursement.
20. If the site is a child care center, or emergency shelter, or OSHCC: 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 Site terminates this permanent agreement and wants to participate in the CACFP again during the same program year, the Site may only participate with its current Sponsor unless the transfer is approved by TDA. **Exceptions:** Each year a Site 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. Additionally, a Site may terminate this permanent agreement with its current Sponsor, with proper notice as outlined in Term and Termination below, and apply to participate with TDA at any time during the year.

21. If the site is an at-risk afterschool care center ONLY: 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 Site terminates this permanent agreement and wants to participate in the CACFP again during the same program year, the Site may only participate with its current Sponsor unless the transfer is approved by TDA. **Exceptions:** Each year a Site 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 July 31 to become effective on no earlier than August 1 of the same year. Additionally, a Site may terminate this permanent agreement with its current Sponsor, with proper notice as outlined in Term and Termination below, and apply to participate with TDA at any time during the year.

Term and Termination

This agreement is effective from: _____ until terminated.

The Site 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 applicable exception provided in #20 or #21 above, the Site will provide written notification as soon as possible.

The Sponsor will provide the Site 30 day's written notice if terminating this permanent agreement for mutual consent or for reasons other than the Site'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, and Audit Requirements for Federal Awards (2 CFR Part 200, as amended), and state policies and procedures as issued and amended by TDA. The Site does further agree to perform as described in its application for participation in the CACFP (including approved amendments to the application). The Site certifies it 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 – Child Care Site Representative Date

_____

Title – Child Care Site Representative

_____ _____

Signature – Sponsoring Organization Authorized Representative Date

_____

Title – Sponsoring Organization Authorized Representative

INSTRUCTIONS FOR
CACFP – CHILD CARE CENTER
PRE-APPROVAL VISIT

A sponsoring organization must conduct a pre-approval visit of each site it intends to sponsor in the Child and Adult Care Food Program (CACFP) prior to submitting the site to TDA for Program participation. The purpose of the pre-approval visit is to discuss Program benefits and requirements, provide technical assistance, and determine a site's ability to operate the Program in accordance with the CACFP regulations. The following areas are reviewed and documented:

- Enrollment
- Eligibility Determinations
- Meal Counts and Attendance
- For-profit Center Eligibility (if applicable)
- Menus and Meal Production Records
- Monitoring Requirements
- Claims
- Training Requirements
- Financial Management, including non-profit food service
- Record Retention Requirements
- Civil Rights Requirements
- Serious Deficiency Process
- Health and sanitation
- Other

Additionally, the sponsoring organization must ensure each site is familiar with the Program Handbook, regulations, and policies related to the Program.

GENERAL INFORMATION

Name of Sponsoring Organization – Enter the name of the sponsoring organization.

CE ID – Enter the five-digit Organization ID that has been assigned to you by TDA.

Date of Pre-Approval Visit – Enter the date of the pre-approval visit.

Time of Arrival – Enter the time of arrival. Be sure to identify a.m. or p.m.

Time of Departure – Enter the time of departure. Be sure to identify a.m. or p.m.

Site Type – Check the appropriate box.

CACFP Status – Indicate if the site is currently participating in the CACFP, previously participated in the CACFP, or never participated in the CACFP. If the site currently or previously participated with a different sponsoring organization, indicate the name of the sponsoring organization in the space provided.

Note: If the site is currently active with a sponsoring organization and the pre-approval visit is not being conducted during the open enrollment period of June 1 through Sept 30, you may not continue to enroll the site, and the site will not be eligible to participate under your sponsorship.

Refer to Section 2000, *Eligibility and Application Requirements* of the CACFP Handbook for guidance related to open enrollment, transfers, and good cause.

Site Name – Enter the name of the site.

Affiliation – Check the appropriate box. Refer to Section 9000, *Terms, Definitions, and Acronyms* of the CACFP Handbook for definitions of affiliated and unaffiliated.

Site Address – Enter the complete address of the site, including State and zip code.

Person Interviewed at Site – Enter the name of the person interviewed during the visit.

Title of Person Interviewed – Enter the title of the person interviewed during the visit.

PROGRAM REQUIREMENTS

Discuss the Program requirements with the site representative. Document observations, comments, and discussion in the appropriate spaces. Indicate N/A in areas that are not applicable to the site.

ELIGIBILTY TO PARTICIPATE

Indicate the site's eligibility to participate in the Program. If no, document the reason(s) in the space provided. Attach additional pages as needed.

CERTIFICATION

The sponsoring organization representative and the site representative must sign and date the certification. A copy of the pre-approval visit must be left with the site.

Name of Sponsoring Organization NUTRISERVICE INC.				Organization ID 02995
Date of Pre-Approval Visit	Time of Arrival	☐ **AM** ☐ **PM**	Time of Departure	☐ **AM** ☐ **PM**
Site Type ☐ **Public or Private Non-Profit** ☐ **For-Profit**				
CACFP Program Status ☐ **Currently Active: Sponsor** ☐ **Previous Participation: Sponsor** ☐ **Never Participated**				
Site Name			Affiliation ☐ **Affiliated** ☐ **Unaffiliated**	
Site Address				
Person Interviewed at Site			Title of Person Interviewed at Site	

Program Requirements	Observations, Comments, Discussion
Enrollment *Review the site's methods and the documents used to enroll infants/children to ensure all information required by CACFP regulations is obtained.*	Enrollment form on Centerpilot. Must have an enrollment form for each child enrolled in order for meals to be paid
Eligibility Determinations *Review completed Meal Benefit Income Eligibility Forms, if available. If not, ensure the site understands the eligibility determination process.*	Meal Benefit form on Centerpilot. Parents will fill out and you will submit to Nutriservice. Our office will determine Free, Reduced, or Paid
Meal Counts and Attendance *Ensure the site understands the maximum number of meals it can claim per child per day. Explain the Daily Meal Count and Attendance Record (H1535) or alternate to ensure the site understands how to complete the form and when the form must be completed. Explain "point of service" meal counts. Ensure the site understands that*	Meal attendance must be recorded point of service while children are seated and eating. Use attendance forms from Centerpilot or direct entry.

Program Requirements	Observations, Comments, Discussion
these forms are used to complete their monthly claim. If possible, conduct the pre-approval visit during a meal service to observe the point of service meal count.	
For-Profit Center Eligibility (as applicable) *If a For-Profit organization, ensure that the facility understands how to calculate the 25% Title XX or Free and Reduced-price to determine the eligibility of for-profit centers. Explain how this affects the site's claim.*	To be determined by Nutriservice
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 site understands the documentation requirements for special diets, disabilities, processed foods, etc. Review the proper use of the Food Buying Guide for Child Nutrition Programs (FBG), Child Nutrition (CN) labels, Product Formulation Statements (PFS), and Nutrition Facts labels to support accurate meal pattern compliance. If contracting with a vendor, ensure that the vendor has had appropriate training from the site and is completing meal production records as indicated in the contract.*	Center understands requirements at each meal and Centerpilot will aid them in determining amounts to be prepared.
Monitoring Requirements *Discuss monitoring requirements. Explain announced and unannounced reviews. Discuss the review form and its elements and explain corrective action requirements and disallowances.*	1st visit within 28 days, 3 times a year after that

Program Requirements	Observations, Comments, Discussion
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.* *Discuss administrative withholding, and disclose the specific percentage of reimbursement that the sponsor intends to withhold each month (maximum 15%).* *If applicable, discuss any additional operational withholding from reimbursement if the sponsor is providing food or other goods/services required for operation of the food service. Obtain in writing any arrangements for operational withholding.*	Due in the office by 4th of each month regardless of holidays and weekends
Training Requirements *Discuss the mandatory training requirements and the consequences for failure to attend.*	You must obtain 1 hour of training by a sponsor each fiscal year to continue on program.
Financial Management *Ensure the site understands that it must maintain a non-profit food service, which means that all Program funds must be used to provide Program meals in compliance with Program requirements. Ensure the site understands that the Program funds must be kept in a separate account or accounted for as a separate ledger item in their accounting system. CACFP funds help defray the cost of the food program and are not intended to pay for all food program operational costs. Ensure the site understands the documentation requirements related to financial management and that documentation, including bank statements and receipts, will need to be reviewed*	You will send in your food receipts and time distribution worksheets to Nutriservice (due 4th of each month). Center must use funds to purchase items for the food program and may not make a profit. This will be monitored by Nutriservice.

Program Requirements	Observations, Comments, Discussion
periodically by the sponsor to ensure compliance. Ensure that time distribution records are maintained, if required. *Review Section 7000, Financial Management of the CACFP Handbook.*	
Record Retention Requirements *Explain that Program records must be maintained for three (3) years from the end of their final Program Year, or longer if any audit findings, claims, or litigation remain unresolved. For example, all documents specific to the CACFP 2026 Program Year must be retained until September 30, 2029. Ensure the provider understands what records would be considered Program records.*	3 years plus the current program year
Civil Rights Requirements *Discuss civil rights requirements with the site, including training requirements and the required And Justice for All poster that must be displayed. Ensure the site is supplied with the poster. Ensure the site has a process for handling complaints and can explain the complaint procedure.*	Posters left and civil rights training on Nutriservice website or at a Nutriservice training
Serious Deficiency *Explain the serious deficiency process as well as what actions and non-compliances might result in a determination of serious deficiency.*	Discussed at sign up process
Health and Sanitation *Look for any obvious health, sanitation, or safety concerns. Review the most recent inspection report. Discuss any areas of concern.*	
Other *Discuss any other issues or concerns not discussed above and document here.*	

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

Certification and Signature

The site representative 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 – Site Representative

Date



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)

Contact Information:
(972) 772-3200

NutriService
30 Years Serving Texas Children



Construyendo Para El Futuro

Este cuidado infantilerecibe asistencia federal en efectivo para server comidas saludables a sus hijos. Una Buena nutricionhoy en diasignifica una mananamas fuerte.

Las comidas servidas aquicumplen con los requisitesde nutricionestablecidos por el Programa de Alimientospara el Cuidado de Ninosy Adultos (Child and AdultCare Food Program) de USDA.

¿Preguntas? ¿Preocupaciones?

Llame gratuitamente aUSDA al
1-866-873-2263

OR

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

Contact Information:
(972) 772-3200

NutriService
30 Years Serving Texas Children

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)

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

DEPARTEMENTO 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
Llamadagratuita: (877) TEX-MEAL | Para personas con problemas de audición: (800) 735-2989 (TTY)

Food and Nutrition Division
Nutrition Assistance Programs

Este productofuefinanciadopor el USDA.
Estainstitución proporcionaigualdadde 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	$3,337	$40,034
3	$4,212	$50,542
4	$5,088	$61,050
5	$5,964	$71,558
6	$6,839	$82,066

Effective June 1, 2026

* A pregnant woman's household is increased by the number of infants she is expecting. If you have any income questions, call 1-800-942-3678.

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

TEXAS Health and Human Services | TEXAS WIC

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	$3,337	$40,034
3	$4,212	$ 50,542
4	$5,088	$61,050
5	$5,964	$71,558
6	$6,839	$82,066

Vigente a partir del 1 de junio de 2026

* El número de personas en el hogar de una mujer embarazada aumenta de acuerdo con el número de bebés que espera. Si tienes alguna pregunta relacionada con los ingresos, llama al 1-800-942-3678.

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

TEXAS Health and Human Services | TEXAS WIC

Esta institución es un proveedor que ofrece igualdad de oportunidades.

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Center Name Center Address

City, State, Zip
County

Telephone

Director/Contact

License Number

Effective License Date

Capacity

Operation hours: from