# MIDWEST CHILD CARE ASSOCIATION ANNUAL CENTER TRAINING

JUNE 22, 2022



#### AGENDA

- 1. Brief overview Janet Herzog
- 2. PRODUCTION RECORDS LACEY DREWS
- 3. CX AND KIDKARE LACEY DREWS
- 4. INCOME ELIGIBILITY FORMS (IEF'S) JONI MENGLER
- 5. RECEIPTS AND NON-PROFIT STATUS JANET HERZOG
- 6. VENDOR CONTRACTS JANET HERZOG
- 7. Seriously Deficient Janet Herzog
- 8. MISCELLANEOUS ISSUES JANET HERZOG, LACEY DREWS, AND JONI MENGLER

#### WELCOME – HOUSEKEEPING RULES

- NO CERTIFICATES WILL BE SENT, THIS TRAINING ONLY COUNTS FOR THE FOOD PROGRAM.
   WHEN YOU'RE RETURNING QUIZZES, PLEASE BE SURE TO LIST THE INDIVIDUALS THAT ATTENDED IN ADDITION TO THE NAME OF YOUR CENTER.
- Please use the Chat Box to ask questions, and write them down as you think of them. That way you won't forget.
- WHEN TURNING IN QUIZZES, PLEASE LIST SUBJECTS THAT YOU'D LIKE US TO ADDRESS AT OUR
  NEXT TRAINING, WE WANT THIS TO BE HELPFUL TO YOU.
- THE ENTIRE TRAINING MUST BE WATCHED IN ORDER TO COUNT TOWARD YOUR ANNUAL TRAINING.

#### MENU PRODUCTION REMINDERS AGES 1+

#### **BREAKFAST:**

Grain
Fruit **and/or** Vegetable
Milk

#### LUNCH:

Grain
Vegetable
Fruit **or** 2<sup>nd</sup> Vegetable
Meat/Alt
Milk

#### PM SNACK:

Any 2 components

- Whole Grain needs served every day and **noted** on menus
- Juice only once per day age 1+
- LIST ALL QUANTITIES
- OUNCE EQUIVALENTS FOR GRAINS
- CEREALS & YOGURTS NEED TO MEET SUGAR REQUIREMENTS
- PROCESSED FOODS NEED CN LABELS AND PRODUCT FORMULATION STATEMENTS

<sup>\*</sup> can substitute meat/alt up to 3 times/week

# THESE ARE NOT GRAINS

TATER TOTS
HASHBROWNS
FRENCH FRIES
MASHED POTATOES
SCALLOPED POTATOES





# Wheat does NOT equal whole grain

#### **Ingredients**

INGREDIENTS: ENRICHED WHEAT FLOUR [FLOUR, BARLEY MALT, NIACIN (VITAMIN B3), REDUCED IRON, THIAMIN MONONITRATE (VITAMIN B1), RIBOFLAVIN (VITAMIN B2), FOLIC ACID (VITAMIN B9)], WATER, WHOLE WHEAT FLOUR, YEAST, SUGAR, VITAL WHEAT GLUTEN, SOYBEAN OIL, SALT, MOLASSES, DOUGH CONDITIONERS (MONO- AND DIGLYCERIDES, SODIUM STEAROYL LACTYLATE, ASCORBIC ACID), CALCIUM PROPIONATE (TO RETAIN FRESHNESS), YEAST NUTRIENTS (MONOCALCIUM PHOSPHATE, AMMONIUM SULFATE, CALCIUM SULFATE), ENCAPSULATED SORBIC ACID (SORBIC ACID, HYDROGENATED VEGETABLE OIL, MONO- AND DIGLYCERIDES), SOY LECITHIN.



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#### Ingredients

Whole Wheat Flour, Water, Wheat Gluten, Sugar, Yeast, Soybean Oil, Salt, Molasses, Monoglycerides, Calcium Propionate (Preservative), Datem, Calcium Sulfate, Soy Lecithin, Citric Acid, Potassium Iodate, Grain Vinegar



#### Look for:

- "Whole" in the 1<sup>st</sup> ingredient
- "100%"
- Whole Grain Stamp



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#### Menu Production Records

Meat/Alt													
Milk	Whole Milk	1/2 c						2 c					1
Milk	1%/Skim Milk		1/2 c	3/4 c	1 c	1 c	1 c	1.19 gal					
Milk	Milk Substitute	1/2 c	1/2 c	3/4 c	1 c	1 c	1 c						
Lunch		1 Yr		2 Yrs	3-5 Yrs	6-12	Yrs	13-18 Yrs	Adults	Tota	al		Total
Zanon	Estimated Attendance		5	4	10	2		0	0		21 Planned Pa	rticipation	
	Actual Attendance										Non-Progr	am Meals	
		•		Rqd Servi	ng Size By	y Age		Qty Need	ed Qty N	leeded	Actual		
Component	Food Served/Planned	1	2	3-5	6-12	13-18	Adult	Per Estima	ated Per	Actual	Qty Prepared		Spe
Brd/Alt	White Bread	1/2 ozeq	1/2 oze	q 1/2 oze	q 1 ozeq	1 ozeq	2 oze	q 11 1/2 oz e	q		2 loaves		
Veg	Green Beans	1/8 c	1/8 c	1/4 c	1/2 c	1/2 c	1/2 c	4 5/8 c			1 can		
Fruit	Pears	1/8 c	1/8 c	1/4 c	1/4 c	1/4 c	1/2 c	4 1/8 c			1 can		
Meat/Alt	Turkey Breast	1 oz	1 oz	1 1/2 oz	2 oz	2 oz	2 oz	1.75 lb			2 pkgs		
Milk	Whole Milk	.047 gal						.235 gal					
Milk	1%/Skim Milk	_	.047 ga	.047 ga	.063 gal	.063 ga	.063 g	al.784 gal			3 gal		
Milk	Milk Substitute	.047 gal	.047 ga	.047 ga	.063 gal	.063 ga	.063 g	ja					
P.M. Snack		1 Yr		2 Yrs	3-5 Yrs	6-12	Yrs	13-18 Yrs	Adults	Tota	al		Total
	Estimated Attendance		6	3	18	13		0	0	4	40 Planned Pa	rticipation	
	Actual Attendance										Non-Progr	am Meals	
				Rqd Servi	ng Size By	y Age		Qty Need	ed Qty N	leeded	Actual		
Component	Food Served/Planned	1	2	3-5	6-12	13-18	Adult	Per Estima	ated Per	Actual	Qty Prepared		Spe
Brd/Alt	Graham Crackers	1/2 ozeq	1/2 oze	q 1/2 oze	q 1 ozeq	1 ozeq	1 oze	q 26 1/2 oz e	p				A
Brd/Alt	Graham Crackers	1/2 ozeq	1/2 oze	q 1/2 oze	q 1 ozeq	1 ozeq	1 oze	q 26 1/2 oz e	d				500
Component	Food Served/Planned		. 5	3-5	6-12		Adult	Per Estima	ated Per	Actual	<b>Oty Prepared</b>		Spe
				Rod Servi	ng Size B	y Age		Oty Need	ed Oty N	pepee	Actual		
	Actual Attendance										Non-Progr	am Meals.	
	Estimated Attendance					13					4D Planned Pa		
AND CASCROOM													

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Lunch		1 Yr	2	Yrs	3-5 Yrs	6-12	Yrs	13-18 Yrs	Adults	Tota	al		Total
Lanon	Estimated Attendance		5	4	10	2		0	0	- Carterio	Planned Part	chation	
	Actual Attendance										Non-Progra	7 5	
			F	ad Servir	ng Size B	y Age		Qty Need	ed Qty	eeded	Actual		
Component	Food Served/Planned	1	2	3-5	6-12	13-18	Adult	Per Estima	ated er	Actual	Qty Prepared		Spe
Brd/Alt	White Bread	1/2 ozeq	1/2 ozed	1/2 ozed	1 ozeq	1 ozeq	2 oze	q 11 1/2 oz e	q		2 loaves		
Veg	Green Beans	1/8 c	1/8 c	1/4 c	1/2 c	1/2 c	1/2 c	4 5/8 c			1 can		
Fruit	Pears	1/8 c	1/8 c	1/4 c	1/4 c	1/4 c	1/2 c	4 1/8 c			1 can		
Meat/Alt	Turkey Breast	1 oz	1 oz	1 1/2 oz	2 oz	2 oz	2 oz	1.75 lb	P		2 pkgs		
Milk	Whole Milk	.047 gal						.235 gal					
Milk	1%/Skim Milk		.047 gal	.047 gal	.063 gal	.063 ga	.063 g	al.784 gal	0	d	3 gal		
Milk	Milk Substitute	.047 gal	.047 gal	.047 gal	.063 gal	.063 ga	.063 g	a			·		
P.M. Snack		1 Yr	2	Yrs	3-5 Yrs	6-12	Yrs	13-18 Yrs	Adults	Tota	al		Total
T.M. Gridok	Estimated Attendance		6	3	18	13		0	0		40 Planned Part	icipation	
	Actual Attendance										Non-Progra	m Meals	
		•	F	Rgd Servir	ng Size B	y Age		Qty Need	ed Qty N	leeded	Actual		
Component	Food Served/Planned	1	2	3-5	6-12		Adult	Per Estima	ated Per	Actual	Qty Prepared		Spe
Brd/Alt	Graham Crackers	1/2 ozeq	1/2 ozed	1/2 ozec	1 ozeq	1 ozeq	1 oze	q 26 1/2 oz e	pq				
Brd/Alt	Graham Crackers	1/2 ozeq	1/2 ozeo	1/2 ozeo	1 ozeq	1 ozeq	1 oze	q 26 1/2 oz e	d				880
Component	Food Served/Planned	4	2	3-5	6-12		Adult			Actual	Oty Prepared		Spe
				ad Servir	ng Size B	v Age		Oty Need	ed Oty 1	leeded	Actual		
	Actual Attendance										Non-Progra	of Meals	
	· · Estimated Attendance												

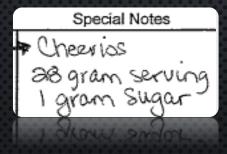
- Non measureable quantities
- Milks totaled together

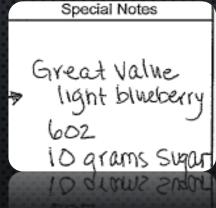
Meat/Alt														7
Milk	Whole Milk	1/2 c						2 c						'
Milk	1%/Skim Milk		1/2 c	3/4 c	1 c	1 c	1 c	1.19 gal						
Milk	Milk Substitute	1/2 c	1/2 c	3/4 c	1 c	1 c	1 c			<del>.</del>				
Lunch		1 Yr	- 2	2 Yrs	3-5 Yrs	6-12	Yrs	13-18 Yrs	Adults	Tot	al			Total In
	Estimated Attendance		5	4	10	2		0	(	)	21	Planned Par	ticipation	
	Actual Attendance											Non-Progra	am Meals	
			F	Rqd Servi	ng Size B	y Age		Qty Need	ed Qty	Needed		Actual		
Component	Food Served/Planned	1	2	3-5	6-12	13-18	Adul	t Per Estima	ated Pe	Actual		y Prepared		Speci
Brd/Alt	White Bread	1/2 ozeq		1/2 ozed	1 ozeq		I	eq 11 1/2 oz e	q		1 -	16oz		
Veg	Green Beans	1/8 c	1/8 c	1/4 c	1/2 c	1/2 c	1/2 c	4 5/8 c				#10 can		
Fruit	Pears	1/8 c	1/8 c	1/4 c	1/4 c	1/4 c	1/2 c	4 1/8 c			1	#10 can		
Meat/Alt	Turkey Breast	1 oz	1 oz	1 1/2 oz	2 oz	2 oz	2 oz	1.75 lb			1	12 oz		
Milk	Whole Milk	.047 gal						.235 gal			1 g			
Milk	1%/Skim Milk						1	gal.784 gal			2 g	aı	<b>Y</b>	
Milk	Milk Substitute	.047 gal	.047 gal	.047 gal	.063 gal	.063 ga	.063 g	ja			<u> </u>		<u> </u>	
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	Estimated Attendance		6	3	18	13		0	(	)	40	Planned Par	ticipation	
	Actual Attendance											Non-Progra	am Meals	
			F		ng Size B	y Age		Qty Need	ed Qty	Needed		Actual		
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Brd/Alt	Graham Crackers	1/2 ozeq	1/2 ozec	1/2 ozed	1 ozeq	1 ozeq	1 oze	eq 26 1/2 oz e	pq					
Brd/Alt	Graham Crackers	1/2 ozeq	1/2 oze	11/2 oze	1 ozeq	1 ozeq	1 oze	eq 26 1/2 oz e	d					8888
Component	Food Served/Planned		2	3-5	6-12	13-18	Adul	f Per Estim		r Actual	Ot	y Prepared		Speci
			t	kad Servi	ng Size B	y Age		Oty Need	ed oty	Needed		Actual		
	Actual Attendance											Non-Propri		

- Quantities listed in weight
- o #10 can is fine
- Amounts for whole and 1% listed separately

#### CEREALS AND YOGURTS

- Must be within sugar limits
- LOOK FOR WIC APPROVED ITEMS
- Unsure? Ask us ©
- Must document Serving Size and Sugars per Serving on menu production records









Sugars per serving

# CN LABELS AND PRODUCT FORMULATION STATEMENTS

- NEEDED FOR ANY PREPACKAGED COMBINATION FOODS
  - CHICKEN NUGGETS
  - FISH STICKS
  - CORN DOGS
  - Premade Lasagna
  - RAVIOLI
  - FROZEN PIZZAS
  - FROZEN TAQUITOS & BURRITOS
  - Breakfast Sandwiches/Pancake on a stick
  - UNCRUSTABLES

- NEEDED FOR ANY FOODS WITH FILLERS
  - Hot Dogs \*
  - LUNCH MEAT \*
  - SAUSAGE
  - MEATBALLS
  - DRIED MEATS
  - CHEESE SAUCES

# CN LABELS AND PRODUCT FORMULATION STATEMENTS

- Needed for any prepackaged combination foods
  - CHICKEN NUGGETS
  - FISH STICKS
  - CORN DOGS
  - Premade Lasagna
  - RAVIOLI
  - FROZEN PIZZAS
  - FROZEN TAQUITOS & BURRITOS
  - Breakfast Sandwiches/Pancake on a stick
  - UNCRUSTABLES

- NEEDED FOR ANY FOODS WITH FILLERS
  - Hot Dogs \*
  - LUNCH MEAT \*
  - SAUSAGE
  - MEATBALLS
  - DRIED MEATS
  - CHEESE SAUCES

\*\*TIME TO GET NEW LABELS\*\*

# LABELS

- WHOLE GRAINS INGREDIENT LIST
- CEREALS NUTRITION FACTS
- YOGURTS NUTRITION FACTS
- PROCESSED FOODS\*\* INGREDIENT LIST



# Does this count as a label?

\$ Chickens are calsed cage-tree, not confined to cages.

#### Nutrition Facts About 8 servings per container Serving size 3 Pieces (769)

mont per serving

#### Calories

the state of the s	
Total Fet 9g	12%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Chelesterol 30mg	10%
Sedium 360mg	17%
Total Carbohydrate 13g	5%
Dietary Fiber 0g	0%
Total Sugars 1g	
Includes 1g Added Sugars	2%
Protein 10g	20%

N. D	Omog	0%		Calcium	5mg	0%
on:	Omg	0%	٠	Potas.	150mg	4%
_	_	_	_			_

The % Daily Value (DN) tells you have much a number in a serving of fixed contributes to a dely dec. 2,000 satisfies a day is used for general number advice. Cateries and outer.

Ret 9 - Corbohydrate 6 - Protein 6

IMGREDIENTS: Organic Boneless Chicken Breast with Rib Meet, Water, Organic Rice Flour, Organic Tellow Com Flour, Organic Vellow Com Meed. CONTRINS LESS THAN 21: OF Sea Saft, Organic Com Starch, Organic Garlie Powder, Organic Cane Sugar, Organic Union Powder, Organic Raisin Juice Concentrate, Organic Hosey, Organic White Pepper, Organic Black Proper, Organic Veset Extract

Distributed by: Perdue, Solisbury, MD 21804 Cortified Organic By QAI

BE A PART OF OUR COMMUNITY!



Please have this package available when speciacing us about this purchase.



#### QUESTIONS? COMMENTS?



1-800-4PERDUE® (1-800-473-73838 Weekdays 9:00 am - 6:30 pm ET



with us at perdue comit for recipes, product tips, and general info.



Prof. BOX 1537, Salisbury, MD 21802



#### Simply Smart

ORGANICS

#### Breaded CHICKEN BREAST NUGGETS

BEADED NUMBET SHAPED CHICKEN BREAST PATTIES WITH DIS WEST

#### **GLUTEN FREE**

NO ARTIFICIAL FLAVORS AND NO PRESERVATIVES

> 100% VEGETARIAN DIET

NO ANIMAL BY-PRODUCTS

CAGE FREE!

When it comes to the food you feed your family, quality i

With a 100-year tradition of excellence, PERDUE® is dedicated to providing wholesome, flavorful foods that start with chicken raised on family farms, right here in the USA.

With PERDUE® SIMPLY SMART® Organics, we keep it simple, st and satisfying. That means using only organic, non-GMO® ingrey you can recognize. We added Organic Corn Flour, Organic Rice Honey, and a touch of Cane Sugar to 100% natural® organic chi create a gluten-free favorite.

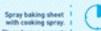
Just heat and serve.

#### **HEATING INSTRUCTIONS**

#### COOK FROM FROZEN + PREFERRED METHOD



Prohest OVEN or Teaster Oven to 425°F



Place frezen nuggets | State for 12 TO | 13 MINUTES, | baking sheet. | or until heated through.



diances may vary, heating times are appreximate

AIR FRYER: Probest Air Pryor to 350°F. Place a single, evenly spaced layer of frozen noggets in the basket. Next for AT LEAST & MINUTES, or until heated through. PECROWAVE OVEN: Place 5-4 fraces supports in single layer on a microwave safe place lined with paper tower. Heat, uncovered, or HERM for 3 % HERMITES, turning haldway through heating time. Let stand for 1 to 2 minutes before serving.

"If this purchase fails to meet your expectations, I want to know about it."







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# Does this count as a label?

No – This does not tell you how much meat or grain is in each serving. Only a PFS or CN label give you this information.

2 Chickens are raised cage-free, not confined to cages.

#### **Nutrition Facts** About 8 servings per container Serving size 3 Pieces (76g) 170 Calories % Daily Value 12% 8% Saturated Fat 1.5g Trans Fat 0g 10% Chelesterol 30mg 17% Sodium 350mg Total Carbohydrate 13g 5% 0% Dietary Fiber 0g Total Sugars 1g Includes 1g Added Sugars

Wr. D Omog 0% · Calcium 5mg 0% Iron Omg 0% - Potas, 150mg 4% The % Delty Value (DV) tells you have much a number in a serving of fixed contributes to a delty due. 2,000 colories a day is used for peneral matrices advoce.

Pet 9 - Contohydrate 6 - Proson 6

**INGREDIENTS:** Organic Boneless Chicken Breast with Rib Mest, Water, Organic Rice Flour, Organic Yellow Corn Flour, Organic Yellow Corn Meal. CONTAINS LESS THAN 2% OF Sea Salt, Organic Corn Starch, Organic Garlic Powder, Organic Cane Sugar, Organic Onion Powder, Organic Raisin Juice Concentrate, Organic Honey, Organic White Proper. Organic Black Proper, Organic Yeard Extract

Distributed by: Perdue, Salisbury, MD 21804 Certified Organic By QAI

BE A PART OF OUR COMMUNITY!

**(7** ⊚ (0) 🖸

Please have this peckage available about this purchase

#### QUESTIONS? COMMENTS?



1-800-4PERDUE® [1-800-473-73808 Weekdays 9:00 am - 6:30 pm ET



with us at perdue comil for recipes. product tips, and general info.



Andue Consumer Relations. P.O. BOX 1537, Salisbury, MD 21802



### ORGANICS

· Breaded · CHICKEN BREAST

NUGGETS

#### **GLUTEN FREE**

NO ARTIFICIAL FLAVORS AND **NO PRESERVATIVES** 

> our chickens are raised with 100% VEGETARIAN DIET

NO ANIMAL BY-PRODUCTS

CAGE FREE!

When it comes to the food you feed your family, quality:

With a 100-year tradition of excellence, PEROUE® is dedicated to providing wholesome, flavorful foods that start with chicken raised on family farms, right here in the USA

With PERDUE® SIMPLY SMART® Organics, we keep it simple, s and satisfying. That means using only organic, non-GMO\* ingre you can recognize. We added Organic Corn Flour, Organic Rice Honey, and a touch of Cane Sugar to 100% natural\* organic chi create a gluten-free favorite.

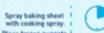
Just heat and serve.

#### HEATING INSTRUCTIONS

#### COOK FROM FROZEN + PREFERRED METHOD



Place frozen nuggets in single layer on to 425°F



State for 11 TO I or until heated

through.



2 to 3 minutes before serving.

AIR FRYER: Prohest Air Styler to 350°F. Place a single, evenly spaced. Layer of froces nuggets in the basket. Heat for AT LEAST & MINUTES, or until heated through.

in single layer on a microwave safe plate timed with paper towel, Heat, uncovered, on WIGH for \$ % MINUTES, turning halfway through heating time. Let stand for 1 to 2 minutes before serving.

"If this purchase fails to meet your expectations, I want to know about it."







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#### CN Labels and PFS show how much of each serving counts toward each component

- Use this information to meet the minimum. serving portions for each age group
- Document this information on your menu production records

Piz	zza Cheese Pizza
_	CN
	000000*
	Each 5.00 oz portion of Cheese Pizza provides 2.00 oz equivalent meat
CI	N alternate, 1/4 cup serving of vegetable, and 1.50 servings of bread alternate CN for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA 06/04**).
-	CN —



incinnati, OH 45246 Phone 800-543-1604/513-874-8741 Fax 519-874-7180

#### PRODUCT ANALYSIS FORM FOR CN PRODUCTS & NON CN PRODUCTS PRODUCT FORMULATION STATEMENT FOR MEAT/MEAT ALTERNATE (M/MA) AND EQUIVALENT GRAINS (Eg)

Product Name: Peanut Bu	tter & HFCS Free Grape Jelly on Whole Grain Wafer	Code No: A1290
Manufacturer:	AdvancePierre Foods	
Case/Pack/Count/Portion Size:_	Net Wt. 23.00 Lbs. / 160 - 2.30 oz. Portions	
A. Meat/Meat Alternate	•	

The chart below shows the creditable amount of Meat/Meat Alternate determination

Description of Creditable Ingredients per Food Buying Guide	Ounces per Raw Portion of Creditable Ingredient	Multiply	Food Buying Guide Yield	Creditable Amount*			
Peanut Butter	1.10 oz.	X	1.10 oz. = 2 Tbsp = 1 Serving	1.00			
		X					
		x					
A. Total Creditable Amount <sup>1</sup>							

#### B. Alternate Protein Product (APP)

If the product contains APP, the chart below to determine the creditable amount of APP is filled out

Description of APP, Manufacturer's name, and code number	Ounces Dry APP Per Portion	Multiply	% of Protein As-is*	Divide by 18**	Creditable Amount APP***		
		X					
		X					
		х					
B. Total Creditable Amount <sup>1</sup>							
TOTAL CREDITABLE AMOUNT (A + B)							

#### C. EQUIVALENT GRAINS (EG)

I	Does this product meet the Whole Grain-Rich Criteria: Yes	X	No		
I	I. Does this product contain non-creditable grains: Yes	No	Х	How many grams	
,	Products with more than 0.24 or, equivalent or 2.00 grams for Course A.C. or 5.0	10 aras	me for C	croup H of pop-creditable are	alne may

III. Indicate which Exhibit A Group (A-I) the Product Belongs: B

The chart below shows the creditable amount of Grain used in finished good

Description of Product per Food Buying Guide	Portion Size of Product as Purchased (A)	Weight of one ounce equivalent as listed In SP 30-2012 (B)	Creditable Amount A ÷ B
Whole Grain Wafer (60.7% creditable grain)	28 g = 1.00 oz.	28 g	1.00
C. Total Creditable Amount <sup>1</sup>			<u>1.00</u>

<sup>&</sup>lt;sup>1</sup>Total Creditable Amount must be rounded down to the nearest % serving. Do not round up.

Total weight (per portion) of product as purchased: 2.30 oz.

I certify that the above information is true and correct and that a 2.30 ounce serving of the above product (ready to cook) contains 1.00 ounces of equivalent meat/meat alternate and 1.00 equivalent grains when

(Reminder: Total creditable amount cannot count for more than the total weight of product)

I further certify that any APP used in this product conforms to Food and Nutrition Service regulations (7CFR Parts 210, 220, 225 or 226 Appendix A).

March 2, 2017 Kim Crocker Your Name

# MILK

#### One year olds

- o Unflavored, Whole
- o Minimum Portion (all meals) ½ cup

#### Two year olds

- o Unflavored, 1% or Fat Free/Skim
- o Minimum Portion (all meals) ½ cup

#### Three - Five year olds

- o Unflavored, 1% or Fat Free/Skim
- o Minimum Portion (Breakfast, Lunch, Dinner) − ¾ cup
- o Minimum Portion (Snacks) − ½ cup

#### Six & Above

- o Unflavored, 1% or Fat Free/Skim
- Minimum Portion (all meals) 1 cup



# MILK SUBSTITUTES

- Must be UNFLAVORED
- Soy/Lactose Free just need a Parent Statement
- o Almond, Oat, Rice, ETC needs a Doctor's Note

Ripple (Pea Milk) is now an approved substitute – just a parent statement is needed



### NON CREDITABLE FOODS

- POTATO CHIPS
- VEGGIE STRAWS
- VANILLA WAFERS
- POP TARTS
- BELVITA BISCUITS
- NUTRAGRAIN BARS
- GRANOLA BARS

- COOKIES
- CAKES/CUPCAKES
- Pudding
- LEMONADE
- TAMPICO
- CREAM CHEESE

#### INFANT MEAL PATTERN

- INFANT MEAL PATTERN IS CHILD

  SPECIFIC AND DETERMINED BY THE

  PARENT'S/GUARDIAN'S APPROVAL

  OF FOODS TO BE SERVED
- CREDITABLE FOOD COMPONENTS FOR INFANTS **DIFFER** FROM OTHER AGE GROUPS
- MEAL PATTERN IS REQUIRED TO BE MET FOR AN INFANT'S MEAL TO BE CLAIMED FOR REIMBURSEMENT

	BREAKFAST	
4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 − ½ oz eq.  Infant Cereal &/or 0-4 Tbsp Meat/meat alternate²	0 – 2 Tbsp.  Vegetable, or Fruit or a combination of both

	LUNCH	
4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 − ½ oz eq.  Infant Cereal &/or 0-4 Tbsp Meat/meat alternate²	0-2 Tbsp.  Vegetable, or Fruit or a combination of both

#### INFANT MEAL PATTERN

- SNACKS- 3 COMPONENTS
  - A BOTTLE IS REQUIRED
  - ONCE DEVELOPMENTALLY

    APPROPRIATE AND APPROVED BY

    PARENT/GUARDIAN, THE OTHER

    COMPONENTS ARE REQUIRED

PM SNACK									
4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0-1/2 oz eq Infant Cereal/ or Bread or 0 = ½ oz eq Crackers or Ready-to-eat Breakfast Cereal	0 - 2 Tbsp.  Vegetable, or Fruit or a combination of both							
	Breakfast Cereal								

#### Infant Formula Selection & Solid Foods

Date of Birth:



(brand) iron fortified infant formula to all infants under one year of age.

The Infant Formula Selection & Solid Foods Form is intended to be a living document shared between the child care provider and families to ensure that formula/solid baby foods (texture appropriate) are served at the discretion of the parents. As new foods are introduced at home, the form must be updated. This allows the child care providers to know when and what solid foods should be served.

Infant Name:

A. Infant Formula Selection: This center provides

FORMU	LA (list brand)					r declined, please		nat will be p	rovided B	REASIMILK (CIRCLE) OF	
Parent S	Signature:					Date:					
				•		served, in additio				ording to the CACFP Infan	t Meal
Food	Date		Meals		Food	Date		Meals		Food	Date
	(Month/Yr)	(P	lease che	ck)		(Month/Yr)	(F	Please chec	k)		(Month/Yr)
Iron-Fortified I Cereals	nfant	BK	LU/SU	SN	Fruit/Vegetal	oles	BK	LU/SU	SN	Ready-to-eat Breakfas (SNACK ONLY)	t Cereal
Rice					Applesauce					Cereal:	
Oat					Apricots					Cereal:	
Barley					Avocados					Cereal:	
Mixed					Bananas					Grains (SNACK ONLY)	
Wheat					Carrots					Bread/Rolls	
Meat & Meat A	Iternatives		•	-	Corn					Biscuits	
Beef					Green Beans					Saltine Crackers	
Dry Beans					Mango					Pancakes	
Cheese, Natural					Melon					Waffles	
Chicken					Peaches					Tortillas soft	
Cottage Cheese					Pears					Other:	
Dry peas					Peas						-
Fish					Plums/Prunes					7	
Pork					Potatoes					7	
Tuna					Squash					Please note changes	to infant's
Turkey					Sweet Potatoes					feeding schedule on this page.	the back of
Whole Egg					Other:						
Yogurt					Other:						
Other:					Other:					<b>□</b>	//arch 2020

- REQUIRED FOR ALL
   INFANTS UNDER THE AGE
   OF 1
- SEND IN WITH IEF
- KEPT ON FILE IN CLASSROOM

Infant Name:	Date of Birth:
A. Infant Formula Selection: This center provides     ACCEPT or DECLINE (Please circle one) the     FORMULA (list brand)	(brand) iron fortified infant formula to all infants under one year of age. center's formula. If declined, please identify what will be provided BREASTMILK (circle) or
B. *Once my child is READY for solid foods, A	ACCEPT or DECLINE the center's solid foods.
Parent Signature:	
Parent Signature:	Date:

- CENTERS ARE RESPONSIBLE TO:
  - RECORD INFANT FORMULA OFFERED BY CENTER
  - Ensure first name, last name, and date of birth are complete.
  - Ensure parents have accepted/declined formula offered
    - IF DECLINED, ENSURE A FORMULA OR BREASTMILK HAS BEEN IDENTIFIED
  - Ensure parents have accepted/declined center foods
  - OBTAIN PARENTS SIGNATURE AND DATE

Food	Date (Month/Yr)		Meals lease chec	
Fruit/Vegetab	oles	BK	LU/SU	SN
Applesauce				
Apricots				
Avocados				
Bananas	5/2022	X	X	X
Carrots				
Corn				
Green Beans				
Mango				
Melon				
Peaches				
Pears				
Peas				
Plums/Prunes				
Potatoes				
Squash				
Sweet				
Potatoes				
Nther:				
Wher:				200000000
Potatoes				
Sweet				
Squash				

- COMPLETED BY PARENT
   OR STAFF MEMBER
- RECORD MONTH/YEAR
   WHEN EACH SOLID
   FOOD IS TO BE SERVED
   BY CENTER
- Mark the meals food is to be offered

<u> </u>	
Food	Date
	(Month/Yr)
Ready-to-eat Breakfast	Cereal
(SNACK ONLY)	
Certal: Cheerios	5/2022
Cereal:	
Cereal:	
Grains (SNACK ONLY)	
Bread/Rolls	
Biscuits	
Saltine Crackers	
Pancakes	
Waffles	
Tortillas soft	
Other:	
Tortillas soft	

Waffles.
Tortillas soft
Other:

- CEREALS OFFERED BY CENTER NEED TO BE NOTED
- "OTHER" ITEMS NEED
  TO BE NOTED SUCH AS
  FISH CRACKERS, PUFFS

### INFANT PRODUCTION RECORDS



#### WEEKLY MEAL RECORD

#### Individual Infant - Breakfast, Lunch and PM Snack

\*All food components are required when infant is developmentally ready

Child's Name:	Date of Birth:
site:	Meal Benefit Category:

# B.M. = Breast milk F = Formula Rice = "Rice" Cereal Oat = "Oatmeal" Cereal Mixed = "Mixed" Cereal Infants fed on-site by breastfeeding

Common Abbreviations:

mothers = B.M. by mom

			BREAKFAST			LUNCH			PM SNACK	
Month, Day, Year		4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 – ½ oz eq.  Infant Cereal &/or 0-4 Tbsp Meat/meat alternate <sup>2</sup>	0 - 2 Tbsp.  Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 - ½ oz eq.  Infant Cereal &/or 0-4 Tbsp Meat/meat alternate <sup>2</sup>	0-2 Tbsp.  Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0-1/2 oz eq Infant Cereal/ or Bread or 0 - ½ oz eq Crackers or Ready-to-eat Breakfast Cereal	0-2 Tbsp.  Vegetable, or Fruit or a combination of both
	Monday									
	Tuesday									
	Wednesday									
	Wednesday									

- FIRST AND LAST
   NAME (SAME AS
   IN CX/KIDKARE
- BIRTHDATE
- DATES

#### INFANT PRODUCTION RECORDS

Midwest Child Care Association
Your Child Care Partner

#### WEEKLY MEAL RECORD

#### Individual Infant – Breakfast, Lunch and PM Snack

\*All food components are required when infant is developmentally ready

Child's Name:	Date of Birth:
site:	Meal Benefit Category:

#### Common Abbreviations:

B.M. = Breast milk
F = Formula
Rice = "Rice" Cereal
Oat = "Oatmeal" Cereal
Mixed = "Mixed" Cereal
Infants fed on-site by breastfeeding
mothers = B.M. by mom

- SPECIFY IF
   FORMULA OR
   BREASTMILK
- SPECIFY FOODS
   SERVED
- LIST QUANTITIES

COMPLETE WHEN
FOOD IS PREPARED
NOT AT END OF
DAY

		BREAKFAST				LUNCH		PM SNACK			
Month, Day, Year		4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 – ½ oz eq.  Infant Cereal &/or 0-4 Tbsp Meat/meat alternate <sup>2</sup>	0 - 2 Tbsp.  Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0 – ½ oz eq.  Infant Cereal &/or 0-4 Tbsp Meat/meat alternate <sup>2</sup>	0-2 Tbsp.  Vegetable, or Fruit or a combination of both	4-6 Fl. Oz (0-5 months) 2-4 Fl. Oz (6-11 months) Breast Milk <sup>1</sup> or Formula	0-1/2 oz eq Infant Cereal/ or Bread or 0 - ½ oz eq Crackers or Ready-to-eat Breakfast Cereal	0-2 Tbsp.  Vegetable, or Fruit or a combination of both	
	Monday										
	Tuesday										
	Wednesday										
	Websetto.W										

## FORMULA

#### MUST BE:

- IRON FORTIFIED
- MEANT FOR INFANTS
- MADE IN THE USA

ANYTHING ELSE REQUIRES A DOCTOR'S NOTE











#### <u>Is this Infant Breakfast Reimbursable?</u>

Baby Betsy is 11 months old....









#### Is this Infant Breakfast Reimbursable?

Baby Betsy is 11 months old....







NO! The only grain creditable at breakfast is iron fortified infant cereal!



#### <u>Is this Infant Lunch Reimbursable?</u>

Baby Bob is 8 ½ months old....









#### <u>Is this Infant Lunch Reimbursable?</u>

Baby Bob is 8 ½ months old....







YES! Meal pattern at lunch consists of a bottle, meat/alt, and a fruit/veg!



#### <u>Is this Infant Snack Reimbursable?</u>

Baby Barbara is 11 months old....







<u>Is this Infant Snack Reimbursable?</u>

Baby Barbara is 11 months old....



NO! A bottle is required at every meal



#### <u>Is this Infant Lunch Reimbursable?</u>

Baby Beatrice is 10 months old....









Is this Infant Lunch Reimbursable?

Baby Beatrice is 10 months old....







YES! Meal pattern at lunch consists of a bottle, meat/alt, and a fruit/veg! Make sure to document properly on menu - needs qty's and list as beef



#### <u>Is this Infant Snack Reimbursable?</u>

Baby Bruce is 11 months old....







Is this Infant Snack Reimbursable?

Baby Bruce is 11 months old....



NO! Peanut Butter is not creditable for infants. Also if a fruit has been being served at snack prior to this meal, a fruit is required. Jelly is not a fruit

# TRANSITIONING TO WHOLE MILK





CACFP ALLOWS A TRANSITION TIME OF 1 MONTH (FROM THE DATE THE INFANT TURNS 12 MONTHS OLD TO THE TIME THE CHILD TURNS 13 MONTHS OF AGE) TO HELP BABIES GET USED TO UNFLAVORED WHOLE COW'S MILK.

BOTH UNFLAVORED WHOLE MILK AND INFANT FORMULA CAN BE SERVED DURING THIS 1 MONTH TRANSITION PERIOD. IF THE PARENT REQUESTS THAT YOU CONTINUE TO SERVE FORMULA AFTER THE CHILD TURNS 13 MONTHS OF AGE, THEN A DOCTOR'S NOTE WOULD BE REQUIRED.

THE PARENT MAY REQUEST THAT A CHILD CONTINUE TO RECEIVE BREASTMILK FOR AS LONG AS THE PARENT WISHES — A DOCTOR'S NOTE IS NEVER REQUIRED FOR SERVING BREASTMILK!

# INFANT MEAL REMINDERS

- NO PROCESSED FOODS SHOULD BE SERVED TO CHILDREN UNDER 1 YEAR OF AGE (CHICKEN NUGGETS, FISH STICKS, HOT DOGS, SAUSAGE)
- ALL CENTERS MUST OFFER AN IRON FORTIFIED FORMULA
- BE SPECIFIC WHEN RECORDING INFANT FOODS ON MENUS WRITE CARROTS INSTEAD
  OF VEGETABLE, WRITE RICE CEREAL INSTEAD OF CEREAL, WRITE BEEF INSTEAD OF MEAT
- RECORD THE AMOUNT OF FOOD AND FORMULA OFFERED AT EACH MEAL
- DON'T FORGET TO PUT THE INFANT MENU TEMPLATE INTO CX/KIDKARE
- BABY MENUS AND ATTENDANCE NEED TO MATCH!!

# FORMULA NOTICE

Post prominently in infant room to let parents know which formula you are offering



This center participates with the child nutrition program and is required to provide at least one type of formula.

This center provides

formula to infants under the age of 1 year old.

For more information, please contact

Midwest Child Care (402) 551-2379





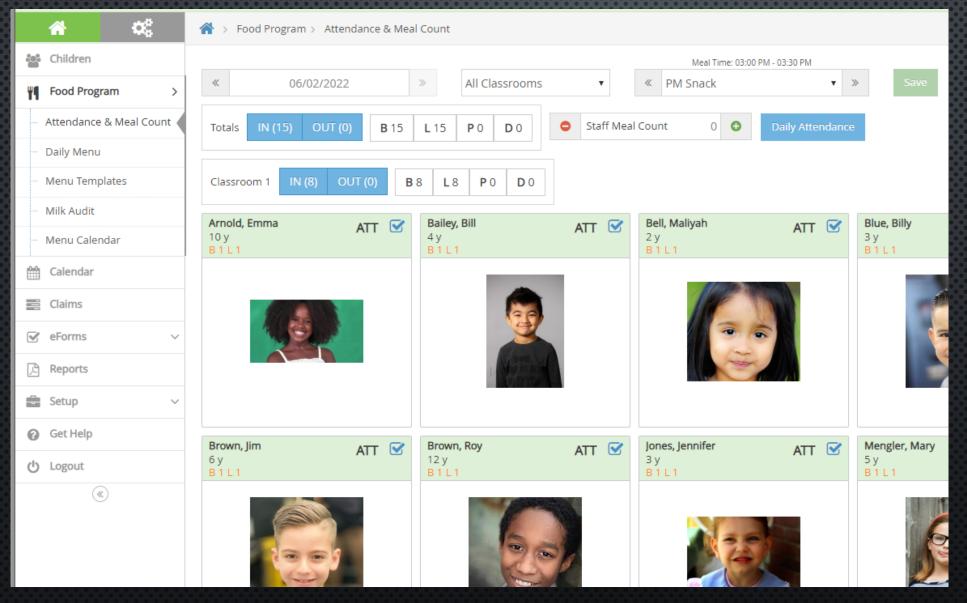


# SOFTWARE CHOICES

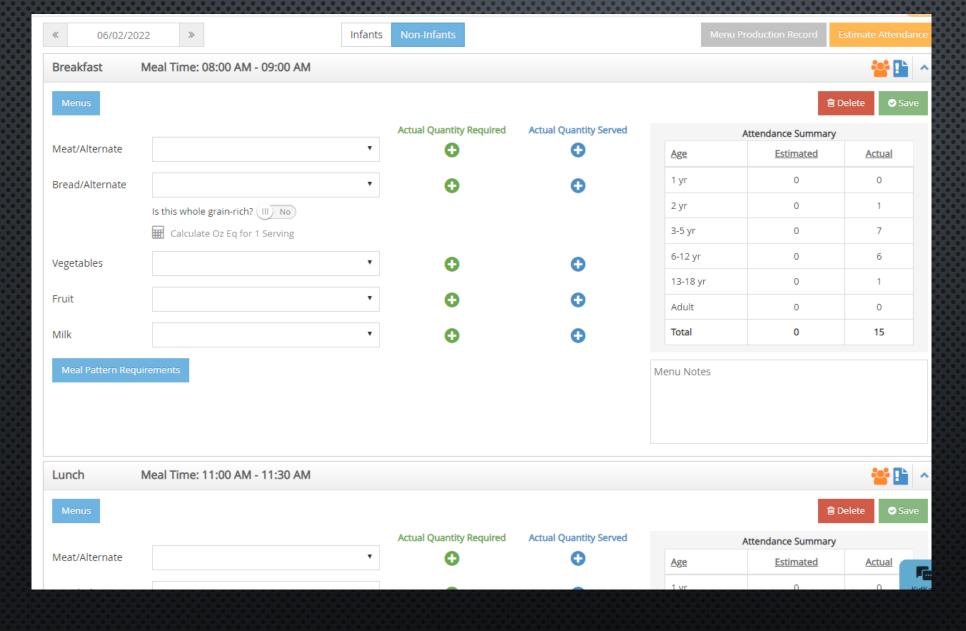




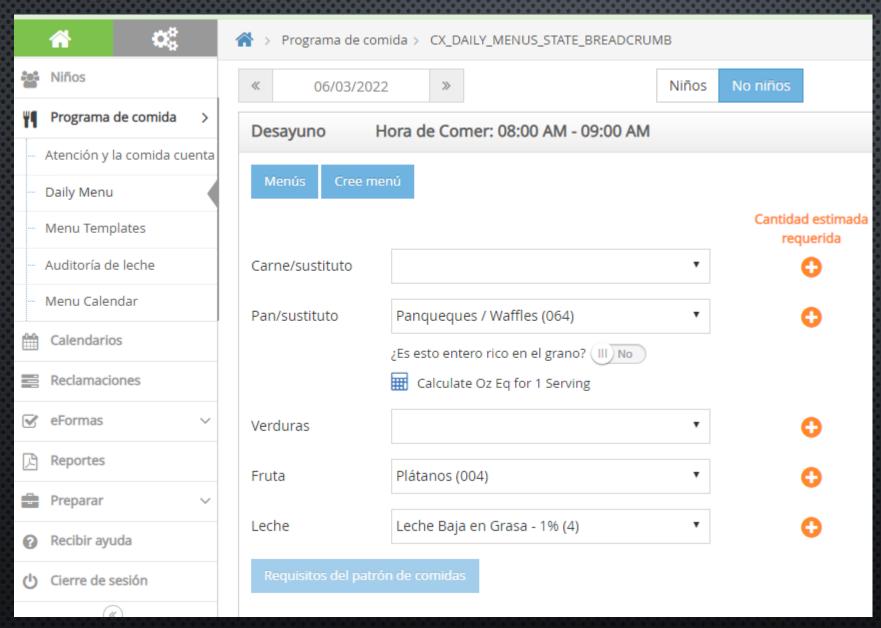
- o All of your center's information is on both
- o Same login and password for both
- o Can use both concurrently



- WEBSITE
- CAN BE USED ON ANY DEVICE
- USERFRIENDLY
- ENTER KIDS,
   ATTENDANCE,
   MENUS, RUN
   REPORTS



- ENTER MENUS
   FOR THE
   WHOLE DAY
   ON ONE
   SCREEN
- FOOD PICKER
   IS A DROP
   DOWN MENU
   WITH SEARCH
   FUNCTION
- ESTIMATE
   ATTENDANCE
   JUST LIKE CX



# CAN SET THE LANGUAGE TO SPANISH!!!!

#### THE CONS:

CAN'T CHANGE CLASSROOMS

CAN'T WITHDRAW CHILDREN

NO DASHBOARD WITH ALERTS

Menu production records — Prints non Infant AND Infants

# ENROLLMENT/INCOME ELIGIBILITY FORMS

#### GETTING THE HIGHEST REIMBURSEMENT FOR YOUR CENTER



# ENROLLMENT SECTION

Fiscal Year 2023 Income Eligibility & Enrollment Form - Page 3 of 3 CENTER NAME Child Care Centers - NS -100C  INCOME ELIGIBILITY & ENROLLMENT FORM FOR CHILD CARE CENTERS JULY 1, 2022 THROUGH JUNE 30, 2023																					
Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is an infant, foster child (legal																					
responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the box.																					
,	Date Enroll Date	Time Ca (Us	U	Usual Days of Ca						M	Meals Served During Care					Infant	School Age	Head Start	Foster Child		
Last Name, First Name			Arrival Time	Leave Time	M	Т	w	Т	F	8	8	В	A M	L	P M	D	E V				
																			C		<u> </u>
																			0		
																			a a		
OPTIONAL: Please check the ethnicity and race of the child(ren) you are enrolling.  Ethnicity (select one or more):																					
Race (select one or more):  American Indian or Alaskan Native  Native Hawaiian or other Pacific Islander								☐ Asian ☐ White or Caucasian								☐ Black	Black or African American				

- BEGIN USING NEW FORM JULY 1<sup>ST</sup>, 2022
- MAKE SURE PARENT COMPLETES
   ALL FIELDS.
- ALL SIBLINGS MUST BE LISTED,
   INCLUDING FOSTER CHILDREN
- ENTER CHILDREN INTO CX
   BEFORE SENDING TO MIDWEST
- DISPOSE OF ALL YOUR 'OLD' FORMS ON JULY 1<sup>ST</sup>

# INCOME ELIGIBILITY SECTION

Part 2. Household Receiving Benefits: Suppl Food Distribution Program on Indian	lemental Nutrition Reservations (FD	n Assistan OPIR): Co	nce Progra omplete P	m (SNAP), T arts 1, 2 and	emporary A	Assistance fo	or Needy F	amilies (T	ANF), or
Check Applicable Program & Provide Case Numb	er(s): SNAP C	ase #:		_ D TANF	Case #:		☐ FDPI	R Case #:	
art 3A. HOUSEHOLDS EXCEEDING THE	INCOME GUIDE	LINES: C	omplete l	arts 1, 3A a	nd 4.				
your family income exceeds the income guide	elines (listed on atta	ched letter),	check this	box 🚨					
art 3B. ALL OTHER HOUSEHOLDS - If you				PIR MASTER				1, 3B and	4.
	W=Wee	akly E2=E	Every 2 we	eks 2M=Twk	e monthly	M=Monthly Y=Yearly			
List the Names of All Household Members not listed in Part 1 and Foster Children	Earnings from V	Vork		ild Support, nony		Retirement, Security	All Other Income		Check If ZERO income
1	How much? How	otion?	How much?	How often?	How much?	How often?	How much?	How often?	
2									<u> </u>
3									
4									<u> </u>
					†				
ocial Security Number of Household Member wh ast four digits of Social Security Number:	-								
			If you	do not have a	Social Se	curity Numb	er, check t	this box	]
art 4. SIGNATURE AND CONTACT INFORcorlify (promise) that all information on this form a reported. I understand that the facility will recei	MATION: is true and that all ive Federal funds t	l income based on		do not have a	a Social Se	curity Numb	er, check t	this box	]
Part 4. SIGNATURE AND CONTACT INFOR certify (promise) that all information on this form is reported. I understand that the facility will receive the information I give. I understand that CACFP conformation. I understand that if I purposely give formation are ceiving meals may lose their meal be	RMATION: is true and that all ive Federal funds b officials may verify false information, ti	l income based on the	P	rint Name ddress	a Social Se	curity Numb	er, check t	this box C	]
Part 4. SIGNATURE AND CONTACT INFOR certify (promise) that all information on this form a reported. I understand that the facility will receive the information I give. I understand that CACFP of information. I understand that if I purposely give farticipant receiving meals may lose their meal be	RMATION: is true and that all ive Federal funds b officials may verify false information, ti	l income based on the	P	rint Name	a Social Se	State	er, check t	Zip Code	
Part 4. SIGNATURE AND CONTACT INFOR certify (promise) that all information on this form is reported. I understand that the facility will receive information. I understand that if I purposely give from the information in understand that if I purposely give from the information. I understand that if I purposely give from the information is the information. I understand that if I purposely give from the information is the information. I understand that if I purposely give from the information is the information. I understand that if I purposely give from the information is the information in the information in the information is the information in the in	RMATION: is true and that all ive Federal funds b officials may verify false information, ti	l income based on the	Ā	rint Name ddress		State	er, check t		

- FOR HOUSEHOLDS RECEIVING
   BENEFITS, A MASTER CASE NUMBER IS
   REQUIRED
- Families may refuse to complete income section if over the income guidelines
- FOSTER CHILDREN ARE TO BE INCLUDED IN SECTION 3B
- LAST 4 DIGITS OF PARENT'S SOCIAL SECURITY NUMBER IS NEEDED TO QUALIFY BY INCOME
- PARENT SIGNATURE AND DATE ARE REQUIRED
- INCOMPLETE FORMS COST YOU MONEY. WE WILL CONTACT YOU IF ADDITIONAL INFORMATION IS NEEDED

# PENDING CHILDREN

- ENTER NEW CHILDREN INTO CX IMMEDIATELY TO BEGIN CLAIMING THEIR MEALS
- ENTER PARENT INFORMATION ONLY ONCE FOR SIBLINGS, THEN USE DROP-DOWN BOX
- IF CHILDREN ARE STILL IN PENDING STATUS AT THE END OF THE MONTH, YOU'RE LOSING MONEY!
- SEND THE FORMS IN TO MIDWEST BEFORE THE END OF EACH MONTH TO BE REIMBURSED



# ANNUAL ENROLLMENT RENEWALS

- USDA REQUIRES ENROLLMENTS/INCOME FORMS BE UPDATED YEARLY
- YOU WILL RECEIVE AN EMAIL AT THE BEGINNING OF YOUR RENEWAL MONTH WITH INSTRUCTIONS
- FORMS ARE DUE IN THE OFFICE BEFORE THE END OF YOUR RENEWAL MONTH







# FOSTER CHILDREN



- FOSTER CHILD NEEDS TO BE LISTED IN PART 3B
   OF THE INCOME SECTION FOR NOTING ANY
   PERSONAL USE INCOME, OR PARENT MAY
   MARK THE ZERO INCOME BOX
- NO FOSTER PARENT INCOME IS REQUIRED, UNLESS ENROLLING OWN CHILD IN CENTER
- REIMBURSED MEALS TO CENTER ARE FREE FOR FOSTER CHILDREN REGARDLESS OF CHILD'S INCOME

#### LATE CLAIMS AND IEFS

- MENUS ARE DUE IN OUR OFFICE THE 3RD OF EACH MONTH
- IF YOU KNOW YOUR CENTER WILL HAVE A 'LATE CLAIM' ENROLLMENTS'
   MUST STILL BE RECEIVED DURING THE MONTH YOU ARE CLAIMING THEM



# CHECK YOUR EMAIL OFTEN

WE SEND OUT EMAILS FREQUENTLY, PLEASE CHECK YOUR INBOX DAILY





# RECEIPTS -WHAT ARE THEY USED FOR?

- WE USE YOUR RECEIPTS TO CORRELATE THE PURCHASES WITH YOUR MENUS. FOR EXAMPLE, IF WE SEE LOTS OF FRESH FRUIT ON YOUR MENU PRODUCTION RECORDS BUT YOUR RECEIPTS DON'T REFLECT IT, THIS RAISES A RED FLAG., LIKE WISE YOUR PURCHASE OF LARGE QUANTITIES OF AN ITEM ARE NOT RECORDED ON YOUR PRODUCTION RECORDS, THIS RAISES A QUESTION FOR US AS TO WHETHER NOR NOT THE ITEM IS BEING SERVED. OTHER ISSUES WE'VE SEEN ARE NON-CREDITABLE FOOD ITEMS OR PERSONAL THINGS. IT'S MUCH EASIER IF YOU SEPARATE YOUR CENTER ITEMS FROM YOUR PERSONAL PURCHASES. DON'T PAY FOR YOUR FOOD USING A SNAP OR EBT CARD, THESE FORMS OF PAYMENTS ARE NOT ALLOWABLE.
- BE SURE YOUR RECEIPTS ARE LEGIBLE, IF WE CAN'T READ IT, IT CANNOT BE COUNTED.
   DON'T SEND ORIGINALS, PLEASE MAKE COPIES.
- RECEIPTS ARE ALSO PART OF OUR PROCESS OF DETERMINING WHETHER OR NOT YOUR CENTER IS SPENDING 50% OF YOUR FOOD REIMBURSEMENT ON FOOD. WE ALSO USE THESE TO DETERMINE IF YOUR CENTER IS MEETING THE NON-PROFIT STATUS.

#### NON-PROFIT STATUS — WHY IS THIS IMPORTANT?

- The federal regulations stipulate that all centers must be non-profit in their operation of the child and adult care food program, (cacfp). They suggest at least 50% of your reimbursement is spent on food. This encourages centers to purchase more fresh fruit/vegetables, better cuts of meat, and overall more nutritious foods.
- You can count labor as part of your expenses, please be sure these sheets are accurate. We wouldn't expect
  most staff to be full-time in the cacfp with the exception of a cook. When documenting staff time, please
  include the hours and their hourly wage, this gives us an accurate number.
- REMEMBER THAT INFANT TEACHERS CAN COUNT THE TIME THEY ARE FEEDING BABIES, PREPPING BOTTLES, ETC.
- CATERING IS A REALLY GREAT WAY TO NOT ONLY HELP YOUR CENTER REMAIN NON-PROFIT, BUT, IT'S A HUGE TIME SAVER FOR
  YOU AND YOUR STAFF.
- WE TRY TO BE PRO-ACTIVE ABOUT YOUR NON-PROFIT STATUS, BY SENDING REMINDERS AND THE FIELD MONITORS DISCUSS IT DURING EACH REVIEW.
- IF YOU RECEIVE A REMINDER, PLEASE REACH OUT TO US, WE WILL BE HAPPY TO GIVE YOU SUGGESTIONS.
- This is a reason to be declared seriously deficient in your operation of the CACFP, so please don't think this doesn't matter.

# CONTRACTS & PROCUREMENT

- FOOD CONTRACTS ARE A GREAT WAY TO SAVE YOUR CENTER TIME AND TO SPEND SOME EXTRA REIMBURSEMENT. IT ALSO TAKES THE WORRY AWAY FROM YOU AND YOUR STAFF TO ENSURE ALL OF THE MEALS ARE CREDITABLE.
- If you choose to use a vendor, they will contract with you for all meals or some of the meals, you decide. A contract is written, so both parties know what to expect. If the contract is under \$50,000, both the center representative and the vendor sign it and turn it into Midwest for final approval.
- If the contract is for more than \$50,000, the contract must be approved by Midwest before center and vendor representatives sign it.
- Contracts over \$250,000 are required to have invitations for bidding and must advertised on-line, or in a newspaper.

# SERIOUSLY DEFICIENT - WHAT DOES IT MEAN?

- Every center that participates on the Child and Adult Care Food Program needs to adhere to the federal regulations set forth by the USDA. This is Midwest's responsibility to monitor your center to ensure that these regulations are being met.
- Seriously deficiency is defined as:
- THE SUBMISSION OF FALSE INFORMATION ON THE AGREEMENT.
- THE SUBMISSION OF FALSE CLAIMS FOR REIMBURSEMENT.
- 3. Simultaneous participation (claiming) under more than one sponsor
- 4. Non-compliance with the Program meal pattern
- 5. Failure to keep required records-meals and attendance
- 6. CONDUCT OR CONDITIONS, WHICH THREATEN THE HEALTH OR SAFETY OF CHILDREN IN CARE OR THE PUBLIC HEALTH OR SAFETY.
- 7. Determination that the center has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency, or the concealment of such a conviction.
- 8. Failure to participate in training
- 9. Any other circumstance related to non-performance under the sponsoring organization-center agreement, as specified by the sponsoring organization or the State agency.

# COMMON ISSUES

- Non-profit status
- RECEIPTS AND LABOR SHEETS
- INCOMPLETE ENROLLMENT AND IEF'S
- INFORMATION AND STAFF CHANGES

# **CLOSING**



Thank you all so much for being a part of our team! We truly value each and everyone of you and the important work you do for the families and children you serve. We are proud to be a part of that as well. We strive to provide you with support and technical assistance on the food program, but, we are also here if you need us in other capacities. Please remember that we offer FREE trainings/webinars and they are available to you by accessing our website at <a href="https://www.midwestchildcare.org">www.midwestchildcare.org</a> and going to our training calendar. These webinars/classes have been approved for licensing hours too. We have lots of other good information on our website, so, please take some time to check it out. We have a Facebook page at Midwest Child Care Association, if you haven't already done so, give us a like.

THANK YOU FOR ATTENDING OUR ANNUAL TRAINING!