



Midwest

Child Care Association

Your Child Care Partner

**MIDWEST CHILD CARE ANNUAL
CENTERS TRAINING**

June 16, 2021
12:30 pm-3:00pm

MIDWEST'S ANNUAL CENTER TRAINING AGENDA

JUNE 16, 2021

1. Introduction of staff and welcome – Janet Herzog
2. What's in Your Packet – Janet Herzog
3. Income Eligibility/Enrollment forms (IEF's) and infant documents – Joni Mengler
4. Menu Production Records and Processed Food Reminders – Lacey Drews
5. Menu Receipts and Labor Sheets – Carrie Heuertz
6. Infant Production Menus and Infant Documentation – Lacey Drews
7. KidKare – Lacey Drews
8. Vendor Contracts and Procurement – Janet Herzog
9. How is Your Center Losing Money – Lacey Drews
10. Seriously Deficient – What does this Mean? – Janet Herzog
11. Closing and Important Reminders – Janet Herzog

WHAT'S IN YOUR PACKET?

- IEF...to be used starting JULY 1st – English and Spanish
- Parent letter...should always be given to parents with the IEF
- Infant Menus – English and Spanish
- Meal Pattern Chart...this should be on display wherever plates are prepared
- Milk Substitution List, WG Handout, CN Label, and Cereal and Yogurt info
- WIC Approved Food List
- Building Bright Futures flyer....please hang where parents and staff can view
- KidKare Training Links
- Food Buying Guide Handout

INFANT FORMULA SELECTION AND SOLID FOODS FORM



When enrolling an infant under 12 months old, this form needs to be included with their enrollment form



Infant Formula Selection & Solid Foods

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: _____ Date of Birth: _____

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

Parent Signature: _____ Date: _____

- C. Infant Solids Permission: My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)
		BK	LU/SU	SN			BK	LU/SU	SN		
Iron-Fortified Infant Cereals					Fruit/Vegetables				Ready-to-eat Breakfast Cereal (SNACK ONLY)		
Rice					Applesauce				Cereal:		
Oat					Apricots				Cereal:		
Barley					Avocados				Cereal:		
Mixed					Bananas				Grains (SNACK ONLY)		
Wheat					Carrots				Bread/Rolls		
Meat & Meat Alternatives					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						
Pork					Potatoes						
Tuna					Squash						
Turkey					Sweet Potatoes						
Whole Egg					Other:						
Yogurt					Other:						
Other:					Other:						

Please note changes to infant's feeding schedule on the back of this page.

March 2020



INCOMPLETE ENROLLMENT FORMS

A quick review of the form can save you time and money!

- Has parent completed the income section?
- Have they included their Social Security number?
- Is there a case number listed if applicable?
- Has parent signed the form?

REVIEW



Making sure the income section is complete can make a big difference in your reimbursement amount!

ENTER THE CHILD IN CX RIGHT AWAY

DATE OF ENROLLMENT is the first day you begin claiming meals

You deserve to be reimbursed right from the start...

Don't lose money on those first few meals!



PROFIT



ENROLLMENT UPDATES FOR MEALS/HOURS/DAYS

- Use child's current enrollment form — have parent make changes to schedule, then initial and date next to the updated information
- Parents do not need to update income. They should only update income if it has decreased
- A new enrollment form is needed for any income updates



ANNUAL ENROLLMENT RENEWALS

- All children need new enrollment/income eligibility forms completed annually
- Wait for the email informing you of your renewal month
- You will have one month to collect new forms from parents
- Children starting care the month prior to your renewal month will also need renewed
- Your renewal month could change depending on the number of centers Midwest sponsors
- Renewals should be mailed in with you mid-month or end of month paperwork



FREE/REDUCED/PAID MEALS



- Families receiving SNAP benefits will qualify for the higher reimbursement rate
- Title XX, Medicaid and WIC are not qualifying programs. Encourage these parents to complete the income section
- Parents have the option to refuse if they are over the income guidelines

SEND MIDWEST THE ENROLLMENT FORMS

Before the end of the month!



402-551-7198



Consider using Priority Mail
for your monthly claim



jmengler@midwestchildcare.org

REQUEST FOR MEAL ACCOMMODATION - PARENT



A Meal Accommodation form is required for these types of milk



Available in 32, 64 and 96 fl. oz. containers.

- Soy Milk
- Lactose Free Milk

MEDICAL STATEMENTS - PHYSICIAN



Almond Milk - Cashew Milk - Children Over Age 2 Requiring Whole Milk

Center is required to provide milk substitute if medically necessary

QUESTIONS

Please type any questions in the chat box



MENU PRODUCTION REMINDERS

- Please include the TYPE of cereal (hot and cold) and yogurt, the serving size and the amount of sugar in that serving.
- Menu changes...if you change menu items, please update menu production records AND CX
- Extra Documentation... if you serve extra items, serve donated foods or just need to give us extra information, please include notes on your menu production records.
- Milk... please be sure that you are offering a FULL serving of milk to each child. Check your cups to make sure they are big enough.

PROCESSED FOOD REQUIREMENTS

- Time for new labels! NDE required that all centers obtain new CN labels or Product Formulation Statements each year.
- Labels are required for all processed foods, whole grains, cereal, yogurt.
- Old CN labels should be removed from binder and stored with old IEF'S.
- Make sure labels are clear and easy to read. If you can't read them, we can't either.
- The more organized your labels are, the faster we get through them at our reviews.

PROCESSED FOOD REQUIREMENTS

■ Nutrition Facts are NOT CN labels/PFS



CN

000000*

This 5.00 oz. Pizza with Ground Beef and Vegetable Protein Product provides 2.00 oz. equivalent meat/meat alternate, 1/2 cup serving of vegetable, and 1 1/2 servings of bread alternate for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA, 00/98**)

CN

CN



AdvancePierre Foods

**PRODUCT ANALYSIS FORM FOR NON-CN PRODUCTS
PRODUCT FORMULATION STATEMENT FOR MEAT/MEAT ALTERNATE (M/M)**

Product Name: Fully Cooked Flambéed Beef Steaks Made with Appleauce Caramel Color Added Code No. 105-405-08
 Manufacturer: AdvancePierre Foods, Inc.
 Case Pack/Count/Portion Size: Net Wt. 21.25 Lbs. (960 oz. steaks) / 0.8025 oz. ea.

I. Meat/Meat Alternate

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

Description of Creditable Ingredients per Food Labeling Guide	Amount per Portion of Creditable Ingredient	Multiply	Food Labeling Guide Yield	Creditable Amount*
Ground Beef (Not More Than 80% Fat)	1.710	x	74%	1.268
		x		
A. Total Creditable Amount*				1.268

*Creditable Amount - Multiply sources per the portion of creditable ingredient by the Food Labeling Guide yield.

II. Alternate Protein Product (APP)

If the product contains APP, the chart below to determine the creditable amount of APP is filled out. If APP is used, documentation as described in Attachment A of the sample statement for each APP used is provided.

Description of APP, Manufacturer's name, and code number	Amount per Portion of Creditable Ingredient	Multiply	% of Protein As Is**	Divide by 18†	Creditable Amount APP**
TVP - Soy Protein Concentrate - Solen™ (Responsible 4405)	0.272	x	66.8%	= by 18	0.879
		x		= by 18	
B. Total Creditable Amount*					0.879
C. TOTAL CREDITABLE AMOUNT (A + B rounded down to nearest 1/16)					2.00

†% of Protein As Is is provided on the attached APP determination.
 **As is the percent of protein when fully hydrated.
 ††Creditable amount of APP equals ounces of Dry APP multiplied by the percent of protein as is divided by 18.
 *Total Creditable Amount must be rounded down to the nearest 0.25oz (1.49 would round down to 1.25-oz. meat equivalent). Do not round up. If you are also crediting APP, you do not need to round down in box B until after you have added the creditable APP amount from box II.

Total weight (per portion) of product as purchased: 2.00 oz.

I certify that the above information is true and correct and that a 2.00 - ounce serving of the above product (ready for serving) contains 2.00 ounces of equivalent meat/meat alternate when prepared according to directions.

(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 201, 203, 205 or 206 Appendix A).

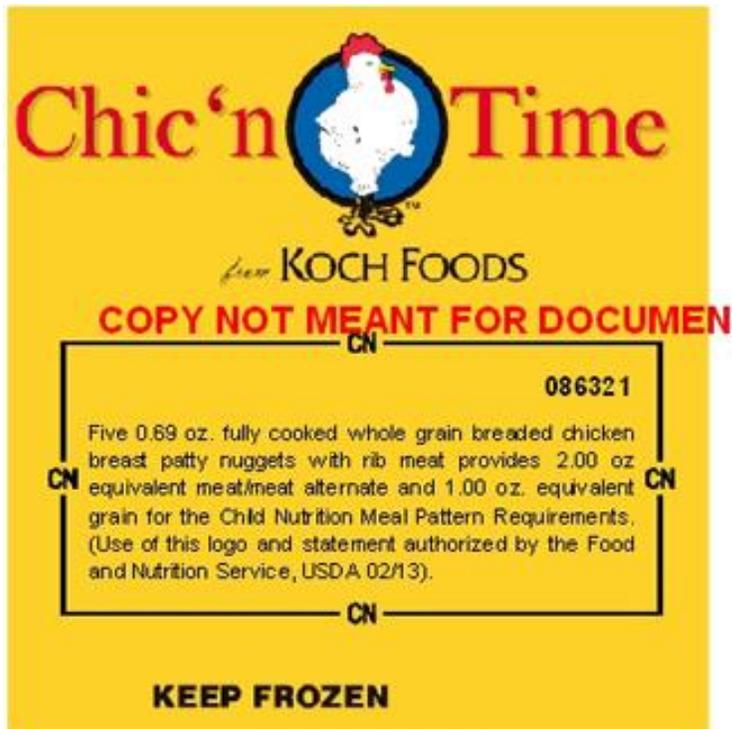
Lena Seckman
Lena Seckman
Labeling Coordinator

Date: January 29, 2014

*This information is needed if a creditable Alternate Protein Product (APP) is used in the product and counted toward meeting the meat/meat alternate requirements.

CN LABEL DOCUMENTATION

When serving processed foods, please include documentation:



ZTestCenter Site #: 1
(402) 551-2379

Non Infant Menu Production Record
Monday 05/04/2020

Midwest Child Care Association
402-551-2379

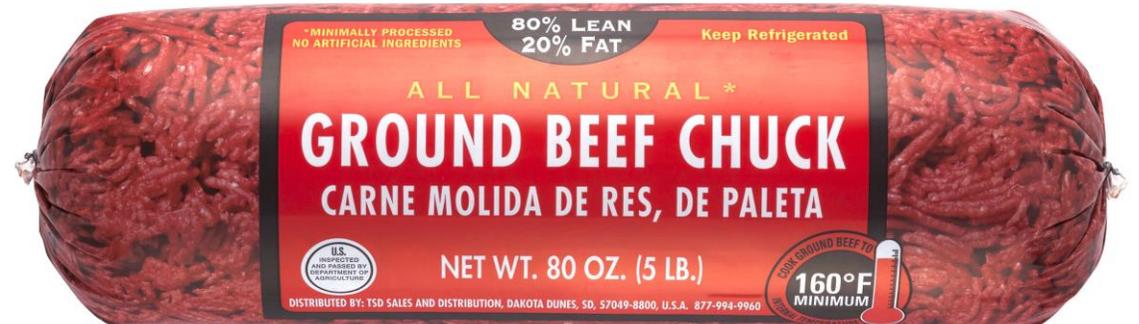
Lunch		1 Yr	2 Yrs	3-5 Yrs	6-12 Yrs	13-18 Yrs	Adults	Total		Total Including Infants	
Estimated Attendance									Planned Participation		
Actual Attendance									Non-Program Meals		
Component	Food Served/Planned	Rqd Serving Size By Age						Qty Needed	Qty Needed	Actual	Special Notes
		1	2	3-5	6-12	13-18	Adult	Per Estimated	Per Actual	Qty Prepared	
Brd/Alt	Wheat Bread (LABEL REQUIRED)(WG)	1/2 slic	1/2 slic	1/2 slic	1 slic	1 slic	2 slic				
Veg	Broccoli	1/8 c	1/8 c	1/4 c	1/2 c	1/2 c	1/2 c				
Fruit	Bananas	1/8 c	1/8 c	1/4 c	1/4 c	1/4 c	1/2 c				
Meat/Alt	Chicken Nuggets (CN LABEL REQUIRED)	1 oz	1 oz	1 1/2 oz	2 oz	2 oz	2 oz				Chic'n Time nuggets 5 .69oz nuggets provides 2oz. meat
Milk	Whole Milk	.047 g									
Milk	1%/Skim Milk		.047 ga	.047 ga	.063 ga	.063 ga	.063 ga				
Milk	Milk Substitute	.047 g	.047 ga	.047 ga	.063 ga	.063 ga	.063 ga				

NEW!

FAT PERCENTAGE OF GROUND BEEF

Document fat content of ground beef in the special notes section

ZTestCenter Site #: 1 (402) 551-2379		Non Infant Menu Production Record Wednesday 05/05/2021							Midwest Child Care Association 402-551-2379		
Lunch		1 Yr	2 Yrs	3-5 Yrs	6-12 Yrs	13-18 Yrs	Adults	Total	Planned Participation	Total Including Infants	
Estimated Attendance									Planned Participation		
Actual Attendance									Non-Program Meals		
Component	Food Served/Planned	Rqd Serving Size By Age						Qty Needed Per Estimated	Qty Needed Per Actual	Actual Qty Prepared	Special Notes
		1	2	3-5	6-12	13-18	Adult				
Brd/Alt	Wheat Bread (LABEL REQUIRED)(WG)	1/2 slic	1/2 slic	1/2 slic	1 slic	1 slic	2 slic			2 - 20oz	80/20 GB
Veg	Green Beans	1/8 c	1/8 c	1/4 c	1/2 c	1/2 c	1/2 c			#10 can	
Fruit	Fruit Saled	1/8 c	1/8 c	1/4 c	1/4 c	1/4 c	1/2 c			#10 can	
Meat/Alt	Beef Ground	1 oz	1 oz	1 1/2 oz	2 oz	2 oz	2 oz			4 lbs.	
Milk	Whole Milk	1/2 c								1.5 gal	
Milk	1%/Skim Milk		1/2 c	3/4 c	1 c	1 c	1 c			1.5 gal	
Milk	Milk Substitute	1/2 c	1/2 c	3/4 c	1 c	1 c	1 c			1c	



SAY CHEESE!

- Be sure to serve creditable, REAL cheese to your children.
- Kraft singles are NOT creditable. Velveeta is NOT creditable.
- Check the packaging, if the description says “imitation cheese” or “cheese product,” those are NOT creditable choices. If you are unsure, we are happy to help!
- We are required to verify cheese purchase on receipts, meals will be deducted if non creditable cheeses are served.



INGREDIENTS: MILK, CHEDDAR CHEESE (MILK, CHEESE CULTURE, SALT, ENZYMES), WHEY, MILK PROTEIN CONCENTRATE, MILKFAT, CALCIUM PHOSPHATE, SODIUM PHOSPHATE, CONTAINS LESS THAN 2% OF MODIFIED FOOD STARCH, SALT, WHEY PROTEIN CONCENTRATE, LACTIC ACID, SODIUM CITRATE, ANNATTO AND PAPRIKA EXTRACT (COLOR), NATAMYCIN (A NATURAL MOLD INHIBITOR), ENZYMES, CHEESE CULTURE, VITAMIN D3.

CONTAINS: MILK

KraftHeinz

KRAFT HEINZ FOODS COMPANY, CHICAGO, IL 60601

BEST WHEN USED BY DATE SHOWN © KRAFT FOODS





PROCESSED MEATS

- Keep in mind that processed meats require a CN label as well.
- Canned meats and lunch meats often contain additional ingredients which make it impossible to determine how much MEAT is actually being served.
- Read the Ingredients.
- Additives to look for: Soy protein concentrate, modified food starch, whey protein, sodium caseinate. If you see these, get a CN label. If you need help, just ask, we are happy to help!
 - Note: if these additives appear after the statement, “contains less than 2%,” you are good to go.

GRAINS

- Please document all grain servings in ounces.
- When serving things like pancakes or muffins, we want to see the actual weight of ONE muffin or pancake.
- Use your food scale to determine the weight of one item. On menu production records please document as shown:

28- 2 oz pancakes



CATERING

- The amount of milk delivered each day must be documented on the delivery slip.
- When a meal includes cereal (hot or cold) or yogurt, your delivery slips must specify the serving size and amount of sugar in that serving.
- CN Label information needs listed
- Ground beef fat content needs documented
- Grains must show the weight of each item. For example, when pancakes are on the menus, the deliver slip must say how much each pancake weights in ounces.

(28- 2 ounce pancakes)

QUESTIONS

Please type any questions in the chat box



MID MONTH AND END OF MONTH PACKETS

- Be sure to include Menus/Catering slips, X sheets, infant menus, sign in and outs, EOP, receipts
- End of month is needed by the 6th or payment might be late
- Drop box out front of office



RECEIPTS

- Send EVERY food receipt, even if it's small.
- Make sure all receipts show store name, names of items, prices, date and total.
- Don't send receipts for gas, lawn care, printer ink, post office, fast food, etc.
- If your receipts have personal items on them, please put a line through the item name, leave the dollar amount visible.
- Remember to send receipts for infant food and formula.
- Try to bundle the receipts together in your packet and make sure IEF's aren't mixed in



RECEIPTS

- Don't send duplicates.
- Make sure copies are clear. If you can't read them, neither can we.
- When sending in receipts that are multiple pages, put pages in order so we can see items purchased, prices of items purchased, a date, and subtotal.
- We must be able to read what the receipt says.
- If items are labeled weird on receipt. Please write what the item is so we can document it correctly



LABOR SHEETS

- Labor sheets are extremely important. They help with your receipt totals to equal what your reimbursement is. You can have labor sheets for the director and/or assistant, cook, the person who does the grocery shopping, or anything food program related.

LABOR SHEET 

Center Name: _____ Month/Year: _____

Employee Name: _____

Position/Title: _____ Rate of Pay: _____

DATE	Please enter the numbers of hours spent each day on the tasks listed below:				TOTAL HOURS WORKED ON CACFP PER DAY	TOTAL HOURS WORKED AT CENTER PER DAY
	# HOURS FOOD SHOPPING	# HOURS COOKING/MEAL PREP	# HOURS SERVING MEALS	# HOURS CLEANING UP		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

I certify that this is an accurate record of the number of hours worked on the CACFP.

Employee's Signature _____ Supervisor's Signature _____

Total hours worked on CACFP _____ x \$ _____ (hourly wage) = \$ _____ (Total CACFP Salary)

Total hours worked on CACFP _____ / Total hours worked _____ = _____ %

Total Salary for month \$ _____ x _____ % = \$ _____ (Total CACFP Salary)

SIGN IN AND OUTS

ZTestCenter (1)

Weekly Child In/Out Times Report

Midwest Child Care Association

Week of: 4/27/20 - 5/1/20

Child Name DOB	Monday				Parent Initials	Tuesday				Parent Initials	Wednesday				Parent Initials	Thursday				Parent Initials	Friday				Parent Initials	Parent Signature
	Meals	In	Out			Meals	In	Out			Meals	In	Out			Meals	In	Out			Meals	In	Out			
Bailey, Bill 6/5/2017																										
Blue, Billy 8/1/2018																										
Brown, Roy 10/21/2009																										
Drews, Gertrude 4/3/2015																										
Jenkins, Sally 8/17/2008																										
Lightfeat, Mark 12/19/2010																										
Mengler, Mary 2/14/2017																										
One, Marey 9/22/2008																										

Sign in and outs need to be complete and verified.

INFORMATION AND STAFF CHANGES

- Let us know when there is a:
 - Change in director
 - Change in cook
 - Change in email/phone numbers
 - Change in meal time
 - Adding a meal or day of care
 - Don't forget to send in new license/Title XX

QUESTIONS

Please type any questions in the chat box



INFANTS

Meal Pattern is the same:

Birth to 5 months: 4-6 oz of breast milk or formula at Breakfast, Lunch, Snacks

6-11 months: 6-8 oz of breast milk or formula at Breakfast and Lunch

2-4 oz of breast milk or formula at Snacks

Infant cereal or meat/meat alternative at Breakfast and Lunch

Grains at Snacks only

Fruit and/or veggie at Breakfast, Lunch, and Snack.

Month, Day, Year		BREAKFAST			LUNCH			PM SNACK		
		4-6 Fl. Oz (0-5 months) 6-8 Fl. Oz (6-11 months) Breast Milk ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	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 ¹ or Formula	0 - 4 Tbsp. Infant Cereal and/or Meat/meat alternate ²	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 ¹ or Formula	0-4 Tbsp. Infant Cereal or Ready-to-eat Breakfast Cereal; or 0 - ½ ounce Bread; or 0 - 2 Crackers	0 - 2 Tbsp. Vegetable or Fruit or a combination of both
✓	Monday	6 oz F	2 T Rice	2 T Banana	6 oz F	2 T Chicken	3 T Peas	4 oz F	2 crackers	2 T Apples
✓	Tuesday	6 oz F	2 T Oatmeal	3 T Peaches	6 oz F	2 T Rice	2 T Pears	4 oz F	2 T Cheerios	3 T Banana
X	Wednesday	6 oz F		2 T Pears	6 oz F			2 oz F		
X	Thursday	6 oz F	3 T Rice		6 oz F			2 oz F	2 crackers	
X	Friday	5 oz	2 T Sausage 2 T Cheerios	2 T Vanilla Pudding	5 oz	2 T Cereal		Water	2 T yogurt	

INFANTS

Infant Name:

Date of Birth:

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

MAKE SURE:

The formula the center offers is listed on form

Parent has accepted or declined the centers formula

Parent has accepted or declined the centers foods *

INFANTS

Infant Formula Selection & Solid Foods



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: Henry DrwS Date of Birth: 12/12/20

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

Parent Signature: [Signature] Date: 2-14-21

- C. **Infant Solids Permission:** My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)
		BK	LU/SU	SN			BK	LU/SU	SN		
Iron-Fortified Infant Cereals					Fruit/Vegetables				Ready-to-eat Breakfast Cereal (SNACK ONLY)		
Rice	2-21	✓	✓	✓	Applesauce	2-21	✓	✓	Cereal:	2/21	
Oat					Apricots				Cereal:		
Barley					Avocados				Cereal:		
Mixed					Bananas				Grains (SNACK ONLY)		
Wheat					Carrots				Bread/Rolls		
Meat & Meat Alternatives					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				Please note changes to infant's feeding schedule on the back of this page.		
Fish					Plums/Prunes						
Pork					Potatoes						
Tuna					Squash						
Turkey					Sweet Potatoes						
Whole Egg					Other:						
Yogurt					Other:						
Other:					Other:						

Mom approved all foods when child first enrolls

INFANTS

Infant Formula Selection & Solid Foods



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: Henry DrwS Date of Birth: 12/12/20

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

Parent Signature: [Signature] Date: 2-14-21

- C. **Infant Solids Permission:** My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)
		BK	LU/SU	SN			BK	LU/SU	SN		
Iron-Fortified Infant Cereals					Fruit/Vegetables				Ready-to-eat Breakfast Cereal (SNACK ONLY)		
Rice	2-21	✓	✓	✓	Applesauce	2-21	✓	✓	Cereal:	2/21	
Oat					Apricots				Cereal:		
Barley					Avocados				Cereal:		
Mixed					Bananas				Grains (SNACK ONLY)		
Wheat					Carrots				Bread/Rolls		
Meat & Meat Alternatives					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						
Pork					Potatoes						
Tuna					Squash						
Turkey					Sweet Potatoes						
Whole Egg					Other:						
Yogurt					Other:						
Other:					Other:						

Please note changes to infant's feeding schedule on the back of this page.

March 2020

Mom approved all foods when child first enrolls

INFANTS

Infant Formula Selection & Solid Foods



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: Henry Drews Date of Birth: 12/12/20

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

Parent Signature: [Signature] Date: 2-14-21

- C. **Infant Solids Permission:** My infant is ready for solid foods to be served, in addition to formula or breast milk, according to the CACFP Infant Meal Pattern. Please insert date (month/yr) each food may be served and check all meals those foods may be served:

Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)	Meals (Please check)			Food	Date (Month/Yr)
		BK	LU/SU	SN			BK	LU/SU	SN		
Iron-Fortified Infant Cereals					Fruit/Vegetables				Ready-to-eat Breakfast Cereal (SNACK ONLY)		
Rice	4/21	✓	✓	✓	Applesauce	6/21	✓	✓	Cereal: <u>Cheerios</u>	8/21	
Oat	4/21	✓	✓	✓	Apricots				Cereal:		
Berley					Avocados				Cereal:		
Mixed					Bananas	5/21	✓	✓	Grains (SNACK ONLY)		
Wheat					Carrots	5/21	✓	✓	Bread/Rolls		
Meat & Meat Alternatives					Corn				Biscuits		
Beef					Green Beans	5/21	✓	✓	Saltine Crackers		
Dry Beans					Mango				Pancakes		
Cheese, Natural					Melon				Waffles		
Chicken	4/21	✓	✓	✓	Peaches	6/21	✓	✓	Tortillas soft		
Cottage Cheese					Pears				Other: <u>River Biscuits</u>	8/21	
Dry peas					Peas	5/21	✓	✓			
Fish					Plums/Prunes						
Pork					Potatoes						
Tuna					Squash						
Turkey					Sweet Potatoes	5/21	✓	✓			
Whole Egg					Other:						
Yogurt	8/21	✓	✓	✓	Other:						
Other:					Other:						

Please note changes to infant's feeding schedule on the back of this page.



“Living Document”

Dates on approved items

Cereals & “other” written in

INFANTS

Infant menus should be completed during meal prep – just like kitchen records

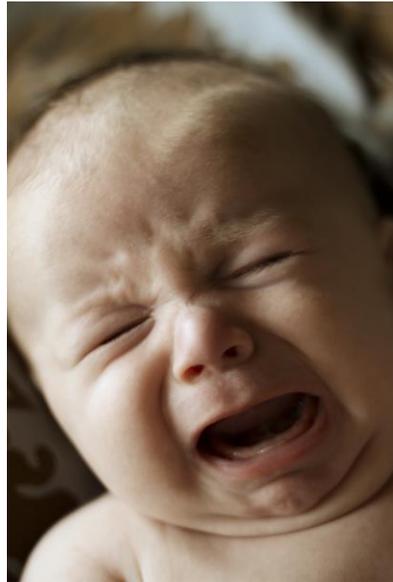
Make a bottle – write it down!

Open a jar – write it down!



INFANTS

“But my classroom
looks like this! What
do I do?”



QUESTIONS

Please type any questions in the chat box



CIVIL RIGHTS TRAINING

[http://www.education.ne.gov/ns/training/
cacfp_alltraining.html](http://www.education.ne.gov/ns/training/cacfp_alltraining.html)

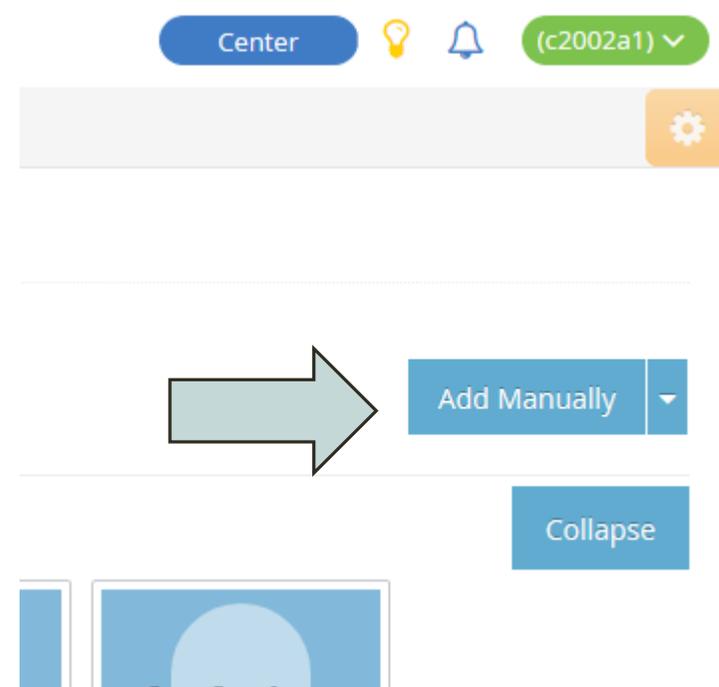
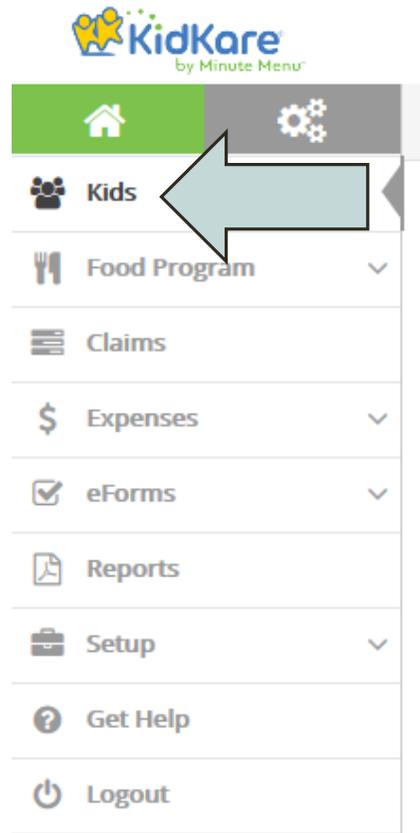
- All food program staff should complete this training
- Document that the training was provided, including the date

KIDKARE



- No download required, just go to app.kidkare.com to login.
- Access from any device with Internet. (phones, tablets, etc.)
- All data currently in CX is in KidKare right now! (child info, menus, list claims, + more)
- Sites can use both CX and KidKare interchangeably until they feel comfortable switching to KidKare.
- The easy to use interface will help you show potential sites that it's EASY to participate in the CACFP!

KIDKARE



KIDKARE

app.kidkare.com

https://app.kidkare.com/#/cx-enroll-child

- eForms
- Reports
- Setup
- Get Help
- Logout

Name

* First Name

Middle Name

* Last Name

Birth Date

*

Enrollment Details

* Classroom

* Enrollment Date

* Enrollment Expiration Date

Child Details

* Race (choose all that apply)

American Indian or Alaskan Native No

Asian No

Black or African American No

Native Hawaiian or other Pacific Islander No

White No

* Ethnicity

Hispanic or Latino Not Hispanic or Latino

Gender

Male Female

Next

11:56 AM 6/10/2020

KIDKARE

- Kids
- ↓
- Food Program >
- Attendance & Meal Count
- ← Daily Menu
- Menu Templates
- Milk Audit
- Menu Calendar
- Claims
- Expenses
- eForms

06/10/2020 Infants Non-Infants Menu Production Record Estimate Attendance

Breakfast Meal Time: 08:00 AM - 09:00 AM

Menus

Meat/Alternate

Bread/Alternate

Vegetables

Fruit

Milk

Actual Quantity Served

What does CN, HF, HM, HS, WG mean? ⓘ

Reset

sa

- Sausage - Beef(LABEL REQUIRED) (017) hf-en
- Sausage - Pork(LABEL REQUIRED) (051) hf-en
- Salmon (038)
- Sardines (040)

Delete Save

Attendance Summary

Age	Estimated	Actual
1 yr	0	0
2 yr	0	0
3-5 yr	0	0
6-12 yr	0	0
13-18 yr	0	0
Adult	0	0
Total	0	0

KIDKARE

The screenshot shows the KidKare software interface for the 'Attendance & Meal Count' section. The interface includes a sidebar menu on the left, a main content area with a date selector, a calendar, and a data table. Navigation arrows point to the 'Kids' menu item, the 'Attendance & Meal Count' menu item, the date '06/10/2020', the calendar, and the 'Lunch' meal type dropdown.

KidKare
by Minute Menu

Home > Food Program > Attendance & Meal Count

Meal Time: 11:00 AM - 11:30 AM, 12:00 PM - 12:30 PM

« 06/10/2020 » All Classrooms Save

« June 2020 »

Total	Sun	Mon	Tue	Wed	Thu	Fri	Sat	P 0	D 0	Staff Meal Count	Daily Attendance
	31	01	02	03	04	05	06			0	
Class	07	08	09	10	11	12	13	L 0	P 0	D 0	
Men 3 y	14	15	16	17	18	19	20				
	21	22	23	24	25	26	27				
	28	29	30	01	02	03	04				
	05	06	07	08	09	10	11				

KIDKARE

Classroom inf IN (0) OUT (2) B 0 L 0 P 0 D 0

Bailey, Bill
3 y

Out of School

B.B.

Blue, Billy
1 y

Out of School

B.B.

Classroom inf IN (1) OUT (1) B 0 L 1 P 0 D 0

Bailey, Bill
3 y
L 1

ATT

Out of School

B.B.

Blue, Billy
1 y

Out of School

B.B.

1 2

KIDKARE



-  Home
-  Settings
-  Kids
-  Food Program ▼
-  Claims
-  Expenses ▼
-  eForms ▼
-  Reports
-  Setup ▼

 > Settings

General Settings



What language would you like to use?



English
Spanish

QUESTIONS

Please type any questions in the chat box



VENDOR CONTRACTS

Vendor contracts only apply to the centers that use caterers or food vendors. We have emailed both you as a center and your vendor a new contract for the Food Program, this must be renewed annually and all contracts need to be returned to Midwest no later than 6/15/2021.

Last year we included a special addendum that requests the vendor add these items to the delivery tickets: amount of milk delivered daily, grains must be listed by volume, for example 28-2 oz. pancakes, they also need to list the amount of sugar per serving for any cereal or yogurts.

The contract will not be approved by Midwest unless the vendors can accommodate these requests.

Any contract that is over the amount of \$50,000 must be pre-approved by Midwest before the vendor/center sign it.



Midwest
Child Care Association

Your Child Care Partner

Midwest Child Care Association Addendum to Center Vendor
Contract

Please add the following items to this food vendor contract.

1. Delivery tickets must state the amount of milk delivered.
2. All grain items must be listed by volume on the delivery ticket. For example:
28 – 2 oz. pancakes.
3. Delivery tickets must list the amount of sugar per serving for cereal and yogurt.

These items need to be included in all vendor contracts or Midwest Child Care Association will not be able to accept and approve the updated vendor contract.

CONTRACTS OVER \$250,000

If a vendor contract is over \$250,000, the center must use a competitive sealed bid or an invitation for bid (IFB). Sealed bids must be publicly solicited by advertising in a newspaper of general circulation, and include a lump sum or unit price.

If this applies to you, we can go over more details included in the Procurement and Instructions for CACFP Food Service Contracts.

PROCUREMENT PROCEDURES AND INSTRUCTIONS

**Procurement Procedures and Instructions
for CACFP Food Service Contracts**

**Standard Food Service Contract & Attachments
NS-404-G**

**For
Child and Adult Care Centers
Participating in the
Child and Adult Care Food Program
(CACFP)**

Contents

Instructions
Resources
CACFP Food Service Contract NS-404-G
NS-404-G Attachments

Vermont Department of Education
Nutrition Services
Child and Adult Care Food Program
P.O. Box 30927
Incoln, NE 68509
Toll Free: (800) 781-2253
Telephone: (402) 471-2488
FAX: (402) 471-4407

Revised: June 2019

SMALL PROCUREMENT

New centers must complete a small procurement form. This form is usually completed by the Director and lists the 10 most common purchased items for the child care center.

This is necessary because the USDA wants to ensure that the federal money is not supporting just one business. They want the community as a whole to benefit from this program. It also eliminates the problem of using the funds to support a family member's business only.

This form is completed when the center initially joins the program and is part of the application process.

ATTACHMENT “A”

A center that uses a caterer to deliver meals must complete a form called an attachment “A”. This is a form that needs to be completed **once every 5 years** or if a center changes vendors.

The center needs to contact 3 different vendors with the meal types and # of meals they will need to have delivered.

The vendor will give the center a total cost of these meals and this is what is noted on the form.

A center does not necessarily need to select the lowest bid, but, if a vendor is not the lowest and is chosen, a note must be written on the form as to why you selected that particular vendor. For example: Better quality of food.

ATTACHMENT "A" FORM

NS-404-G – Section D Food Service Contract
Revised April 2017

Attachment A Procurement Procedures

CACFP Agreement #: _____ Sponsor Name: _____ Site Name: _____

1. Indicate the type of procurement method used:
 - 0 Small Purchase Procedures - Contract is less than \$150,000 or the contract is with a school
 - 0 Competitive Sealed Bids (Invitation For Bid-"IFB")
 - Contract greater than \$150,000 must be competitive and advertised at least once in a source newspaper of general circulation or public announcement at least 14 days prior to bid opening.
 - The advertisement must include the date, time and place of bid opening.
 - Notify the Department of Education - Nutrition Services (NOE) of the bid opening date, time and place at least 14 days prior to the opening.
 - All bids totaling \$150,000 or more must be submitted to NOE for approval before accepting the bid and signing the contract.
 - 0 Competitive Negotiation – Contract is more than \$150,000 and must be competitive advertised at least once in a source newspaper of general circulation or public announcement at least 14 days prior to bid opening. Submit the following to NOE:
 - attach specifications
 - copy of public notice/newspaper advertisement
 - evaluation score sheet (Price must have the highest number of points)
 - 0 Non-Competitive Negotiation - Indicate which of the following situations apply:
 - The service is available only from a single source; or
 - Public urgency or emergency exists which does not permit delays associated with competitive solicitation for the service; or
 - After solicitation of a number of sources, competition is determined inadequate by the CACFP Institution. List the vendors contacted in Question 6.
3. Basis for contract price. If accepting a bid that exceeds the lowest bid, describe the efforts made to obtain the same services at less cost or explain the reason for accepting the higher bid.

D N.A.
4. Specifications used as basis for bidding. Did you use any other specifications in addition to those required by the CACFP meal pattern (7 CFR 226.20) 7

D Yes – if yes, attach the additional specifications

D No
5. Attach a copy of public notice/advertisement (advertisement in newspaper of general circulation), if used.
6. Vendor Bids and Selection – Indicate the name of each vendor contacted or that submitted a bid, the amount of the bid and the date the bid was obtained (telephone, written, or through public bid opening).

Name of Vendor Selected for Contract	Bid Amount (total annual cost)	Date of Bid
	\$	
Other Vendors Contacted:		
	\$	
	\$	

QUESTIONS

Please type any questions in the chat box





**HOW IS YOUR CENTER LOSING
MONEY?** |

FRONT LINE STAFF

Employees purchasing food/preparing meals – including pm snack

Employees feeding babies

Employees marking X's



WHERE DOES YOUR REIMBURSEMENT COME FROM?

Paid per child, per meal.

Breakfast, lunch, & snack for a paid child:

\$0.73/day

Breakfast, lunch, & snack for a free child:

\$6.36/day

	Breakfast	Lunch/Dinner	Snacks
Free	1.89	3.51	.96
Reduced	1.59	3.11	.48
Paid	.32	.33	.08

2 Full time children enroll 7/6 M-F BLP

Mom qualifies by income but forgets last 4 of SS#

You receive an email requesting info but don't follow up

7/6-7/30 = 19 days x 2 kids x \$.73 = **\$27.74/month**

7/6-7/30 = 19 days x 2 kids x \$6.36 = **\$241.68/month**

Difference of **\$213.94**

159 gallons of 1% milk



or

10 cans of formula



Your next review is due in November – Bring Roster and discuss Paid Incompletes

July + Aug + Sept + Oct = 83 days

Could have gotten **\$1055.76** for only 2 kids but instead you got **\$121.18**

Difference of **\$934.58**

324 loaves of wheat bread



6675 bananas



78 boxes of 100 ct gloves



OR

OR

46 5lb rolls of ground beef

OR



INCOMPLETE FORMS

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP) Food Distribution Program on Indian Reservations (FDPIR): **Complete Parts 1,**

Check Applicable Program & Provide Case Number(s): SNAP Case #: _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1,

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME B		How often?
	W=Weekly E2=Every 2 weeks		
	How much?	How often?	
1 Lacey Drews	600	Weekly	
2			
3			
4			

Social Security Number of Household Member who signs form:
Last four digits of Social Security Number: XXX-XX - _____

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP) Food Distribution Program on Indian Reservations (FDPIR): **Complete Parts 1,**

Check Applicable Program & Provide Case Number(s): SNAP Case #: 501-02-7379

Part 2. Household Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR): **Complete Parts 1, 2 and 4.**

Check Applicable Program & Provide Case Number(s): SNAP Case #: _____ TANF Case #: _____ FDPIR Case #: _____

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.
If your family income exceeds the income guidelines (listed on attached letter), check this box

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF or FDPIR MASTERCASE number: Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)								Check if ZERO income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1									<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a SNAP, TANF

List the Names of All Household Members not listed in Part 1 and Foster Children	GROSS INCOME		How often?
	W=Weekly E2=Every 2 weeks		
	How much?	How often?	
1 Lacey Drews	12hr	Weekly	
2			
3			

Average daily attendance = 54 Average FRP = 53.7%

Average Free = 25 kids, Reduced = 4 kids, Paid = 25 kids

You center could have a higher or lower FRP Highest = 99.32% Lowest = 3.03%

Forgot to document sugar info for cereal at breakfast = You lost \$47.25

Forgot to document a quantity at lunch = You lost \$108.44

**Check, Check,
and double check
records**





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:

1. The submission of false information on the agreement.
2. 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.

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 www.midwestchildcare.org 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!

CERTIFICATES

In order to receive your certificate for this training, you will need to return a completed quiz that's attached as a handout. Please add the name of your center as well to ensure credit.

