



Family Child Care Training

4C Child Nutrition Program





Topics

Meal Patterns for Infant & Children

Meal Count Records

Claim Review Procedure

Claim Submission Procedure

Recordkeeping

Reimbursement System/Process

Civil Rights



Meal Patterns for Children



Fluid Milk

Provides carbohydrates, protein and vitamins.



Meats/Meat Alternates

Help to grow and mend. Meat alternatives include legumes, beans and tofu.



Vegetables

Are low in calories but high in dietary fiber and key nutrients.

Meal Patterns for Children



Fruits

Provide key nutrients and are naturally sweet.



Grains

Provide dietary fiber, vitamins and minerals. Grains fill you up, prevent heart disease and fuel your metabolism.



Meal Patterns for Children

BREAKFAST Serve Milk, Vegetables and/or Fruits, Grains*

Component	Ages 1-2	Ages 3-5	Ages 6-18
Milk	1/2 cup	3/4 cup	1 cup
Vegetables, Fruits or Both	1/4 cup	1/2 cup	1/2 cup
Grains*	1/2 oz eq	1/2 oz eq	1 oz eq



Meal Patterns for Children

LUNCH/SUPPER Serve All Five Meal Components

Component	Ages 1-2	Ages 3-5	Ages 6-18
Milk	1/2 cup	3/4 cup	1 cup
Vegetables	1/8 cup	1/4 cup	1/2 cup
Fruits	1/8 cup	1/4 cup	1/4 cup
Meats/Meat Alternates	1 oz eq	1 1/2 oz eq	2 oz eq
Grains	1/2 oz eq	1/2 oz eq	1 oz eq





Meal Patterns for Children

SNACK Select Two of the Five Meal Components

Component	Ages 1-2	Ages 3-5	Ages 6-18
Milk	1/2 cup	1/2 cup	1 cup
Vegetables	1/2 cup	1/2 cup	3/4 cup
Fruits	1/2 cup	1/2 cup	3/4 cup
Meats/Meat Alternates	1/2 oz eq	1/2 oz eq	1 oz eq
Grains	1/2 oz eq	1/2 oz eq	1 oz eq



Added Sugar in Breakfast Cereal

All breakfast cereals served in the Child and Adult Care Food Program (CACFP) must contain no more than **6 grams of added sugars** per dry ounce.





Added Sugar in Yogurt

All yogurt served in the Child and Adult Care Food Program (CACFP) must contain no more than **12 grams of added sugars per 6 ounces** (2 grams of added sugars per ounce).





Meal Patterns for Infants

Ages Birth Through 5 Months

Breakfast, Snack, Lunch & Supper Meal Patterns		
Milk	4-6 fl oz	breastmilk ¹ or formula ²



Meal Patterns for Infants

Ages 6 Months Through 11 Months

Breakfast, Lunch & Supper Meal Patterns		
Milk	6-8 fl oz	breastmilk ¹ or formula ²
Grains or Meats/Meat Alternates	0-½ oz eq	infant cereal ^{2,3} or
	0-4 tbsp	meat; fish; poultry; whole egg; tofu; tempeh; cooked dry beans, peas and lentils; or
	0-2 oz	cheese or
	0-4 oz	cottage cheese or yogurt ⁴ or soy yogurt ⁴ or
		a combination of the above ⁵
Fruits/Vegetables	0-2 tbsp	vegetable or fruit or a combination of both ^{5,6}



Meal Patterns for Infants

Ages 6 Months Through 11 Months

Snack Meal Patterns		
Milk	2-4 fl oz	breastmilk ¹ or formula ²
Grains	0-½ oz eq	bread ^{3,7} or
	0-¼ oz eq	crackers ^{3,7} or
	0-½ oz eq	infant cereal ^{2,3} or
	0-¼ oz eq	ready-to-eat breakfast cereal ^{3,5,7,8}
Fruits/Vegetables	0-2 tbsp	vegetable or fruit or a combination of both ^{5,6}



What You Can Claim Per Child Per Day

2 Meals & 1 Snack

OR

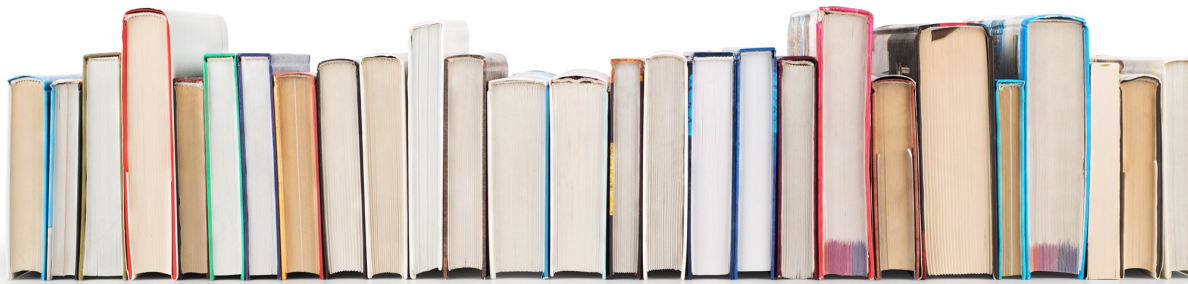
2 Snacks & 1 Meal





Recordkeeping Requirements

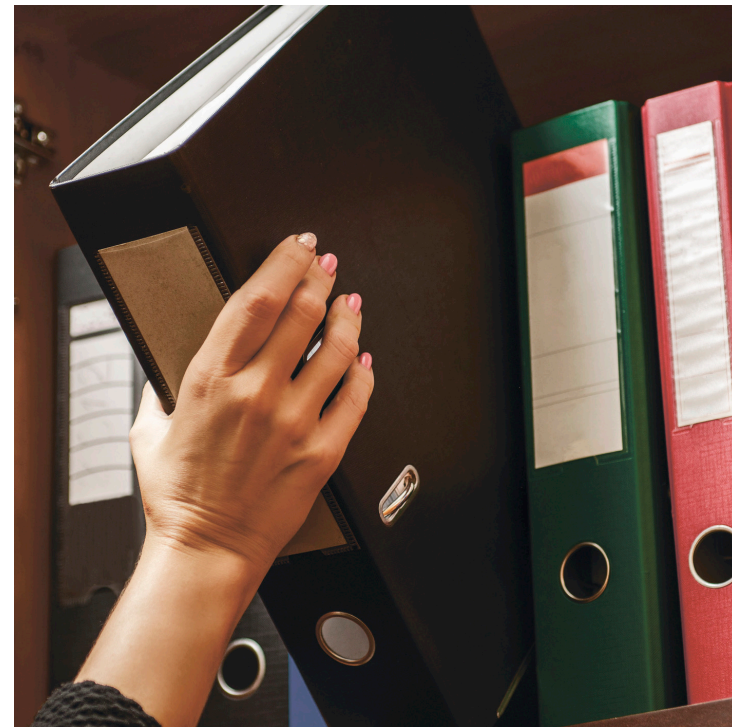
- Maintaining CACFP records is required for 3 years plus the current year or until all audit or review findings are finalized.
- Records should be kept in a locked drawer/file labeled for the CACFP.





Required Provider Records

- Meal Counts
- Daily Attendance Records
- Enrollment Forms
- Daily Dated Menus With Substitutions Listed
- Provider Permanent Agreement
- Documentation of Current License





Menu Requirements

- Dated
- List Food & Serving Sizes
- Note Substitutions
- Contain USDA Non-Discrimination Statement





CACFP WEEKLY MENU		Center:			Month:		Date: to		
MEAL	COMPONENT	AGES 1-2	AGES 3-5	AGES 6-18	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Breakfast	Milk	1/2 cup	3/4 cup	1 cup					
	Fruit/Vegetable	1/4 cup	1/2 cup	1/2 cup					
	Grains/Meat Alternates	1/2 oz eq ^{1,2}	1/2 oz eq ^{1,2}	1 oz eq ^{1,2}					
Lunch	Milk	1/2 cup	3/4 cup	1 cup					
	Meat/ Meat Alternates	1 oz	1 1/2 oz	2 oz					
	Vegetable	1/8 cup	1/4 cup	1/2 cup					
	Fruit	1/8 cup	1/4 cup	1/4 cup					
	Grain	1/2 oz eq ²	1/2 oz eq ²	1 oz eq ²					
Snack**	Milk	1/2 cup	1/2 cup	1 cup					
	Meat/ Meat Alternates	1/2 oz	1/2 oz	1 oz					
	Vegetable	1/2 cup	1/2 cup	3/4 cup					
	Fruit	1/2 cup	1/2 cup	3/4 cup					
	Grain	1/2 oz eq ²	1/2 oz eq ²	1 oz eq ²					

This institution is an equal opportunity provider.

¹ Meat and meat alternates may be used to substitute the entire grains component a maximum of three times per week.

² oz eq = ounce equivalents

** Select 2 of the 5 components for snack.



CACFP Weekly Menu			Month: _____ Date: _____ to _____				
Meal	Age	Portion Size/Component	Monday	Tuesday	Wednesday	Thursday	Friday
Break	Birth - 5 Months	4-6 fluid (fl.) oz. breastmilk ¹ or formula ²					
	6-11 Months	6-8 fl. oz. breastmilk ¹ or formula ² ; and 0-4 Tbsp. infant cereal (0-½ oz. eq.) ³ , meat, fish, poultry, whole egg, cooked dry beans or cooked dry 0-2 oz. cheese; or 0-4 oz. (volume) cottage cheese; or 0-4 oz. or ½ cup yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 Tbsp. vegetables or fruit or a combination of both ^{4,5}					
Lunch	Birth - 5 Months	4-6 fluid (fl.) oz. breastmilk ¹ or formula ²					
	6-11 Months	6-8 fluid (fl.) oz. breastmilk ¹ or formula ² ; and 0-4 Tbsp. infant cereal (0-½ oz. eq.) ³ , meat, fish, poultry, whole egg, cooked dry beans or cooked dry 0-2 oz. cheese; or 0-4 oz. (volume) cottage cheese; or 0-4 oz. or ½ cup yogurt ⁴ ; or a combination of the above ⁵ ; and 0-2 Tbsp. vegetables or fruit or a combination of both ^{4,5}					
PM Snack	Birth - 5 Months	4-6 fluid (fl.) oz. breastmilk ¹ or formula ²					
	6-11 Months	2-4 fl. oz. breastmilk ¹ or formula ² ; and 0-½ slice of bread/bread-like items (0-½ oz. eq.) ⁶ ; or crackers (0-½ oz. eq.) ⁶ ; or 0-4 Tbsp. infant cereal (0-½ oz. eq.) ^{3,4} ; ready-to-eat breakfast cereal (0-½ oz. eq.) ^{6,7} ; and 0-2 Tbsp. vegetables or fruit or a combination of both ^{4,5}					

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- Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months.
For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.
- Infant formula and dry infant cereal must be iron-fortified.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- A serving of this component is required when the infant is developmentally ready to accept it.
- Fruit and vegetable juices must not be served.
- All grains served must be made with enriched or whole grain meal or flour. Ready-to-eat breakfast cereals and infant cereals that are fortified are also creditable.
- Ready-to-eat breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).



Infant Feeding Record

- Each Infant has an Individual Menu
- Record Food Offered for Each Meal Component
- Keep Menu on File





Site/Room: _____

Month: _____ Year: _____

**Ohio Department of Education
Child and Adult Care Food Program
NEW MEAL PATTERN
Infant Menu Record for Infants 0 through 5 Months**

Infant's Full Name: _____

Infant's DOB: _____

Please record specific food items offered to infant each day
Note: Iron-fortified infant formula or breast milk are the only required food components for infants age 0 through five months of age
Other food items may be introduced to the infant as developmentally appropriate

Required Components	DATE	DATE	DATE	DATE	DATE
Breakfast 4 to 6 fluid ounces of IFIF or breast milk [†]					
A.M. Snack 4 to 6 fluid ounces of IFIF or breast milk [†]					
Lunch 4 to 6 fluid ounces of IFIF or breast milk [†]					
P.M. Snack 4 to 6 fluid ounces of IFIF or breast milk [†]					
Supper 4 to 6 fluid ounces of IFIF or breast milk [†]					

[†]IFIF: Iron-fortified Infant Formula. Use "BF" if mother breastfed infant onsite.
An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if you are not providing all required meal components
An Infant Menu Record is required for all infants claimed
Note: Juice is not allowed for infants under age one





Ohio Department of Education
 Child and Adult Care Food
 Program
NEW MEAL PATTERN
 Infant Menu Record
 Infants 6 through 11 Months

Site/Room: _____

Infant's Full Name: _____

Month: _____ Year: _____

Infant DOB: _____

Please record specific food items offered to infant each day

Required Components	Date:	Date:	Date:	Date:	Date:
Breakfast 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-2 Tbsp. vegetable, fruit or a combination					
A.M. Snack 2-4 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal and as developmentally appropriate 0-2 tbsp. vegetable, fruit or a combination					
Lunch 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese, or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-2 Tbsp. vegetable, fruit or a combination					
P.M. Snack 2-4 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-1/2 bread slice; 0-2 cracker; 0-4 tbsp. infant cereal or ready to eat cereal and as developmentally appropriate 0-2 tbsp. vegetable, fruit or a combination					
Supper 6-8 fluid ounces of IFIF* or breast milk** and as developmentally appropriate 0-4 Tbsp. iron-fortified dry infant cereal or meat, fish, poultry, whole eggs, or cooked dry beans or peas, or 0-2 ounces of cheese or 0-4 ounces of cottage cheese, or 0-4 ounces yogurt or a combination and as developmentally appropriate 0-4 Tbsp. vegetable, fruit or a combination					

*IFIF: Iron-fortified Infant Formula. Use "BF" if mother breastfed infant onsite. An Infant Food/Formula statement must be kept on file for each infant under 12 months of age if you are not providing all required meal components.
 An Infant Menu Record is required for all infants claimed.
Note: Juice is not allowed for infants under age one



Additional Menu Requirements: Nutrition Documentation

- Child Nutrition Labels (CN Labels)
 - Recipes for Homemade Items
 - Product Formulation Statements (PFS)
 - Ingredient Label for all Grain Items
 - Nutrition Label for Cereal and Yogurt (Sugar Limit)
-



Special Diet Forms: What to Look For

- Detail information about the participant's disability
- List alternate food items
- Prescribed and signed by a state recognized medical authority
- Review it carefully
- Request additional information, if necessary

SPECIAL DIET FORM

This center/facility participates in the Child and Adult Care Food Program (CACFP) and any meals, snacks, or milk claimed for reimbursement must meet program requirements. Food accommodations must be made when the food accommodation is due to a disability (a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment). Reasonable food accommodations may be made for children/participants without disabilities who may have special medical or dietary needs. Food accommodations are to be supported by a statement signed by a recognized state medical authority which is defined as a state licensed health care professional who is authorized to write medical prescriptions under state law.

To be completed by parent, guardian or authorized representative		
Child/Participant Name:	Birth Date:	
Parent/Guardian/Authorized Representative Name:		
Email:		
Home Phone:	Work Phone:	Cell Phone:
Address:		
City:	State:	Zip:

To be completed by recognized state medical authority	
<i>Check and complete appropriate information. For the safety of the child, please be as specific as possible.</i>	
<input type="checkbox"/> Yes, this child/participant has a disability that requires food accommodation?	
Describe disability:	
What major life activity is affected?	
How does the disability restrict the diet?	
<input type="checkbox"/> Child/Participant has no disability but requires a special diet	
Describe the medical or other special dietary need that restricts diet:	
List food/type of food to be omitted.	
List food/type of food to be substituted for omitted food(s). Please be specific regarding any needed food texture changes or detailed menu to be followed.	
Signature of Recognized State Medical Authority:	Date:
Printed Name:	Phone:

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Rev. 9/1/2023



Parent/Guardian Request for Milk Substitution

- Required when a request for a non-dairy beverage **is not** due to a medical issue.
- If the substitution **is** nutritionally equivalent, it **is** creditable and the meal **can** be claimed.
- If the substitution **is not** nutritionally equivalent, it **is not** creditable and the meal **cannot** be claimed.





PARENT/GUARDIAN REQUEST FOR FLUID MILK SUBSTITUTION

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the U.S. Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution:

a. Calcium 276 mg	d. Vitamin D 2.5 mcg	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 150 mcg	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg



To be completed by Child Care Center/Provider prior to distribution of form	
Name of Child Care Center/Provider:	
	This child care center/provider will provide the following non-dairy beverage which meets the USDA-approved nutrient standards for a milk substitute: (list substitute(s))
	This child care center/provider has chosen not to provide non-dairy beverages for the substitution of fluid milk.

To be completed by Parent/Guardian	
Child's Full Name:	
Identify the medical or other special dietary need that restricts the diet of your child (why your child needs a non-dairy beverage as a milk substitute):	
	I request that my child is served the non-dairy beverage which meets the USDA-approved nutrient standards for a milk substitute that is provided by the center/provider as indicated above.
	I am aware that the center is not providing a non-dairy beverage for the substitution of fluid milk. I will provide a non-dairy beverage for my child that meets the USDA-approved nutrient standards for a milk substitute as stated above.
	I will provide a non-dairy beverage for my child that does not meet the USDA-approved nutrient standards for the substitution of fluid milk. I understand that the center cannot claim meals that require milk unless I get written statement from a recognized medical authority.
Signature of Parent/Guardian:	Date:



Attendance Records

- Support daily attendance of children receiving care
- Dated
- First and last names required





CACFP Enrollment Forms

- Valid for 12 months
- Completed annually by parent & signed by provider
- ODJFS Child Enrollment/Health Information Form CANNOT be used





CACFP Enrollment Forms Reminders

- List one participant (child) per form
- Parent/guardian must complete form
- Provider must sign all forms
- Current enrollment forms must be on file for all children





Keep Documentation on File

**If it's not written down,
it didn't happen.**





IMPORTANT REMINDER

All Child and Adult Care Food Program records must be kept for 3 years, plus the current year or until all audit or review findings are finalized.



Meal Counts

- **Type B Providers:** Meal counts must be recorded by the end of the day.
- **Type A Providers:** Meal counts must be recorded at the Point of Service.
- If the program is declared seriously deficient, meal counts **MUST** be recorded at Point of Service.





Claim Submission Due Dates

- Each month's claims **MUST** be submitted on KidKare on the first day of the following month.





Reimbursement System and Claim Accuracy

- 4C for Children's reimbursement system is KidKare.
- Office Error Reports are available when claim is submitted to the state.
- When state makes deposit, 4C will deposit reimbursements into a Check/Savings account or U.S. Bank Focus Card within 5 business days.





Thank You!

