

# *Welcome*

## to the Child Nutrition Program of Southern California

When you call the office with a program question, please have your handbook available to reference.

When your question is answered, please write the answer in the appropriate section of your handbook.

Please take a minute to record your Field Representative's name and your provider number in the space below.

My Field Representative is: \_\_\_\_\_

I received my Program Training on: \_\_\_\_\_

My Provider ID number is: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

My Login to claim online is: \_\_\_\_\_

My Password to claim online is: \_\_\_\_\_

My hours of Operation and Meal Times, at the time of my Program Training date above, are:

Hours of Operation:

Meal Times:

Open: \_\_\_\_\_

**B:** \_\_\_\_\_

**PS:** \_\_\_\_\_

Close: \_\_\_\_\_

**AS:** \_\_\_\_\_

**D:** \_\_\_\_\_

**L:** \_\_\_\_\_

**ES:** \_\_\_\_\_

If you are unable to turn in a copy of your day care license and/or military certificate today, please contact our office at 619.465.4500 or toll free 800.233.8107 when you receive your license and/or military certificate and ask for Joanie for further information.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

This institution is an equal opportunity provider.

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# QUICK REFERENCE GUIDE

## HOW TO ADD A NEW CHILD TO THE PROGRAM:

Complete an Enrollment Form or Enrollment Report (if claiming online) during your first interview with the parent/guardian or complete and have ready for the parent/guardian to verify, sign and date on the first day the child is claimed on the Child & Adult Care Food Program. **If the Enrollment Form or Enrollment Report is dated after the child's first day claimed on the Child Care Food Program the date of enrollment will be changed to the date the parent/guardian signed the Enrollment Form/Report.** The completed Enrollment Form/Report must be received in the office within five (5) days of the child's first day of care. (See Page 14).

## HOW TO DROP CHILDREN FROM THE PROGRAM:

Write in the child's last day of care, number and name on the Monthly Claim Information Sheet (MCIS) and mail to the office at the end of the month with your monthly claim. Providers that claim online may withdraw children when the child leaves their care online using Minute Menu WebKids.

## WHAT FORMS ARE DUE AND WHEN?

Completed Child Enrollments (completed online or using Scannable Child Enrollments) must be received in the office within five (5) days of the child's first day of care.

Your Monthly Claims (Online or Scannable Forms) are due in our office on or before the fifth (5th) of the month following the month being claimed. Claims received on or before the fifth (5th) of the month will go in the original (first) check run. The **ABSOLUTE LAST DAY** is the fifteenth (15th) day of the month following the month being claimed. Claims received after the fifth (5th) of the month will go in the Late Check Batch.

**Example:** Your January claim is due in our office on or before February 5th.

## Our Mailing & Street Address is:

Child Nutrition Program of Southern California  
7777 Alvarado Rd, Suite 422  
La Mesa, CA. 91942

## POSTAL RATES:

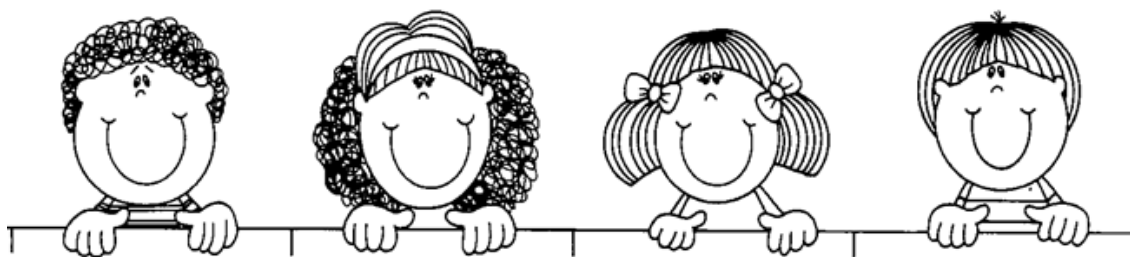
See insert in handbook.

## WHO WE ARE

The Child Nutrition Program of Southern California (CNPSC) is a non-profit agency and was incorporated in March 1981. We have been a sponsor of the USDA Child & Adult Care Food Program (Child Care Component) since 1981. 70% of our Team Members have previously operated Family Child Care businesses.

Joining our USDA Child & Adult Care Food Program (Child Care Component) will give you the knowledge, experience and support needed to promote healthy nutrition, safe food handling, and will assist you in operating a successful Child Care Home. The parents/guardians of the children in your care will appreciate the fact that you are concerned about the nutrition and health of their children.

“Nutrition is an important part of good health and is also an important part of an exceptional Family Child Care home. Children require well-balanced meals in order to meet their daily energy needs and to help them build strong bodies and minds.”



# PHONE NUMBERS AND ADDRESS

## **Phone Numbers**

Office: 619.465.4500

Toll free 800.233.8107

Fax: 619.465.2698

Check Information 619.465.2696

## **Our Mailing and Street Address is:**

Child Nutrition Program of Southern California  
7777 Alvarado Rd, Suite 422  
La Mesa, CA 91942

## **Our Web Address is:**

[www.cnpsc.com](http://www.cnpsc.com)

## **Our Email Address is:**

[cnp@cnpsc.com](mailto:cnp@cnpsc.com)

## **Minute Menu Web Address (for online claiming) is:**

[www.minutemenu.com](http://www.minutemenu.com)

**You can also “like” us on Facebook**

# REIMBURSEMENT RATES

## WHAT ARE THE REIMBURSEMENT AMOUNTS?

Federal Reimbursement rates are determined by USDA and are the same for all Child & Adult Care Food Programs nationwide. For this year's current rates, please see the insert in your handbook.

### REIMBURSEMENT RELEASE DATES – ORIGINAL RUN (*Claims received on time*)

*Child Nutrition Program of Southern California follows the reimbursement procedures required by USDA and California Department of Education, Nutrition Services Division for all sponsors of the Child & Adult Care Food Program. Claims postmarked the 1st, 2nd, 3rd, and 4th or hand delivered to the office on the 1st-5th are processed in the original run. Reimbursement Checks will be mailed as soon as the funds are received from the California State Department of Education. Claims received after the 5th of the month go into the late run. Late run reimbursement can be received approximately 3-6 weeks after the original run money is received.*

<u>Claim Month</u>	<u>Usual Release Month</u>	<u>Claim Month</u>	<u>Usual Release Month</u>
January	<b>March</b>	July	<b>September</b>
February	<b>April</b>	August	<b>October</b>
March	<b>May</b>	September	<b>November</b>
April	<b>June</b>	October	<b>December</b>
May	<b>July</b>	November	<b>January</b>
June	<b>August</b>	December	<b>February</b>

## GENERAL PROGRAM REQUIREMENTS

1. Providers agree to follow all USDA requirements for the Child & Adult Care Food Program.
2. Providers must record attendance and meals on a daily basis per the instructions in this handbook. Attendance and Menus will be checked at each site review. **No reimbursement will be made for meals served prior to the Site Review if the Attendance and Menus are not up-to-date, complete and available for review by the Field Representative.**
3. Providers are required by USDA regulations to retain (keep) all their Child & Adult Care Food Program records, Child Enrollments, Monthly Claims, Payments, etc. for 3 years plus the current fiscal year (October—September). If you are claiming online using Minute Menu you should print two copies of the Child Enrollments, have the Parent/Guardian sign both copies, mail one to the office and retain one for your records. Again, if claiming online your monthly claim will be saved online along with your payment records. If claiming using the Scannable Forms, the Child Enrollment and the Child and Infant Menus have copies attached to each form, remove these copy and keep for your records. Your monthly checks will have a payment stub attached which should also be retained (kept).

# GENERAL PROGRAM REQUIREMENTS

4. Providers agree to follow the USDA requirements for the Child & Adult Care Food Program.
5. Providers must always be within the license capacity stated on their Family Day Care Home License.

## **Example:**

### **Capacity of Eight (8)**

Maximum capacity for 6 children - No more than 3 infants. Capacity for 8 children - No more than 2 infants, 1 child in kindergarten or elementary school and 1 child at least age 6.

### **Capacity of Fourteen (14)**

Maximum capacity - (when there is a Community Care Licensing approved Assistant present) for 12 children: - No more than 4 infants. Capacity for 14 children : No more than 3 infants, 1 child in kindergarten or elementary school and 1 child at least age 6. **When an assistant is not present, the Capacity of Eight (8) must be followed.**

**If your capacity is different than the above example, you may only claim what is stated on your Family Day Care Home License or Military Certificate.**

- A. Infants (0 - 11 months) are eligible for the program. Infant meal requirements are on pages 32-37. **Providers are required by federal and state law to offer the Child Nutrition Program to all infants under 1 year. Only the parent may choose to decline the CACFP.**
- B. Children must be under thirteen (13) years of age to qualify for the program, unless physically or mentally disabled and under eighteen (18) years of age (Doctor's verification required).
- C. Providers may claim their own children and/or foster children if:
  - a. They meet the income eligibility requirements (see definition and requirements of “**own children**” on page 8)
  - b. The provider's own children and/or foster children are under the age of thirteen (13).
  - c. They are serving and claiming at least one day care child at the same meal.



6. The Provider **must:**

- a. Purchase
- b. Prepare
- c. Offer
- d. Encourage
- e. Supervise the meal

**All foods served and claimed on the Child & Adult Care Food Program (including infant formulas supplied by the provider or the parent) must be allowable on the Child & Adult Care Food Program and must be purchased in the United States.**

Packed snacks or lunches for school are not reimbursable. Also foods given to day care children to finish eating after leaving the day care home are not reimbursable.

Restaurant food is **not** reimbursable, whether eaten at the restaurant or taken home. Example: McDonald's, Subway, Pizza Hut, Denny's, Chuck E Cheese, etc.

A picnic lunch or snack that you have prepared is reimbursable if you are there to supervise. Providers are required to notify sponsors in advance of intended absences from the home during meal service periods.

7. The Provider may claim a maximum of:

- a. Two (2) major meals and one (1) snack per child per day if served  
or
- b. One (1) major meal and two (2) snacks per child per day if served

8. The Provider must serve meals within the state agency's time policy:

- a. A minimum of two (2) hours shall elapse between the beginning of one meal service and the beginning of another meal service when supplements (snacks) are served.
- b. If a supplement (snack) is not served between major meals (breakfast, lunch or supper) a minimum of three (3) hours shall elapse between the servings of major meals.
- c. Meals must be served during periods normally considered appropriate for breakfast, lunch, and supper. Breakfast before 9 a.m., lunch between 11:00 a.m. and 1:30 p.m., and supper (dinner) between 4:00 p.m. and 7:00 p.m.
- d. The type of meal served must follow the meal pattern appropriate for the time meals served.
- e. Infants up to one (1) year of age may be served meals at times consistent with the infant's eating patterns.

## GENERAL PROGRAM REQUIREMENTS - continued

9. **Child Nutrition Program of Southern California does not reimburse for any meals served to children in care on weekends (Saturday and Sunday) or the following major holidays because it is very difficult to do the USDA required Site Reviews on these days.** You may be able to claim these meals as a business expense when you do your taxes. Contact your tax consultant and/or Redleaf Press ([www.redleafinstitute.org](http://www.redleafinstitute.org) for more tax information.

**Major Holidays are:**

New Year's Day (January)

Memorial Day (May)

4<sup>th</sup> of July (July)

Labor Day (September)

Thanksgiving Day (November)

Christmas Day (December)

## ELIGIBILITY INFORMATION TO CLAIM "OWN CHILDREN"

You must complete an Eligibility Application if you wish to claim your "own children" (children living in your home) for meal reimbursement. If you are eligible, you may claim meals served to your "own children" only when other nonresidential children are present, eating, and claiming the same meals claimed for your own child (ren).

Definition of "Own children" may include:

1. Own children living in the home under the age of 13 years.
2. Foster children living in the home under the age of 13 years.
3. Grandchildren living in the home under the age of 13 years
4. Any other child living in the home under the age of 13 years.

Requirements for claiming "Own children":

1. A current approved Eligibility Application must be on file.
2. Own children must be under the age of 13 years (see above).
3. The provider must be serving and claiming at least one day care child (between 0 and 13 years old) at the same meal.

If you have any questions, please call our office at 619.465.4500 or 800.233.8107.



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## **THE PROVIDER AGREES TO:**

1. Certify that the provider(s) is/are not currently enrolled in the CACFP under another sponsor and not on the USDA's National Disqualified List.
2. Maintain an enrollment form for each enrolled child and infant in care. The enrollment form must be signed and dated by the parent or guardian, state the child's or infant's normal days and hours of care and the meals and/or snacks that the child or infant ordinarily would receive during care, and be updated annually.
3. Offer the CACFP to all enrolled children and infants regardless of race, color, national origin, sex, age, or disability.
4. Adhere to one or more of the following: the California Department of Social Services licensing regulations, the Trustline Registry established requirements, military license regulations, or tribal authority policies.
5. Prepare and serve meals and/or snacks meeting the CACFP meal and/or snack pattern.
6. Ensure two hours between the start of a meal and the start of a snack. When snacks are not served, ensure three hours between the start of one meal and the start of the next meal. Infants (under one year old) should be fed at a time consistent with the infant's eating patterns. Meals and/or snacks must be served during the period normally considered appropriate for family meal and/or snack times:
  - Breakfast:      **before** 9:00 a.m.
  - Lunch:        **between** 11:00 a.m. and 1:30 p.m.
  - Supper:       **between** 4:00 p.m. and 7:00 p.m.
7. Serve meals and/or snacks to enrolled children and/or infants at no separate charge.
8. Maintain daily records of all the following:
  - a. Menus and types of foods served to enrolled children and/or infants at each meal and/or snack
  - b. Enrolled children and/or infants served at each meal and/or snack
  - c. Children and/or infants in attendance, including time-in/time-out records if providing shifts of care
9. Retain the required records for three program years plus the current year. If there is an unresolved audit or review finding, maintain the records covered by the audit or review for three years from the date the audit or review finding was resolved.

Only 12 months plus the current month must be maintained and immediately available at the provider's home. The rest of the retained documents must be retrievable within a reasonable amount of time if requested by the sponsor, a representative of the CDE, or the USDA. Records may be kept in hard copy or electronic format, as long as the records are available for review.
10. Submit complete and accurate claim documents to the sponsor. The required documents are due in the sponsor's office on the **fifth (5th)** calendar day of the month following the claim and must be received no later than the **fifteenth (15th)** calendar day of the month following the claim month. Late submission of required documentation will delay reimbursement and may result in no reimbursement to the provider. Failure to notify the sponsor if not serving and claiming meals and/or snacks may result in the provider being dropped from the CACFP.
11. Claim no more than two meals and one snack, or one meal and two snacks, per child or infant per day.
12. Claim meals and/or snacks served to enrolled children or infants only.
13. Claim meals and/or snacks served to the "provider's own" eligible children and infants only when other enrolled children and/or infants are in care and eating the same meal or snack. The "provider's own" are children and/or infants that live in the household, including foster children and/or infants, and are part of the same economic unit.
14. Not claim lunches sent with children to school.
15. Claim for meals and/or snacks within the limits of the licensed capacity. If shifts of care are provided and meals and/or snacks claimed appear to exceed the licensed capacity, maintain complete attendance documentation of "time-in" and "time-out" of all enrolled children and/or infants.
16. Provide a current copy of the provider's license and any other pertinent documentation to the sponsor, and notify the sponsor of any updates to the license and other documents.
17. Notify the sponsor of any changes in enrollment (i.e., children and/or infants added or dropped from child care).
18. Participate in at least one annual training session regarding the CACFP requirements provided by the sponsor.
19. Permit representatives of the sponsor, the CDE, or the USDA to review CACFP records and the meal and/or snack service operation in the home during announced or unannounced visits during normal child care hours. (Such representatives must show photo identification that identifies them as employees of their respective organizations.)
20. Notify sponsor in advance of intended absences from the home or if closed during normal hours. If the sponsor, the CDE, or the USDA conducts an unannounced visit and children and/or infants are not present, claims for meals and/or snacks that would have been served during the unannounced visit will be disallowed.

- 
21. Provide, if requested by the sponsor, a copy of the sponsor's notice to parents informing them that the provider participates in the CACFP.
  22. Understand that for the purpose of this Agreement, the provider and the employees of the provider are considered to be independent of the sponsor and are not officers, employees, or agents of the sponsor.

The provider and employees of the provider understand that this is a federal program and that they are responsible for information provided to the sponsor. Falsification or misrepresentation of information on any document may lead to termination from the CACFP, and/or criminal penalties, and/or civil penalties. Any funds found to be misappropriated by providers must be returned to the sponsor by the provider.

**BOTH THE SPONSOR AND PROVIDER AGREE TO:**

1. The right of either to cancel this Agreement for convenience. In which case:
  - a. The sponsor agrees to give the provider at least 14 days prior written notice of cancellation actions specifying when said actions shall take place. If possible, the Agreement ends the last day of a calendar month.
  - b. The provider agrees to give the sponsor at least 14 days prior written notice of withdrawal or transfer from the program specifying when said actions shall take place. If possible, the Agreement ends the last day of a calendar month.
2. The right of the sponsor to initiate action to terminate the provider's participation in the CACFP, if the sponsor determines that the provider has committed one or more of the serious deficiencies listed in 7 *CFR* Section 226.16(l) (2). If the sponsor proposed termination of the provider's participation in the CACFP, the sponsor will notify the provider of their right to appeal.
3. Acknowledge this Agreement is contingent upon the availability of program funds.
4. Keep this Agreement on file for review upon request by the sponsor, a representative of the CDE, or the USDA.

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**CERTIFICATION:**

***We agree to comply with the rights and responsibilities in this Agreement for participation in the U.S. Department of Agriculture, Child and Adult Care Food Program, in of California.***

---

Provider's Signature

---

Provider's Name (please print) Date

---

Authorized Sponsor's Signature

**Joan LaRocque**

---

Authorized Sponsor's Name

**DON'T FORGET  
TO READ AND  
SIGN PAGE 4  
ALSO!**

# Serious Deficiency Process

## **A Provider will be found Seriously Deficient if (but not limited to):**

- The Provider's Menus and/or Meal Counts were not up to date (even for one meal).
- The Provider was over license capacity as stated on her/his Family Child Care License or Military Child Care Certificate.
- The Provider did not notify the office in advance when not home for a meal service. The Provider may not state at a Site Review that she/he was not planning on claiming as it is impossible to verify that the Provider's Menus and Meal Counts just weren't up to date.
- The Provider has submitted a false claim (claiming meals not served or claiming children not in care).

## **The Serious Deficiency Process is as follows:**

### **SERIOUS DEFICIENCY WARNING LETTER (ONE TIME ONLY)**

1. A One time only Warning letter is issued to the Provider when the Provider's Menus and/or Meal Counts are not up to date for 1 or 2 days or the Provider did not notify the office in advance when not home at a meal service time.
2. Technical assistance (reviewing program requirements) is conducted during a Site Review.
3. A Follow-up Site Review may be required.

### **NOTICE OF SERIOUS DEFICIENCY DETERMINATION**

1. A *Notice of Serious Deficiency Determination Letter* is issued to the Provider when Menus and Meal Counts are not up to date for 3 or more days or if the Provider is over license capacity at the Site Review or if the Provider has previously received a Serious Deficiency Warning Letter (see above).
2. A written *Corrective Action Plan* from the Provider is required. The Provider must understand that the *Corrective Action Plan* she/he is writing is explaining how the Provider will fully and permanently (forever and ever) correct the Serious Deficiency issue.
3. If the Provider's written *Corrective Action Plan* is approved a *Successful Corrective Action, Temporary Deferment of Serious Deficiency Letter* is issued to the Provider.
4. A follow-up Site Review is required to determine that the Provider has permanently (forever and ever) corrected the Seriously Deficient issue.
5. Copies of all letters are sent to the California Department of Education, Nutrition Services Division, Program Integrity Unit.

### **NOTICE OF PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION**

1. If it is determined that the Provider has not fully and permanently (forever and ever) corrected a prior Serious Deficiency issue a *Notice of Proposed Termination and Proposed Disqualification letter* is issued to the Provider including a procedure and appeals process for the Provider.
2. The Provider may request an Appeal Hearing if it is felt that the Serious Deficiency findings are incorrect. The Hearing Official will review all documentation submitted by the Sponsor and the Provider to make a decision.
3. If the Hearing Official upholds the Sponsor's determination, a Termination and Disqualification letter will be mailed to the Provider.
4. The Provider will be terminated for cause, and placed on the National Disqualified List for seven (7) years by the California Department of Education, Nutrition Services Division, Program Integrity Unit. The Provider will not be able to join any Child & Adult Care Food Program in any of the United States for seven (7) years.

***I certify that I have received and reviewed a copy of the Seriously Deficient Process.***

---

Provider's Name (please print)

---

Provider's Signature

---

Date

# FORM INSTRUCTIONS

Before we get started, there are a few general words of wisdom we'd like to share regarding your paperwork:

1. ALWAYS use a #2 pencil to fill out your forms.
2. Don't use your pencil's eraser to erase a bubble. Instead, use a pink school eraser or other good eraser to make sure any bubble you erase doesn't leave a mark.
3. Always sign and date your forms.
4. Don't strike through or mark an "X" over areas of a form that you want to leave blank. Just leave it blank. Otherwise, an error will occur.
5. Do NOT write notes on the scannable forms. You can write notes on your Monthly Claim Information Sheet (MCIS).
6. Be sure to keep the carbon copy of every scannable form you send in.
7. Never staple, fold, or wrinkle any scannable form. Keep forms away from your children to avoid spills or wrinkles.
8. Run through the monthly checklist on page 31 before you mail your paperwork back to the office each month.
9. Be careful when you mark a bubble:



PROVIDER'S NAME (PRINT): JESSICA LONG

# ENROLLMENT FORM

USE#2 PENCIL ONLY  
DO NOT FOLD OR STAPLE

1. PROVIDER #

9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

## 2. CHILD'S BIRTHDATE

M	0	1									
MO	1	0	2	3	4	5	6	7	8	9	
D	2	0	1	3							
AY	3	0	1	2	4	5	6	7	8	9	
Y	0	1	2	3	4	5	6	7	8	9	
R	6	0	1	2	3	4	5	7	8	9	

3. ENROLLMENT DATE[illegible]

#### 4. CHILD'S NUMBER

**GROUP**  
Use only if instructed.

1  
2  
3

### 5. CHILD'S NAME

FIRST	J	A	B	C	D	E	F	G	H	I	●	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
	A	●	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
	N	A	B	C	D	E	F	G	H	I	J	K	L	M	●	O	P	Q	R	S	T	U	V	W	X	Y	Z
	E	A	B	C	D	●	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
NAME		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
M/I	S	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	●	T	U	V	W	X	Y	Z
LAST	W	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	●	X	Y	Z
	I	A	B	C	D	E	F	G	H	●	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
	L	A	B	C	D	E	F	G	H	I	J	K	●	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
	S	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	●	T	U	V	W	X	Y	Z
	D	A	B	C	D	E	F	G	H	I	J	K	L	M	N	●	P	Q	R	S	T	U	V	W	X	Y	Z
NAME	N	A	B	C	D	E	F	G	H	I	J	K	L	M	●	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

## 6. CHILD'S SCHEDULE

## 7. INFANTS

9 ETHNICITY ☐ FILL IN ONE

**13. PAY SOURCE** USE ONLY IF INSTRUCTED  
FILL IN ONLY ONE

☐ DHS/COUNTY    ☐ PRIVATE    ☐ NO PAY

**10. RACE** FILL IN ONE OR MORE

## 11. RELATION FILL IN ONLY ONE LEAVE BLANK IF DOESN'T APPLY

12. SPECIAL INFORMATION FILL IN ALL THAT APPLY14. PARENT PHONE #[illegible]

## 8. SCHOOL INFO

TIMES IN SCHOOL

**Additional information may be written in the notes section on the back of this form**

Parent/Guardian  
Name: (Please Print)

Address: 1234 Ocean Breeze Way  
City: San Diego STATE: CA ZIP: 92109 Alt. Phone: (619) 555-1212

Parent/Guardian Signature: Janetka Wilgove Date: 12/1/12

Please note: by signing above you indicate that you have reviewed the information on the back of this form & the Building for the Future Information.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.



# ENROLLING CHILDREN

**All children in care must have a completed Enrollment Form or Enrollment Report (if claiming online) on file in the office to participate in the Child & Adult Care Food Program.** If the parent of the child chooses not to participate, or the provider's own children do not qualify in the Child & Adult Care Food Program, the Non-Participating bubble in Section 12 would be bubbled in. Enrollment Forms or Enrollment Reports (if claiming online) **The Enrollment Form or Enrollment Report must be completed (by the provider or parent), verified and dated by the parent/guardian either *prior to or on* the child's first day claimed on the Child & Adult Care Food Program. If the Enrollment Form or Enrollment Report is dated after the child's first day claimed on the Child & Adult Care Food Program the date of enrollment will be changed to the date the parent/guardian signed the Enrollment Form/Report.**

To fill out an Enrollment Form, go step by step through each numbered section:

## 1. Provider #

Every scannable form that you send to us must have your provider number on it. If you forget your provider number, don't worry! It will be printed on each Claim Information Form (CIF) that we send you. Refer to your CIF (claim information form) to find your provider #. On the CIF it will read ID in bold. That is now your provider #. Fill in the entire ID #. **Write your provider # in the white boxes before you bubble it.** Then, in each row, you will bubble in the number for that row. Make sure you always fill in all the rows with a bubble that matches the number you've written.

USE #2 PENCIL ONLY

P R O V I D E R  N O	0	<input checked="" type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	8	<input type="radio"/>	9
	0	<input checked="" type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	8	<input type="radio"/>	9
	3	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input checked="" type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	8	<input type="radio"/>	9
	2	<input type="radio"/>	0	<input type="radio"/>	1	<input checked="" type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	9
		<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	9
		<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	9

Jessica Brown ID #: 0032

## 2. Child's Birthdate

The child's birthdate is written and bubbled using two digits for the month, two digits for the day, and two digits for the year (EX: 01/23/02 is January 23, 2002). Make sure that each row has only one number bubbled.

B I R T H D A T E  C H I L D S	M O N T H  D A Y  Y E A R	0	<input checked="" type="radio"/>	1	<input type="radio"/>															
		1	<input type="radio"/>	<input checked="" type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	8	<input type="radio"/>	9	
		2	<input type="radio"/>	0	<input type="radio"/>	1	<input checked="" type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>									
		3	<input type="radio"/>	0	<input type="radio"/>	1	<input type="radio"/>	2	<input checked="" type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	9
		0	<input checked="" type="radio"/>	1	<input type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	8	<input type="radio"/>	9
		2	<input type="radio"/>	0	<input type="radio"/>	1	<input checked="" type="radio"/>	2	<input type="radio"/>	3	<input type="radio"/>	4	<input type="radio"/>	5	<input type="radio"/>	6	<input type="radio"/>	7	<input type="radio"/>	9

## 3. First Day in Care

**This section really records the date you start claiming the child on the Child & Adult Care Food Program (CACFP).** Completed the same as the Child's Birthdate. The date you start claiming the child on the CACFP should be written and bubbled using two digits for the month, two for the day, and the last two digits of the year. Make sure that each row has only one number bubbled. **Remember, the Enrollment Form must be completed, verified, signed and dated by the parent/guardian *prior to or on* this date.**

#### **4. Child Number**

4. CHILD'S NUMBER

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	32				

GROUP  
Use only if instructed.

1
2
3

**You will choose and bubble in each child's number.** This number is used on all other forms (Regular or Infant Menu forms). For new children, look at your CIF and find the next blank number; use this number for the new child. Write the child's name on the blank line on the CIF. This way, you can look at the CIF when filling out menus the remainder of this month. Then bubble the child's number as shown to the left. Each month, we will mail you an up-to-date Claim Information Form (CIF) usually with your check. Unless you care for more than 32 children, you should always leave the GROUP option blank. If you have a large number of active children, and you've already used your first 32 child numbers, you can use the 2nd child Group to get an additional 32 child numbers. Note: if you leave Group blank, we will assume you mean the child should be in the 1st group of children.

#### **5. Child's Name**

The child's name section should be completed from the top down; print the first name, middle initial (middle initial is not required) and last name. Bubble the appropriate letter for each row.

#### **6. Child's Schedule**

When supplying Times in Care, ask the parent/guardian what the earliest and latest *possible* times in care *could* be and bubble accordingly. Bubble in all *possible* Days in Care. Bubble in all meals that *could* be served during the child's times in care. If the child attends school, bubble in their full time hours in this section to accommodate for the days the child will be in your care full time (sick days, school holidays, summer breaks, intersession, etc.) **Do not bubble in TIMES VARY and DAYS VARY. YOU WILL ONLY BE REIMBURSED FOR THE TIMES, DAYS AND MEALS THAT ARE BUBBLED.**

#### **7. Infants**

If the child is an infant (defined as under 1 year of age), you must complete the questions in Section 7. First, bubble the question, "is the child under 1 yr. old?" Next, write the complete name of the infant formula you, the provider, offer. Then bubble in who is supplying the infant formula and the solid foods when the infant is developmentally ready for infant foods. If the Parent/Guardian chooses to supply the infant formula, the complete name of the infant formula must also be written. Example: Enfamil Gentlease.

#### **8. School Info**

**School Type:** Bubble only one type of school; choose the one that is best defines the type of school the child attends. "School" is a traditional (September through June) school. If the child attends kindergarten and the school is also traditional or year round **only bubble the type of Kindergarten( AM, PM, All Day) the child attends.** If the child is a toddler or preschooler not attending any type of school you will not complete this section.

**School Times:** Bubble in the time the child leaves for school and returns from school whether or not they leave from your house. **Days:** Bubble in the days the child attends school.

## **9. Ethnicity and 10. Race**

Ethnicity and Race is always optional for a parent to indicate, and the categories are defined by federal law.

## **11. Relation**

Please make a note of how the child is related to you. If the child is a day care child, unrelated to you, don't mark anything in this section.

## **12. Special Information**

**Special Diet:** If a child has a food allergy or intolerance that has been diagnosed by a doctor, and requires a special diet, the Special Diet bubble must be bubbled in. Please call the office and request a Medical Statement. The Medical Statement, completed by the child's physician, must be on file in our office before reimbursement can be made.

**Special Needs:** If a child is a Special Needs Child (usually the child is physically or mentally disabled and/or requires a special diet or is over the age of 13 years and requires child care). The Special Needs bubble should be bubbled and a completed Medical Statement or current IEP on file in the office before reimbursement can be made.

**Non-Participating:** The Child & Adult Care Food Program must be offered to all children in care. Only the parent/guardian of a child in care can choose to decline participation in the Child & Adult Care Food Program. The Non-Participating bubble should be bubbled in if the parent/guardian chooses to decline participation in the Child & Adult Care Food Program.

**Migrant Worker's Child:** Migrant Worker's Children are allowed to participate in the Child & Adult Care Food Program until the age of 16 years. The Migrant Worker's Child bubble should only be bubbled in if the Migrant Worker's child is 13, 14, or 15 years of age.

## **13. Pay Source**

This section is not required to be completed by our program.

## **Parent Information**

The Parent/Guardian completes, signs, and dates the Parent Statement at the bottom of the Enrollment Form. **The parent/guardian must verify, sign and date the Enrollment Form *prior to or on* the first date the child is claimed on the Child & Adult Care Food Program. If the Enrollment Form or Enrollment Report (if claiming online) is dated after the child's first day claimed on the Child & Adult Care Food Program the date of enrollment will be changed to the date the parent/guardian signed the Enrollment Form/Report.**

**The completed Enrollment Form or Enrollment Report (if claiming online) must be received in the office within five (5) days of the child's first day of care.**

**CHILD NUTRITION PROGRAM OF SOUTHERN CALIFORNIA  
MONTHLY CLAIM INFORMATION SHEET**

*This form must be submitted with your monthly claim.*

*Reimbursement will not be made for exceptions if received after your claim is submitted.*

December 2012	9999	Jessica Long	(619) 555-1234
Claim Month/Year	Provider ID#	Provider Name	Provider Phone #

**WITHDRAW THE FOLLOWING CHILDREN (they are no longer in my care) :** If needed, use the back of this form

Last Day Claimed	Child's #	Child's Name	Last Day Claimed	Child's #	Child's Name
12/31/12	12	Joseph Cole			

**LIST SCHOOL AGE CHILDREN (INCLUDING CHILDREN WHO ATTEND PRESCHOOL) WHO WERE CLAIMED FOR AN A.M. SNACK OR LUNCH DURING THIS MONTH'S CLAIM: \*\*\*If needed, use the back of this form\*\*\***

All Dates (example: 6/1-6/11 or if individual days 6/25, 6/30)	Child's #	Child's Name	Off Track	Min Day	Sick	School break/ holiday	Other
MIN DAYS = WED 12/17 THRU 1/1	2	CANNON	<input type="checkbox"/> off track <input checked="" type="checkbox"/> minimum day <input type="checkbox"/> sick <input checked="" type="checkbox"/> school break/holiday <input type="checkbox"/> other (explain) _____			Winter Break	
12/17 THRU 1/1	3	COLLIN	<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input checked="" type="checkbox"/> school break/holiday <input type="checkbox"/> other (explain) _____			Winter Break	
12/10 = SICK 12/17 THRU 1/1	14	JANE	<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input checked="" type="checkbox"/> sick <input checked="" type="checkbox"/> school break/holiday <input type="checkbox"/> other (explain) _____			Winter Break	
			<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input type="checkbox"/> school break/holiday <input type="checkbox"/> other (explain) _____				
			<input type="checkbox"/> off track <input type="checkbox"/> minimum day <input type="checkbox"/> sick <input type="checkbox"/> school break/holiday <input type="checkbox"/> other (explain) _____				

**MEAL TIME REMINDERS:**

- There must be a minimum of two hours between the beginning of one meal service and the beginning of another meal service when snacks are served.
- If snack is not served between major meals: there must be a minimum of three hours between the serving of major meals.
- Breakfast must be served before 9:00 am.
- Lunch must be served between 11:00 am and 1:30 pm.
- Dinner must be served between 4:00 pm and 7:00 pm.

**MY MEAL TIMES CHANGES:**

Please write in any meal times changes below.

Breakfast 8<sup>30</sup> Am Snack 10<sup>30</sup> Lunch 12<sup>30</sup>  
PM Snack \_\_\_\_\_ Dinner \_\_\_\_\_ Eve Snack \_\_\_\_\_

**MY HOURS OF OPERATION CHANGES:**

Please write in any time changes below.

Time Open: \_\_\_\_\_

Time Closed: \_\_\_\_\_

**Have You Remembered To:**

- ✓ submit Enrollment Forms for new children in your care?
- ✓ use a #2 pencil on your forms?
- ✓ bubble in month, date, child #, Provider ID # correctly on each menu/attendance form?
- ✓ update any change in your license? (move, capacity, name change) If yes, have you mailed a new license or license profile to the office?
- ✓ list any school age child's information (including pre-school) who were off track, sick, school break/holiday when A.M. Snack and/or Lunch was claimed?

**I certify that the information above is true and correct.**

Jessica Long  
Provider's Signature

12/31/12  
Date

# MONTHLY CLAIM INFORMATION SHEET (MCIS)

Use the Monthly Claim Information Sheet (MCIS) if you use the scan (bubble) claim forms to document children no longer in your care, children that are out of school for sick days, minimum days, holidays, winter/spring/summer break, off track (for your round students) or for any other reason a child did not attend school during the month claimed. Mail the MCIS form each month with your claim.

Providers claiming online will withdraw children and document school out days on Minute Menu (refer to the “Documenting School Out Days” form in your handbook).

**Providers who do not document children’s school out days on the MCIS form or on Minute Menu will not be reimbursed for the meals claimed when the child is normally in school (usually these meals are for AM Snack and Lunch).**

## Tell us When Children Withdraw from Care

If a child withdraws from your care during the month please use the MCIS form to drop this child. Remember to list the last day of care, the child’s # and the child’s full name.

## Tell us Why School Aged Children Attend AM Snack or Lunch

If you serve a child on a weekday while the child would normally be in school, there is usually a reason for it. Document school out days for all school age children (6 years +) and children who attend Kindergarten, Preschool, or Head Start (away from the providers home) on the MCIS form. List the relevant dates, child’s #, child’s name and check the appropriate box for the reason.

## Meal Times or Hours of Operation Changes

If your meal times or your hours of operation change, write the change on the MCIS. **Sign and date where indicated and mail a MCIS each month with your monthly claim.**

# CLAIM INFORMATION FORM (CIF)

**(For your records only—do not mail to the office)**

The Claim Information Form (CIF) lists all children enrolled in your care and their child numbers. **Although it is printed (in the upper right hand corner) that you must mail this form with your monthly claim, you don’t; we created the Monthly Claim Information Sheet (MCIS) to notify us of your changes instead. You will keep your updated CIF each month so that you can assign and keep track of each child’s number.** Each month you will receive an updated CIF (usually mailed with your check). Depending on when your Enrollment Forms/Reports are received in the office it may take 2 months for a new child to show up on your CIF, so always keep your current CIF until the next updated CIF is received and transfer any information not listed to the new CIF. The “Status” column shows if the child is A—active, P—pending enrollment, W—withdrawn. DOB—date of birth, DOE—date of enrollment. See the Legend (bottom right corner) for more information.

# MEAL PATTERNS FOR OLDER CHILDREN

Food Components	1, 2 years	3, 4, 5 years	6, 7, 8, 9, 10, 11, 12 years
<b>BREAKFAST</b>	<b>Amounts</b>	<b>Amounts</b>	<b>Amounts</b>
1) Milk, fluid ~ SEE NOTE AT BOTTOM OF PAGE	½ cup	¾ cup	1 cup
2) Vegetable, Fruit, or Full-strength (100%) Juice	¼ cup	½ cup	½ cup
3) Grains or Breads (whole grain or enriched) Bread or Cornbread, rolls, muffins, or biscuits or Cold dry cereal (volume or weight, whichever is less) or Cooked cereal, pasta, noodle products, or cereal grains	½ slice ½ serving ¼ cup or ⅓ oz ¼ cup	½ slice ½ serving ⅓ cup or ½ oz ¼ cup	1 slice 1 serving ¾ cup or 1 oz ½ cup
<b>LUNCH OR SUPPER</b>	<b>Amounts</b>	<b>Amounts</b>	<b>Amounts</b>
1) Milk, fluid ~ SEE NOTE AT BOTTOM OF PAGE	½ cup	¾ cup	1 cup
2) Vegetable and/or Fruit (2 or more kinds)	¼ cup total	½ cup total	¾ cup total
3) Grains or Breads (whole grain or enriched) Bread or Cornbread, rolls, muffins, or biscuits or Cold dry cereal (volume or weight, whichever is less) or Cooked cereal, pasta, noodle products, or cereal grains	½ slice ½ serving ¼ cup or ⅓ oz ¼ cup	½ slice ½ serving ⅓ cup or ½ oz ¼ cup	1 slice 1 serving ¾ cup or 1 oz ½ cup
4) Meat or Meat Alternatives Lean meat, poultry, or fish (edible portion as served) or Cheese or Cottage Cheese or Egg (large) or Cooked dry beans or peas (b) or Peanut butter, reduced-fat peanut butter, soynut butter, or other nut or seed butters (c) or Peanuts, soynuts, tree nuts, roasted peas, or seeds (c) or yogurt, plain or flavored, unsweetened or sweetened (d) or an equivalent quantity of any combination of the above	1 oz 1 oz ¼ cup or 2 oz ½ egg ¼ cup 2 Tbs.  ½ oz ½ cup	1½ oz 1½ oz ⅜ cup or 3 oz ¾ egg ⅜ cup 3 Tbs.  ¾ oz ¾ cup	2 oz 2 oz ½ cup or 4 oz 1 egg ½ cup 4 Tbs.  1 oz 1 cup
<b>AM or PM SNACK (select two of these four components)</b>	<b>Amounts</b>	<b>Amounts</b>	<b>Amounts</b>
1) Milk, fluid (a) ~ SEE NOTE AT BOTTOM OF PAGE	½ cup	½ cup	1 cup
2) Vegetable, Fruit, or Full-strength (100%) Juice (a)	½ cup	½ cup	¾ cup
3) Grains or Breads (whole grain or enriched) Bread or Cornbread, rolls, muffins, or biscuits or Cold dry cereal (volume or weight, whichever is less) or Cooked cereal, pasta, noodle products, or cereal grains	½ slice ½ serving ¼ cup or ⅓ oz ¼ cup	½ slice ½ serving ⅓ cup or ½ oz ¼ cup	1 slice 1 serving ¾ cup or 1 oz ½ cup
4) Meat or Meat Alternatives Lean meat, poultry, or fish (edible portion as served) or Cheese or Cottage Cheese or Egg (large) or Cooked dry beans or peas (b) or Peanut butter, reduced-fat peanut butter, soynut butter, or other nut or seed butters (c) or Peanuts, soynuts, tree nuts, roasted peas, or seeds or yogurt, plain or flavored, unsweetened or sweetened (d) or an equivalent quantity of any combination of the above	½ oz ½ oz ⅛ cup or 1 oz ½ egg ¼ cup 1 Tbs.  ½ oz ¼ cup	½ oz ½ oz ⅛ cup or 1 oz ½ egg ¼ cup 1 Tbs.  ½ oz ¼ cup	1 oz 1 oz ¼ cup or 2 oz ½ egg ¼ cup 2 Tbs.  1 oz ½ cup

**Fat-free (skim) or low-fat (1%) milk must be served to children 2 years and older. Whole Milk should be served to children between the ages of one and two years. See page 21 for more information.**

- a) Juice may not be served when milk is served as the only other component
- b) In the same meal service, dried beans or dried peas may be used as a meat alternative or as a vegetable; however, such use does not satisfy the requirement for both components. Roasted peas may be used as a meat alternative or fruit/vegetable for snacks.
- c) No more than 50 % of the requirements shall be met with Peanut Butter, other nut or seed butters, nuts or seeds. Peanut Butter, other nut or seed butters, nuts or seeds shall be combined with another meat/meat alternative to fulfill the requirements. For the purpose of determining combinations – 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry, or fish.
- d) Commercially added fruit or nuts in the flavored yogurt do not fulfill the fruit or meat alternative component.

# MEAL PATTERNS FOR OLDER CHILDREN

1. Meal patterns for older children ages one (1) through twelve (12) years are set and regulated by the USDA and must be followed exactly. **The provider must purchase, prepare, offer, encourage and supervise all meals claimed on the Child & Adult Care Food Program.**
2. Milk served must be pasteurized fluid milk that meets State and local standards. Children, two years of age and over must be served fat-free (skim) or low-fat (1%) fluid milk only. Fat-free (skim) or low-fat (1%) milk must be: fat-free (skim) or low-fat (1%) milk, fat-free (skim) or low-fat (1%) lactose-reduced milk, fat-free (skim) or low-fat (1%) lactose-free milk, fat-free (skim) or low-fat (1%) buttermilk, or fat-free (skim) or low-fat (1%) acidified milk. **As recommended by the American Academy of Pediatrics and supported by the California Department of Education providers should serve Whole Milk to children from one year of age until their second birthday.** Toddlers need the extra fat in whole milk for normal growth and brain development during the busy early toddler period. **If there is a medical reason why the above milk requirements cannot be met then a Medical Statement (CACFP form only) would need to be completed by the child's physician and on file in the Child Nutrition Program of Southern California (CNPSC) office prior to the end of the month noted. It is the provider's responsibility to call the office and request a Medical Statement (CACFP form only).**
3. Juices must be **100% full strength** (without sugar or water added) **and pasteurized.** On menu write 100%, brand name, and type of juice (example: 100% Northland Cranberry Raspberry Juice). When serving juice, use only pasteurized juice. Pasteurized juice is normally found as frozen concentrated juice or in non-refrigerated shelf-stable containers, such as juice boxes, bottles or cans. Pasteurized juice can also be found in the refrigerated sections of stores.
4. If a child is allergic or has a food intolerance to **any** of the required foods, **it is the provider's responsibility to call the office and request a Medical Statement (CACFP form only).**
5. When peanut butter is served at lunch or dinner, an additional meat/meat alternative must be served and written on the menu. A peanut butter sandwich usually does not contain enough protein to fulfill the requirement. Peanut butter is also a food easily choked on by young children. Example:

Peanut Butter and Cheese	Peanut Butter and Yogurt
Peanut Butter and Chicken	Peanut Butter and Cottage Cheese
6. ***Products labeled "Cheese Food", "Cheese Product", and "Cheese Spread", including Velveeta, Cream Cheese, etc. are NOT allowable.***
7. When serving lettuce & tomato, an additional fruit or vegetable needs to be served at lunch or dinner. Lettuce & tomato equal one (1) food component.
8. When serving canned or frozen combination fruit or vegetables for lunch or dinner, an additional fruit or vegetable must be served. Fruits and vegetables that are packed together in a can or package equal one (1) food component. Onions, mushrooms, green peppers, etc., used to flavor foods are considered garnishes and are not a complete food component. If you serve several garnishes, they must equal 1/8 cup per child and will only equal one (1) vegetable component. Pizza sauce and garnishes like onion, mushroom, bell pepper, pineapple, etc. served together on pizza equal one (1) vegetable component. Another fruit or vegetable would be required at the meal. If mushrooms, green peppers, pineapple, etc. are served as a complete side serving write "S.S." on your Menu.

# ACCEPTABLE BREAD AND BREAD ALTERNATIVES

(The first ingredient of all bread and bread alternatives must be enriched flours or whole grains)

	1 - 5 years	6 - 12 years
Animal crackers	6 crackers	12 crackers
Bagel	1/2 bagel	1 bagel
Biscuits	1 biscuit	2 biscuits
Boston brown bread	1/2 serving	1 serving*
Bulgur, cracked wheat	1/4 cup	1/2 cup
Bread sticks	1 1/2 sticks	3 sticks
Buns	1/2 bun	1 bun
Cheese nips/Cheeze-its	16 crackers	32 crackers
Club Cracker	3 crackers	6 crackers
Cornbread	1 2"x2" square	2 2"x2" square
Doughnuts (cake type only – at breakfast or snack only)	1/2 doughnut	1 doughnut
Dumplings	1/2 dumpling	1 dumpling
English muffins	1/2 muffin	1 muffin
French bread	1/2 slice	1 slice
"Fry" bread	1/2 slice	1 slice
Goldfish crackers	28 crackers	55 crackers
Graham crackers	1 1/2 crackers	3 crackers
Hush puppies	1/2 serving*	1 serving*
Melba Toast	1 1/2 pieces	5 pieces
Muffins	1/2 muffin	1 muffin
Oyster crackers	16 crackers	32 crackers
Pancakes	1/2 pancake	1 pancake
Pasta	1/4 cup	1/2 cup
Pie crust (for meat pies only)	1/2 serving*	1 serving*
Pizza crust (thick)	2"x3" piece	3"x4" piece
Pizza crust (thin)	2"x4" piece	4"x4" piece
Popovers	1/2 popover	1 popover
Pretzels (soft)	1 pretzel	2 pretzels
Pretzels, sticks (hard)	19 pretzel sticks	35 pretzel sticks
Pretzels, twists (hard)	7 pretzel twists	12 pretzel twists
Pumpernickel bread	1/2 slice	1 slice
Quinoa	1/2 serving*	1 serving*
Raisin bread	1/2 slice	1 slice
Rice	1/4 cup	1/2 cup
Rice cakes	1 1/2 rice cakes	3 rice cakes
Ritz crackers	4 crackers	8 crackers
Rolls (dinner)	1 roll	2 rolls
Rye bread	1/2 slice	1 slice
Rye wafers	2 wafers	4 wafers
Saltine crackers	4 crackers	8 crackers
Soda crackers	1 1/2 crackers	3 crackers
Stuffing (bread-type, must be home made only)	1/6 cup	1/3 cup
Sweet rolls (at breakfast or snack only)	1/2 roll	1 roll
Tortillas (corn/enriched flour)	1 tortilla	2 tortillas
Triscuit crackers	4 crackers	8 crackers
Turnover crust (meat turnovers only)	1/2 serving*	1 serving*
Waffles	1/2 waffle	1 waffle
Wheat thin crackers	12 crackers	24 crackers
White/whole wheat bread	1/2 slice	1 slice



\*The Child & Adult Care Food Program regulations do not specifically state the dimensions of a "serving size" for these products. When preparing the item from a recipe, the serving size suggested by the recipe may be used. If the item is a convenience product, the serving size can be determined from the package information.

**The following products are not acceptable Bread Alternatives:**

Sweet-type foods such as cakes, pies, dessert type items, etc.

Snack-type foods such as corn chips and other extruded and/or shaped items made from grain.

**Cookies may be served at snack time only and no more than twice a week. Write what kind of cookie is served on the Child's Menu (example: peanut butter cookie, oatmeal cookie, etc.).**

**Whether purchased or homemade the main ingredient (first ingredient listed on the "Ingredients" section of the label) must be whole grains or enriched flours.**

**Ages:**                      **1-5 years**

**6 years +**

**Serving size:**              Two (2) - 2" cookies

Four (4) - 2" cookies

# DESCRIPTION OF FOOD COMPONENTS

## **BREADS AND CEREALS**

The first ingredient for all breads and all bread alternatives **must** be whole-grain or enriched flour to meet the bread requirement of the Child & Adult Care Food Program.

A bread or bread alternative **must** be served at breakfast, lunch, and dinner/supper and may be served at snacks.

The size and shape of loaves and the thickness and number of slices per loaf vary among bakers and localities. Breads such as French and Vienna differ in length and width, therefore; the number of slices per loaf cannot be determined. A serving of such breads should be comparable in amount to a regular slice of bread.

Whole-grain, Enriched or fortified cereal may be served alone or in combination with bread to meet the bread/ bread alternative requirement.

Cookies made of whole-grains or enriched flours may be served at snack, but may not be served at breakfast, lunch, or supper (dinner). See page 23 for more information.

## **MEAT AND MEAT ALTERNATIVES**

One or more of the following foods **must** be served as the main dish at lunch or supper: cooked meat, poultry, fish, cheese, egg, cooked dry beans, or peas, peanut butter, nuts, seeds and yogurt.

When cooked dry beans, lentils, or peas are counted as part of the meat alternative requirement, they **cannot** be counted towards meeting the vegetable/fruit requirement.

A serving of cooked meat is defined as lean meat without bone. A serving of cooked chicken or turkey includes meat and skin as normally served unless otherwise indicated.

Commercially prepared foods (tacquitos, lasagna, macaroni & cheese, pizza, fish sticks, corn dogs, chicken nuggets, etc) are not allowable unless the package has a **Child Nutrition (CN) label. The quantity on the CN label must be prepared and available to the children. In most cases these amounts are more than the usual amount served children and are not a good nutritional choice. Products with a CN label where the required amounts are not reasonable should not be served and are not reimbursable.**

**All meat and meat alternatives must be USDA inspected (fish that has been personally caught or wild game, etc. are not allowable on the CACFP).**

Yogurt (not frozen dessert type) may be used to meet the meat alternate requirement only. Commercially added fruit or other flavorings **do not** satisfy any other required component. Yogurt applies only to commercially prepared products such as regular, low fat and non-fat. **Home-made yogurt is not allowable on the CACFP.**

## DESCRIPTION OF FOOD COMPONENTS – continued

**Peanut butter, other nut and seed butters, and nuts and seeds may be used to meet 50% (½) of the meat alternative requirement for lunch and supper.** Peanut butter, other nut and seed butters, and nuts and seeds may be used to meet 100% of the meat alternative requirement for snacks. (See Meal Patterns For Older Children, page 20, footnote (c) at bottom of page).

The following nuts, seeds and nut butters may be used as meat alternatives:

**Nuts:** Almond, Brazil, Cashew, Hazelnut, Macadamia, Mixed, Peanuts, Pecans, Pine, Pistachio, Soybean kernels and Walnuts.

**Seeds:** Pumpkin, Squash, Sesame and Sunflower.

**Nuts and Seed Butters:** Almond, Cashew, Peanut, Sesame (Tahini) and Sunflower.

**Exceptions:**

Acorns, Chestnuts, and Coconuts (or their butters) **shall not** be used as meat alternates due to their low protein content. Nut or seed meals or flours may be used as an ingredient in a bread/bread alternate but **cannot** be credited as a meat alternate.

### **MILK**

Specific amounts of milk must be served as a beverage at lunch and supper and as a beverage or with cereal at breakfast to meet the milk requirements. Milk may also be served at snacks. Milk served must be pasteurized fluid milk that meets State and local standards. **Children, two years of age and over must be served fat-free (skim) or low-fat (1%) fluid milk only.** Fat-free (skim) or low-fat (1%) milk must be: fat-free (skim) or low-fat (1%) milk, fat-free (skim) or low-fat (1%) lactose-reduced milk, fat-free (skim) or low-fat (1%) lactose-free milk, fat-free (skim) or low-fat (1%) buttermilk, or fat-free (skim) or low-fat (1%) acidified milk. **As recommended by the American Academy of Pediatrics and supported by the California Department of Education providers should serve Whole Milk to children from one year of age until their second birthday.** Toddlers need the extra fat in whole milk for normal growth and brain development during the busy early toddler period. Milk used in the preparation of soups, puddings, baked goods, and other foods do not count as meeting the milk requirement.

### **VEGETABLES AND FRUITS**

A serving of fresh, frozen, or canned vegetables is drained vegetables (without juices or water). A serving of fresh, frozen, or canned fruit consists of fruit and juice. A serving of thawed frozen fruit is fruit and juice accumulated during thawing. When serving juice, use only pasteurized juice. Pasteurized juice is normally found as frozen concentrated juice or in non-refrigerated shelf-stable containers, such as juice boxes, bottles or cans. Pasteurized juice can also be found in the refrigerated sections of stores. **Home-canned fruit or vegetables cannot be served to children on the Child & Adult Care Food Program. Home-made juices or juices that are not pasteurized cannot be served to children participating on the Child & Adult Care Food Program. Raw sprouts, including alfalfa, clover, radish, and bean sprouts (such as mung bean and soy bean sprouts) cannot be served to children participating on the Child & Adult Care Food Program because of the potential for food borne illness.**

# ALLOWABLE CEREALS

## Nutrition Facts

Serving Size 1 cup (30g)

Servings Per Container About 9

Amount Per Serving	Cheerios	With ½ cup skim milk
<b>Calories</b>	110	150
Calories from Fat	15	20
<b>% Daily Value**</b>		
<b>Total Fat 2g*</b>	<b>3%</b>	<b>3%</b>
Saturated Fat 0g	0%	2%
Polyunsaturated Fat 0g		
Monounsaturated Fat 0.5g		
<b>Cholesterol 0mg</b>	<b>0%</b>	<b>1%</b>
<b>Sodium 280mg</b>	<b>12%</b>	<b>14%</b>
<b>Potassium 90mg</b>	<b>3%</b>	<b>8%</b>
<b>Total Carbohydrate 23g</b>	<b>8%</b>	<b>10%</b>
Dietary Fiber 3g	11%	11%
Soluble Fiber 1g		
Sugars 1g		
Other Carbohydrate 19g		
<b>Protein 3g</b>		
Vitamin A	25%	30%
Vitamin C	25%	25%
Calcium	4%	20%
Iron	45%	45%
Vitamin D	10%	25%
Thiamin	25%	30%
Riboflavin	25%	30%
Niacin	25%	25%
Vitamin B6	25%	25%
Folic Acid	25%	25%
Phosphorus	10%	25%
Magnesium	8%	10%
Zinc	25%	30%
Copper	4%	4%
* Amount in Cereal. A serving of cereal plus skim milk provides 2g fat (0.5 saturated fat), less than 5mg cholesterol, 350mg sodium, 290mg potassium, 29g carbohydrate (7g sugars) and 7g protein.		
** Percent Daily Values based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs:		
	Calories: 2,000	2,500
Total Fat	Less than 65g	80g
Saturated Fat	Less than 20g	25g
Cholesterol	Less than 300mg	300mg
Sodium	Less than 2,400mg	2,400mg
Potassium	3,500mg	3,500mg
Total Carbohydrate	300g	375g
Dietary Fiber	25g	30g

Ready-to-eat cereals that are made with enriched flours; whole grains or fortified and have 7 grams or less of sugar are allowable on the Child Nutrition Program of Southern California. Ready-to-eat cereals that are not made with enriched flours, whole grains or fortified and/or have 8 grams or more of sugar is not reimbursable. (Use Nutrition Facts on regular size cereal boxes – not individual size boxes).

Checking the list of ingredients does not always guarantee a cereal is low in sugar. The best and easiest method is to look for the grams of Sugar on the Nutrition Facts label.

Locate "Sugar" under the **Total Carbohydrate Information** (without added milk). (Use Nutrition Facts on regular size cereal boxes – not individual size boxes).

A cereal with seven (7) grams or less of Sugar is an allowable cereal. Seven (7) grams = 20% sugar. The lower the grams – the less sugar content.

Cereals containing fruit or raisins usually contain more than seven (7) grams of sugar. **These cereals are not reimbursable.** Also, cereals containing *NutraSweet*, *Splenda*, etc. are not reimbursable.

You may find that your favorite cereals are actually high in sugar and are not reimbursable.

Using the above method ensures that the cereal you choose for your day care children will be low in sugar and better for them.

**Please write the name of the cereal you are serving on the Menu (example: *Cheerios*, *Kix*, *Corn Flakes*, *Puffed Rice*, etc.)**

# NON-REIMBURSABLE FOODS

These foods **do not** meet requirements for the CACFP food components. If you have any questions about a food, please call the office.

- ◆ 2% Milk served to children two (2) years and older
- ◆ Acorns, chestnuts, coconut
- ◆ Bacon
- ◆ Banana chips
- ◆ Bread stuffing (commercially prepared, e.g., *StoveTop*)
- ◆ Candies
- ◆ Cakes, Brownies, Pies, Gingerbread, and any other dessert item
- ◆ Can soups, can macaroni products (*Spaghetti-Os*, *Ravioli*, etc.)
- ◆ Cereals containing *NutraSweet*, *Splenda*, etc.
- ◆ Cheese labeled “Cheese Food”. “Cheese Product” and “Cheese Spread”, such as *Velveeta*
- ◆ Cheese—home-made
- ◆ Chips (taco, potato, corn, cheese puffs, etc.)
- ◆ Chocolate dairy drink
- ◆ Commercially prepared foods (tacquitos, lasagna, macaroni & cheese, pizza, fish sticks, breaded or battered fish or seafood products, corn dogs, chicken nuggets, etc.) without a Child Nutrition (CN) label.
- ◆ Corn grits (un-enriched)
- ◆ *Craisins*
- ◆ Cream cheese
- ◆ Egg Rolls
- ◆ Evaporated milk
- ◆ Fish products made with minced fish
- ◆ Gelatin (*Jell-O*)
- ◆ Granola bars, Cereal bars and other processed snacks (*Nutrigrain Bars*, *Kudos*, etc.)
- ◆ *Hi-C*, *Kool-Aid*, and any other drink that is not a 100% full strength pasteurized juice such as *Ocean Spray Cranberry Juice Cocktail Drink*, other cocktail drinks or fruit nectars
- ◆ Home canned food or Home prepared juices cannot be served to day care children
- ◆ Hominy (canned)
- ◆ Ice cream
- ◆ Imitation Crab (*Surimi*)
- ◆ Jelly, jam, and preserves
- ◆ Juices that are homemade or juices that are not 100% full strength and pasteurized
- ◆ Lemons, lemonade, limes, limeade
- ◆ Lumpia
- ◆ Meat/meat products not inspected by USDA
- ◆ Pickle relish
- ◆ Pie crust for dessert items such as apple pie, peach pie, pumpkin, etc.
- ◆ Popcorn
- ◆ Pop tarts
- ◆ Puddings
- ◆ Powdered Milk
- ◆ Raw Sprouts, including alfalfa, clover, radish, and bean sprouts (mung bean and soy bean sprouts). For health reasons, Raw Sprouts must not be served to children.
- ◆ Snack type commercially prepared products (Party Mix, Chex Mix, Trail Mix, etc.)
- ◆ *Top Ramen*, *Cup of Noodles*, or similar type products
- ◆ Tofu
- ◆ Yogurt (homemade) or Yogurt in tubes or bottles (*Go-Gurt*, *Danimals Drinkable*, *Trix*, etc.)
- ◆ Whole Milk served to children two (2) years and older

# MINUTE MENU SYSTEM

## CHILD FORM: FOOD SERVED, ATTENDANCE & MEAL COUNT

MENU MONTH

JAN

FEB

MAR

APR

MAY

JUN

JUL

AUG

SEPT

OCT

NOV

Group

Group

Group

DAY 0 1 2 3 2nd Serving 2 3 4 5 6 7 8 9 3

DAY 0 1 2 3 2nd Serving 2 3 4 5 6 7 8 9 3

DAY 0 1 2 3 2nd Serving 2 3 4 5 6 7 8 9 3

FOOD SERVED

CHILDREN SERVED

FOOD SERVED

CHILDREN SERVED

FOOD SERVED

CHILDREN SERVED

MEAL	FOOD SERVED	CHILDREN SERVED	FOOD SERVED	CHILDREN SERVED	FOOD SERVED	CHILDREN SERVED
BREAKFAST	BREAD OR ALTERNATE	MUFFIN	CHEERIOS			
	JUICE OR FRUIT OR VEGETABLE	BANANA	Applesauce			
	MILK	MILK	MILK			
	MASTER MENU					
AM SNACK	MEAT OR ALTERNATE					
	BREAD OR ALTERNATE					
	JUICE OR FRUIT OR VEGETABLE					
	MILK					
LUNCH	MEAT OR ALTERNATE	PEANUT BUTTER YOGURT	TURKEY			
	BREAD OR ALTERNATE	BREAD	Biscuit			
	FRUIT OR VEGETABLE	CARROTS	Lettuce/Tomato			
	MILK	MILK	MILK			
PM SNACK	MEAT OR ALTERNATE		YOGURT			
	BREAD OR ALTERNATE	Ritz crackers				
	JUICE OR FRUIT OR VEGETABLE	Apple Juice	ORANGES			
	MILK					
DINNER	MEAT OR ALTERNATE	Beef	CHEESE			
	BREAD OR ALTERNATE	Pasta	BREAD			
	FRUIT OR VEGETABLE	Peas	CARROTS			
	MILK	MILK	MILK			
EVENING SNACK	MEAT OR ALTERNATE					
	BREAD OR ALTERNATE					
	JUICE OR FRUIT OR VEGETABLE					
	MILK					

I hereby certify that I am not participating in any other USDA Child Care Food Program.  
I certify that to the best of my knowledge, this information is accurate in all respects.  
I understand this information is provided in connection with the receipt of federal funds and may be verified.  
I also understand that deliberate misrepresentation may result in state or federal prosecution.

X Jessica Long DATE 12/5/12  
Signature of care provider CK BY \_\_\_\_\_

B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ EV \_\_\_\_\_

USDA is an equal opportunity provider and employee.

SEANTON

EM-249080-6

9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9
9	0	1	2	3	4	5	6	7	8	9

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# FILLING OUT THE REGULAR ATTENDANCE MENUS

Every time you pick up a new, blank Regular Attendance Menu Form, you should do the following 2 steps:

1. *In the form header (top of form):*

Bubble the Month

Write the Meal Date (Day) in the 1st Column and then bubble the Meal Date (Day) in the 1st Column

2. *In the form footer (bottom of form):*

Write your Provider # (in the white boxes) and then bubble your Provider #

## Recording the Meal Date

Each form has three columns, which covers 3 days worth of meals. At the top of each column, you'll see an area to indicate that column's day. Since you've already marked the month above, you will only need to fill out the two-digit day to indicate the date of the meals in that column. For example, if today is December 23, 2006, you would bubble in December for the month, and in the day column you would bubble in the two (2) in the first row and the three (3) in the second row. (You don't bubble the year anywhere on this form). **You will not leave any meal columns blank for days (weekends, holidays, etc.) you are not claiming.**

Diagram illustrating the correct way to bubble the meal date (December 23, 2006):

D	2	0	1	●	3	2 <sup>nd</sup> Serving	○	GROUP	2			
A	3	0	1	2	●	4	5	6	7	8	9	3
Y												

Annotations: 2 - tens place, 3 - ones place

**Correct**

Diagram illustrating the incorrect way to bubble the meal date (December 23, 2006):

D	0	●	1	2	3	2 <sup>nd</sup> Serving	○	GROUP	2			
A	23	0	1	●	●	4	5	6	7	8	9	3
Y												

**Not Correct**

You'll also notice a bubble to indicate "2nd Serving", as well as two bubbles to indicate Group. You can ignore those bubbles for now, they will be covered later if they apply to you.

## Attendance

For each meal served, you must record every child who attended that meal. **Each child has it's own number.** Look at your CIF to determine each child's number, and then bubble in all the children's numbers that were in attendance and offered the meal. Look at the example to the right:

Here, children 1, 3, 7, 8, and 9 were in attendance and offered the meal: we've bubbled in the numbers 1, 3, 7, 8, and 9. **Each one of those numbers represents a child's number.**

ATTENDANCE

●	2	●	4
5	6	●	●
●	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32

**CONTINUED ON NEXT PAGE**

You must record the foods that were served on a Regular Attendance Menu Form. Write the name of the food served on the line appropriate for that type of food.

**Always fill in the bubble in the top left corner of each meal served. If the meal bubble is not filled in, our scanner will not recognize that the meal is being claimed. Don't mark a bubble for a meal you don't serve. Also, don't mark any of the bubbles in the shaded column to the right of Food Served spaces – these bubbles are for office use only.**

Take care not to write outside of the spaces provided. Any stray marks could cause the meal to be read incorrectly, and be disallowed. **You'll also notice "Master Menu" appears on the Regular Menus. You can ignore that for now. We'll cover it later if it applies to you.**

B R E A K F A S T	BREAD OR ALTERNATE	<input checked="" type="radio"/>	Bagel	B
	JUICE OR FRUIT OR VEGETABLE		Apple	FV
	MILK		Milk	M
	MASTER MENU			MM

← **Correct**

Note that each food component is listed on its own line. Also note that the bubble in the upper left of this meal was marked.

B R E A K F A S T	BREAD OR ALTERNATE	<input type="radio"/>	Bagel	B
	JUICE OR FRUIT OR VEGETABLE		Apple	FV
	MILK		Milk	M
	MASTER MENU			MM

← **Not Correct**

This provider mistakenly marked the bubbles in the blue column for each food, rather than the top left bubble. The Provider would not receive reimbursements for this meal because the menu was filled out improperly.



# FINISHING YOUR MONTHLY CLAIM

Regardless of whether you record meals on the Regular Attendance Menu, the Infant Attendance Menu, or both, once you are finished with a single form page (i.e., all three columns of meals have been used), you should review that form in detail to make sure everything looks right. Verify that you've signed and dated the form, that your provider number is bubbled, and that you've marked each meal accurately.

**Remember:** It is important not to mark any other information on the Attendance Menu Form. Writing in the margins, between rows, or in any other non-designated area will cause the form to be misread and your check may be affected by these errors.

## Attendance Menu Form Checklist

Before you send in your monthly claim paperwork to our office each month, run through this checklist – it will help make sure that we can pay you as much as you're owed:

- ☐ Is your Provider # filled in on every form page?
- ☐ Is the current Month filled in on each Menu form page?
- ☐ Have you filled in each Day column with the correct date on your Menus?
- ☐ Have you written in every food item on each meal you served and filled in the bubble in the top left corner of each meal you are claiming?
- ☐ Have you filled in attendance for each meal you served?
- ☐ Have you signed all the Menu forms?
- ☐ Did you include your Monthly Claim Information Sheet (MCIS)
  - Note children withdrawn and their last day of care.
  - Note school aged children out of school and attending during school hours
  - Note anything else we should know
- ☐ Did you have any new child Enrollment Forms to include?
- ☐ If so, did you write the Child's Name & Number on your CIF?
- ☐ Did you keep the carbon copies of every page for your records?

# MEAL PATTERNS FOR INFANTS

Food Components	0, 1, 2, 3 months	4, 5, 6, 7, months	8, 9, 10, 11 months
<b>BREAKFAST</b>	<b>Amounts</b>	<b>Amounts</b>	<b>Amounts</b>
1) Breast milk or Iron-fortified infant formula (a)	4-6 fluid ounces	4-8 fluid ounces	6-8 fluid ounces
2) Iron-fortified Infant cereal (b) <b>(Optional until 8 months)</b>	none	0-3 Tablespoons	2-4 Tablespoons
3) Fruit and/or vegetable	none	none	1-4 Tablespoons
<b>LUNCH OR SUPPER</b>	<b>Amounts</b>	<b>Amounts</b>	<b>Amounts</b>
1) Breast milk or Iron-fortified infant formula (a)	4-6 fluid ounces	4-8 fluid ounces	6-8 fluid ounces
2) Iron-fortified Infant cereal (b) or lean meat, fish, poultry, egg yolk, cooked dry beans or peas or cheese or cottage cheese <b>(Optional until 8 months)</b>	none  none none none	0 -3 Tablespoons none none none	2-4 Tablespoons  1-4 Tablespoons ½-2 ounces 1-4 ounces
3) Fruit and/or vegetable <b>(Optional until 8 months)</b>	none	0-3 Tablespoons	1-4 Tablespoons
<b>AM or PM SNACK</b>	<b>Amounts</b>	<b>Amounts</b>	<b>Amounts</b>
1) Breast milk or Iron-fortified infant formula (a) or 100% full strength fruit juice and offered from a cup (c)	4-6 fluid ounces  none	4-6 fluid ounces  none	2-4 fluid ounces  or 2-4 fluid ounces
2) Bread (d) or cracker type product suitable for an infant as a finger food, served when appropriate (d) <b>(Optional)</b>	none none	none none	0-1/2 slice 0-2 crackers

- a) It is recommended that breast milk be served in place of formula from birth through 11 month. For some breast fed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk offered if the infant is still hungry. **Only the infant's mother can provide breast milk.** Infant formula must be iron fortified.
- b) Dry infant cereal must be iron fortified.
- c) Fruit juice must be full strength (100%) **and offered from a cup, not a bottle, to help prevent tooth decay.**
- d) Bread or cracker type products must be made from whole grain or enriched meal or flour.

## Handling of Prepared Infant Formula or Breast Milk Provided by the Infant's Parent/Guardian

If the parent provides breast milk or prepared infant formula, they must:

- ♦ Label the bottles or containers with the infant's name, the date and time the breast milk was expressed or the infant formula was prepared.
- ♦ Carry the bottles or containers to the Provider's home in a cooler with an ice pack to keep it at a cold temperature.

# MEAL PATTERNS FOR INFANTS

1. The provider must purchase, prepare, offer, encourage and supervise meals claimed.
2. Infant meal patterns are for infants ages 0 through 11 months of age. These requirements are set and regulated by the USDA and must be followed exactly. **These infant meal patterns must be followed until the day of the infant's first birthday.** Providers must offer the Child & Adult Care Food Program (CACFP) to all infants under 1 year of age. Only the parent/guardian may choose to decline participation.
3. **Breast milk is the best food for an infant. Meals containing only breast milk (provided by the infant's parent) may be claimed for reimbursement when served by the provider.**

**Providers caring for infants 0 through 11 months of age must offer at least one allowable iron-fortified infant formula. If the infant formula provided by the Provider is not the same as the infant formula preferred by the parent or the parent is supplying breast milk, the infant's parent may choose to decline the offered infant formula and supply breast milk or an allowable infant formula of their choice (see page 34 and 35 for allowable infant formulas). This information must be documented on the Enrollment Form/Report.**

4. Program regulations require that if infant formula is served it must be an iron-fortified infant formula, intended for dietary use solely as a food for normal, healthy infants in liquid state at the manufacturer's recommended dilution. The formula label must state "with iron" or "iron fortified". Formula labels, which say "low-iron", do not meet the meal pattern requirements. Low-iron or other formulas may be served only when a Medical Statement is completed by the child's physician and is on file in the office prior to claiming the infant. **Infant Formulas that require a Medical Statement include any Infant Formula not listed on page 34 and 35.**
5. The complete product name of the formula must be written on the Infant Menus. (Example; Enfamil Gentlease, Similac Isomil Advance).
6. For infants 4 through 7 months of age, solid foods are optional, and should be served only when the infant is developmentally ready. If solid foods are served they should be introduced one at a time on a gradual basis. The provider should consult with the parent in making decisions to introduce solid foods before 7 months. **If it is decided that solid foods should be served, the provider must provide the solid foods in order to claim the infant on the Child & Adult Care Food Program.**
7. Infant cereal is defined as an iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that are routinely mixed with **breast milk or iron-fortified infant formula** prior to consumption. See **Non-Reimbursable Infant Foods** for cereals that **are not** reimbursable. Infant cereal may not be served in a bottle unless it has been prescribed by the infant's physician and a **Medical Statement has been completed and is on file in the office prior to claiming the infant meals.**

8. Full-strength 100% pasteurized fruit juice (regular or infant) is the only type of juice product that qualifies for reimbursement at a snack for infants 8 through 11 months of age. Pasteurized juices eliminate harmful bacteria. **Full-strength 100% pasteurized fruit juice must be offered from a cup, not a bottle, to prevent tooth decay. Full-strength 100% pasteurized juice offered in a bottle is not reimbursable on the USDA Child & Adult Care Food Program.** Although not specified in the regulations, it is recommended that fruit juices served to infants contain or be fortified with Vitamin C. See Non-Reimbursable Infant Foods for juices that **are not** reimbursable.
9. **Infant foods may be purchased or homemade.** Infant foods that are purchased must be pure foods. Combination dinners or desserts are not reimbursable.
10. All foods are to be of the texture and consistencies appropriate for the infant's age group. The foods may be served during a time span consistent with the infant's eating habits.
11. If an infant has an intolerance or is allergic to any of the required foods or the infant's health provider's recommendation differs from the USDA requirements, call the office and request a **Medical Statement**. If an infant at 11 months of age still has an intolerance or is allergic to dairy products, the child's health provider (physician) must complete a **Medical Statement**. The **Medical Statement** must be on file in our office before the child is 1 year of age.

## IRON-FORTIFIED INFANT FORMULAS ALLOWED ON THE CHILD CARE FOOD PROGRAM

Although this list is not meant to be all inclusive, it does include most of the brands of Iron Fortified Infant Formula that are currently available to consumers. It does not represent an endorsement of these companies or their products. USDA FNS updates this list as they become aware of newer information. Be sure to check with your Child Care Food Program if you are not sure whether a type of infant formula is allowed or requires a Medical Statement.

### **Milk-based Infant Formulas:**

- |                             |                                |
|-----------------------------|--------------------------------|
| ◆ Enfamil Gentlease         | ◆ Gerber Good Start Soothe     |
| ◆ Enfamil A.R.              | ◆ Similac Advance Early Shield |
| ◆ Enfamil Premium Infant    | ◆ Similac Advance              |
| ◆ Gerber Good Start Gentle  | ◆ Similac Sensitive            |
| ◆ Gerber Good Start Protect |                                |

**Continued on next page**

### **PBM (formerly known as Wyeth) -produced private label store brand Milk-based Infant Formulas:**

- ◆ AAFES /NEXCOM Baby's Choice Infant Formula
- ◆ AAFES/NEXCOM Baby's Choice Infant Formula with DHA & ARA
- ◆ AAFES/NEXCOM Gentle Milk-Based Infant Formula
- ◆ Albertson's Baby Basics Infant Formula with DHA & ARA
- ◆ Berkley & Jensen Infant Formula with DHA & ARA
- ◆ Bright Beginnings with Iron and DHA & ARA
- ◆ CVS Infant Formula with Iron
- ◆ CVS Infant Formula with Iron/DHA & ARA
- ◆ Full Circle Organic Milk-Based Infant Formula
- ◆ HEB Baby Infant Formula with Iron and DHA & ARA
- ◆ HyVee Gentle Milk-based Infant Formula
- ◆ Kirkland Infant Formula with Iron
- ◆ Kozy Kids Gentle Infant Formula with DHA & ARA
- ◆ Kozy Kids Infant Formula with DHA & ARA
- ◆ Kroger Comforts Gentle Infant Formula with DHA & ARA
- ◆ Kroger Comforts Infant Formula with Iron and DHA & ARA
- ◆ Kroger Comforts Lactose-free Infant Formula with DHA & ARA
- ◆ Kroger Comforts Milk-Based Infant Formula
- ◆ Kroger Comforts Probiotic Milk-Based Infant Formula
- ◆ Kroger Lactose-free Infant Formula with DHA & ARA
- ◆ Kroger Private Selection Organic Milk-Based Infant Formula
- ◆ Meijer Gentle Milk-Based Infant Formula
- ◆ Meijer Infant Formula with Iron and DHA & ARA
- ◆ Meijer Organic Milk-Based Infant Formula
- ◆ Member's mark Infant Formula with Iron and DHA & ARA
- ◆ Pathmark Infant Formula with Iron and DHA & ARA
- ◆ Pathmark Organic Milk-Based Formula
- ◆ Price Chopper Infant Formula with Iron and DHA & ARA
- ◆ Rite Aid Infant Formula with DHA & ARA
- ◆ Target Up & Up Infant Formula with Iron and DHA & ARA
- ◆ Target Up & Up Lactose-free Infant Formula
- ◆ Top Care with Iron
- ◆ Top Care Infant Formula with DHA & ARA
- ◆ Top Care Gentle Infant Formula
- ◆ Von's Mom to Mom Infant Formula
- ◆ Von's Mom to Mom Infant Formula Sensitive
- ◆ Walgreens Gentle Infant Formula with DHA & ARA
- ◆ Walgreens Infant Formula with Iron and DHA & ARA
- ◆ Walgreens Lactose-free Infant Formula with DHA & ARA
- ◆ Walgreens Milk-based Infant Formula with Iron and DHA & ARA
- ◆ Walmart Parent's Choice Infant Formula with DHA & ARA
- ◆ Walmart Parent's Choice Gentle Milk-based Infant Formula
- ◆ Walmart Parent's Choice Milk-based Organic Infant Formula
- ◆ Walmart Parent's Choice Milk-based Sensitivity Infant Formula
- ◆ Wegman's Gentle Infant Formula
- ◆ Wegman's Infant Formula with Iron and DHA & ARA
- ◆ Western Family Infant Formula with DHA & ARA
- ◆ Western Family Gentle Milk-based Infant Formula

### **Soy-based Infant Formulas:**

- ◆ Enfamil ProSobee
- ◆ Gerber Good Start Soy Plus
- ◆ Similac Go and Grow Soy
- ◆ Similac Isomil Advance

### **PBM (formerly known as Wyeth) -produced private label store brand Soy-based Infant Formulas:**

- ◆ AAFES/NEXCOM Baby's Choice Soy Infant Formula
- ◆ AAFES/NEXCOM Baby's Choice Soy Infant Formula with DHA & ARA
- ◆ Albertson's Baby Basics Soy Infant Formula with DHA & ARA
- ◆ Hy-Vee Mother's Choice Soy Infant Formula
- ◆ Hy-Vee Mother's Choice Soy Infant Formula with DHA & ARA
- ◆ Kozy Kids Soy-based Infant Formula with DHA & ARA
- ◆ Kroger Comforts Soy Infant Formula with Iron and DHA & ARA
- ◆ Pathmark Soy Infant Formula with DHA & ARA
- ◆ Price Chopper Soy Infant Formula with Iron and DHA & ARA
- ◆ Rite Aid Soy Infant Formula with DHA & ARA
- ◆ Target Up & Up Soy with Iron
- ◆ Target Up & Up Soy Infant Formula with Iron and DHA & ARA
- ◆ Top Care Soy Infant Formula with DHA & ARA
- ◆ Von's Mom to Mom Infant Formula Soy
- ◆ Wal-Mart Parent's Choice Infant Formula with Soy and DHA & ARA
- ◆ Walgreens Soy Protein Formula with Iron and DHA & ARA
- ◆ Wegman's Soy Infant Formula with Iron and DHA & ARA
- ◆ Western Family Soy Infant Formula with DHA & ARA

### **Follow-up Iron Fortified Formulas**

*When Served to Infants 4 Months and Older:*

**These types of formulas do not require Medical Statement when they are served to infants 4 months of age or older.  
(A Medical Statement (CCFP form) is required if any of the following are served to infants under 4 months of age):**

- ◆ Enfamil Next Step
- ◆ Enfamil Next Step ProSobee
- ◆ Gerber Good Start 2 DHA & ARA
- ◆ Gerber Good Start 2 Natural Culture
- ◆ Gerber Good Start 2 Soy DHA & ARA

# MINUTE

## INFANT FORM: FOOD SERVED, ATTENDANCE & MEAL COUNT

### MENU

MENU MONTH JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV

### SYSTEM

Group ☐ 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 ☐ 32

Day ☐ 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 ☐ 32

2nd Serving ☐ 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 ☐ 32

FOOD SERVED	INFANTS SERVED	FOOD SERVED	INFANTS SERVED	FOOD SERVED	INFANTS SERVED
8 - 11 MONTHS INFANT CEREAL	<input type="radio"/> Rice Cereal	<input type="radio"/> OATmeal Cereal	<input type="radio"/> Rice Cereal	<input type="radio"/> Rice Cereal	<input type="radio"/> Rice Cereal
FRUIT/VEGETABLE	<input type="radio"/> Applesauce	<input type="radio"/> Bananas	<input type="radio"/> Peaches	<input type="radio"/> Peaches	<input type="radio"/> Peaches
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 MONTHS INFANT CEREAL	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
8 - 11 MONTHS BREAD/CRACKER	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
8 - 11 MEAT/ALT OR INF CEREAL	<input type="radio"/> Rice Cereal	<input type="radio"/> Chicken	<input type="radio"/> Turkey	<input type="radio"/> Turkey	<input type="radio"/> Turkey
FRUIT/VEGETABLE	<input type="radio"/> Carrots	<input type="radio"/> Peas	<input type="radio"/> Bananas	<input type="radio"/> Bananas	<input type="radio"/> Bananas
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 MONTHS INFANT CEREAL	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
8 - 11 MONTHS BREAD/CRACKER	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
8 - 11 MEAT/ALT OR INF CEREAL	<input type="radio"/> Rice Cereal	<input type="radio"/> Chicken	<input type="radio"/> Turkey	<input type="radio"/> Turkey	<input type="radio"/> Turkey
FRUIT/VEGETABLE	<input type="radio"/> Carrots	<input type="radio"/> Peas	<input type="radio"/> Bananas	<input type="radio"/> Bananas	<input type="radio"/> Bananas
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 MONTHS INFANT CEREAL	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
8 - 11 MONTHS BREAD/CRACKER	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
8 - 11 MEAT/ALT OR INF CEREAL	<input type="radio"/> Rice Cereal	<input type="radio"/> Chicken	<input type="radio"/> Turkey	<input type="radio"/> Turkey	<input type="radio"/> Turkey
FRUIT/VEGETABLE	<input type="radio"/> Carrots	<input type="radio"/> Peas	<input type="radio"/> Bananas	<input type="radio"/> Bananas	<input type="radio"/> Bananas
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 MONTHS INFANT CEREAL	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
8 - 11 MONTHS BREAD/CRACKER	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice	<input type="radio"/> Juice
FORMULA	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease	<input type="radio"/> Enfamil Gentlease
4 - 7 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk
0 - 3 FORMULA	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk	<input type="radio"/> Breastmilk

I hereby certify that I am not participating in any other USDA Child Care Food Program.  
I certify that to the best of my knowledge, this information is accurate in all respects.  
I understand this information is provided in connection with the receipt of federal funds and may be verified.  
I also understand that deliberate misrepresentation may result in state or federal prosecution.

x Jessica Long DATE 12/5/13  
Signature of care provider CK BY \_\_\_\_\_

B \_\_\_\_\_ AM \_\_\_\_\_ L \_\_\_\_\_ PM \_\_\_\_\_ D \_\_\_\_\_ EV \_\_\_\_\_

USDA is an equal opportunity provider and employee.

SCANTON EM-249091-B

PROVIDER

9 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

9 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

9 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

9 ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

# ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9

MINUTE MENU SYSTEMS, LLC 2004, 2010 FORM NO. - 0512C 10/2010

# INFANT MENU FOODS

Recording the foods is slightly different on the Infant Menu than the Regular Child Menu. On the Infant Menu, each meal requirement is broken down into three age groups:

- 0-3 month olds
  - Require Breast Milk or Iron-fortified Formula only (write complete name).
- 4-7 month olds
  - Require Breast Milk or Iron-fortified Formula only (write complete name). Solid foods are optional, and should be served only when the infant is developmentally ready.
- 8-11 month olds
  - Breakfast requires Iron-fortified infant cereal, fruit or vegetable, and Breast Milk or Iron-fortified Formula (write complete name).
  - Lunch and Dinner requires meat/meat alternative or Iron-fortified Infant Cereal, fruit or vegetable, and Breast Milk or Iron-fortified Formula.
  - Snacks require Breast Milk or Iron-fortified formula or 100% full strength juice, offered from a cup. At 8 -11 months, Bread/Bread Alternative is optional.

Remember that an Infant Attendance Menu form must be filled out for each infant age group that you are claiming. Always fill in the bubble in the top left corner of each meal served. If the meal bubble is not filled in, our scanner will not recognize that the meal is being claimed. Do not mark a bubble for a meal you don't serve. **Also, do not bubble any of the bubbles in**

B R E A K F A S T	8 - 11 MONTHS	●	Infant Rice Cereal	Ⓒ
	INFANT CEREAL			
	FRUIT/VEGETABLE		Peaches	Ⓕ
	MILK / FORMULA		Enfamil Gentlease	Ⓕ
	4 - 7 MONTHS			Ⓒ
	INFANT CEREAL			
A M S N A C K	4 - 7 FORMULA			Ⓕ
	0 - 3 FORMULA		Breast Milk	Ⓕ
	8 - 11 MONTHS	●		Ⓑ
	BREAD / CRACKER			
L U N C H	JUICE			Ⓐ
	MILK / FORMULA		Enfamil Gentlease	Ⓕ
	4 - 7 FORMULA		Breast Milk	Ⓕ
	0 - 3 FORMULA			Ⓕ
L U N C H	8 - 11 MEAT/ALT	●	Infant Rice Cereal	ⓂⒸ
	OR INF CEREAL			
	FRUIT/VEGETABLE		Pears	Ⓕ
	MILK/FORMULA		Enfamil Nutramigen	Ⓕ
	4 - 7 MONTHS			Ⓒ
	INFANT CEREAL			
	FRUIT/VEGETABLE			Ⓕ
	4 - 7 FORMULA			Ⓕ
D I N N E R	0 - 3 FORMULA			Ⓕ

**the shaded column to the right of Food Served spaces – these bubbles are for office use only.**

←This Breakfast was served to Infants who were 8-11 months old and 0-3 months old. Each food component is listed on its own row. And the bubble in the upper left hand corner for this Breakfast has been marked.







←At this snack, Infants were an 8-11 months old and a 4-7 months old. Enfamil Gentlease Infant Formula was served to the 8-11 month old and Breast Milk was given to the 4-7 month old. Infants ages 0-3 months were not served at this meal.

←At this Lunch, only an 8-11 month old Infant was served. This Infant is drinking an “other Formula” (a Medical Statement is required and must be on file in the office for the Enfamil Nutramigen Infant Formula). See page 34 and 35 for more information.

BREAKFAST	8 - 11 MONTHS INFANT CEREAL	●		(C)
	FRUIT/VEGETABLE		Pears	(FV)
	MILK / FORMULA			(F)
	4 - 7 MONTHS INFANT CEREAL		Infant Rice Cereal	(C)
	4 - 7 FORMULA		Gerber Good Start	(F)
	0 - 3 FORMULA		Breast Milk	(F)

## Not Correct

← This provider recorded a meal served to both an 8-11 month old Infant and a 0-3 month old Infant. But, she recorded some of the 8-11 month old food components in the 4-7 month old section. **This will cause an error.**

AM   SNACK	8 - 11 MONTHS BREAD / CRACKER		Infant Rice Cereal	
	JUICE			
	MILK / FORMULA		Breast Milk	
	4 - 7 FORMULA			
	0 - 3 FORMULA			

← This provider marked the wrong bubbles for the 8-11 month old Infant snack. **Make sure you mark the bubble in the upper left hand corner of each meal served, do NOT mark the bubbles in the shaded column on the right.**

And finally, make sure when using the Infant Attendance Menu that you only record infants who are under 1 year of age as of the date of the meal. A child who becomes 1 year old in the middle of a month will be recorded on the Infant Attendance Menu initially during the month, and then switched to the Regular Menu on his or her birthday.

### **Finishing an Infant or Regular Menu form**

Regardless of whether you record meals on the Infant Attendance Menu, the Regular Child Attendance Menu, or both, once you are finished with a single form page (i.e., all three columns of meals have been used), you should review that form in detail to make sure everything looks right. Verify that you've signed and dated the form, that your provider number is bubbled, and that you've marked each meal accurately.

**Remember:** It is important not to mark any other information on the Infant or Regular Child Attendance Menus. Writing in the margins, between rows, or in any other non-designated area will cause the form to be misread and your check may be affected by these errors.



# NON-REIMBURSABLE INFANT FOODS

- ♦ Cheese labeled cheese food, cheese product or cheese spread
- ♦ Chicken nuggets \*
- ♦ Combination dinners or desserts (Chicken & Noodle, Beef & Vegetable, Spaghetti Dinners, Peach Cobbler Dessert, etc.)
- ♦ Commercially prepared fish sticks, breaded or battered fish or seafood products, canned fish with bones (sardines, salmon, kippers, etc.) \*
- ♦ Commercially prepared baby foods containing DHA
- ♦ Commercially prepared baby foods with water as the first ingredient
- ♦ Cow's milk
- ♦ Egg whites
- ♦ Home canned foods or Home prepared juices cannot be served to infants
- ♦ Home prepared carrots, spinach, beets, turnips, or collard greens should not be served to infants under 6 months of age
- ♦ Honey (including cooked or baked in products, such as Honey Graham Crackers) should not be served to children under 1 year of age. Honey may contain clostridium botulism spores that if ingested by an infant can produce a toxin that may cause infant botulism.
- ♦ Hot dogs, sausages, luncheon meats, etc. \*
- ♦ Infant formula and commercially prepared baby food purchased outside of the United States.
- ♦ Iron-fortified dry infant cereal containing fruit and commercially jarred baby food cereals which are “wet” not “dry”, ready to eat breakfast cereals, and any hot cereal (Cream of Wheat, Quaker Oatmeal, Malt-meal, etc.) not specifically prepared for an infant
- ♦ Juices that are homemade or juices that are not 100% full strength and pasteurized
- ♦ Meat sticks or “finger sticks” (which look like miniature hot dogs) \*
- ♦ Nuts, seeds, nut and or seed butters (peanut butter, cashew butter, etc.) \*
- ♦ Pizza sauce
- ♦ Raisins\*
- ♦ Vegetable juices or fruit juices with yogurt
- ♦ Yogurt, store bought or homemade

**\* These foods present a choking hazard for infants and should not be served.**

## ADDITIONAL INFANT NUTRITION TIPS

<p style="text-align: center;"><b>Things to Remember</b></p> <ul style="list-style-type: none"> <li>~ Never prop an infant's bottle</li> <li>~ Never put cereal in a bottle (unless directed by a physician in a medical statement)</li> <li>~ Serve pasteurized 100% juice with Vitamin C added in a sippy cup</li> <li>~ Only serve breast milk, formula, or water in a bottle</li> <li>~ Only plain water in a bottle at bedtime helping to prevent baby-bottle tooth decay</li> </ul>	<p style="text-align: center;"><b>Methemoglobinemia (cont'd)</b></p> <p>The potential risk of developing methemoglobinemia is only present with home-prepared high-nitrate vegetables. Commercially prepared strained and junior spinach, carrots, and beets contain only traces of nitrate (Wilson, 1949; Kamm et al., 1965) and are not considered a risk to the infant (Fomon, 1974; CON, 1970).</p>														
<p style="text-align: center;"><b>Introducing Solids</b></p> <ul style="list-style-type: none"> <li>~ Always check with parent/guardian before introducing any new food</li> <li>~ Introduce new food items one at a time               <ul style="list-style-type: none"> <li>* allow 3 to 5 days between each new food</li> <li>* serve appropriate textures in small amounts</li> <li>* observe infant closely for any reaction to new food items</li> </ul> </li> <li>~ Do not add sugar, salt, fat, or spices to food</li> </ul>	<p style="text-align: center;"><b>Choking Hazards</b></p> <ul style="list-style-type: none"> <li>~ Infants can easily choke on these foods:               <ul style="list-style-type: none"> <li>*hot dogs</li> <li>*nuts and nut butters</li> <li>*seeds</li> <li>*popcorn</li> <li>*chips</li> <li>*grapes</li> <li>*raisins</li> <li>*raw vegetables</li> </ul> </li> <li>~ Please review Non-reimbursable Infant Foods on page 39</li> </ul>														
<p style="text-align: center;"><b>Review of Infant Nutrition</b></p> <ul style="list-style-type: none"> <li>~ Four months through seven months               <ul style="list-style-type: none"> <li>* Breast milk or iron-fortified infant formula</li> <li>* Introduce solids of appropriate textures                   <ul style="list-style-type: none"> <li>* iron-fortified infant cereal (4-6 months)</li> <li>* cooked, pureed vegetables(5-6 months)</li> <li>* pureed fruits (5-6 months)</li> </ul> </li> </ul> </li> <li>** No homemade carrots, spinach, beets, turnips, or collard greens before 6 months</li> </ul>	<p style="text-align: center;"><b>Foods That May Cause Allergic Reactions</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">cow's milk</td><td style="width: 50%;">orange juice</td></tr> <tr> <td>egg whites</td><td>wheat products</td></tr> <tr> <td>peanuts</td><td>peanut butter</td></tr> <tr> <td>other nuts</td><td>chocolate</td></tr> <tr> <td>strawberries</td><td>raw tomatoes</td></tr> <tr> <td>corn products</td><td></td></tr> <tr> <td>shellfish and fin fish (flounder, trout, cod)</td><td></td></tr> </table>	cow's milk	orange juice	egg whites	wheat products	peanuts	peanut butter	other nuts	chocolate	strawberries	raw tomatoes	corn products		shellfish and fin fish (flounder, trout, cod)	
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<p style="text-align: center;"><b>**Methemoglobinemia</b></p> <p>Methemoglobinemia, also termed blue baby Syndrome, is characterized by blue skin and difficulty in breathing, and could lead to death. The nitrate in high-nitrate vegetables is converted to nitrite before ingestion or in the Infant's stomach. The nitrite binds to iron in the blood and hinders the blood's ability to carry oxygen.</p>	<p style="text-align: center;"><b>Infant Food Safety</b></p> <ul style="list-style-type: none"> <li>~ Make sure hands, utensils, workspace and serving dishes are all very clean.</li> <li>~ Be sure the vacuum seal on baby food jars have not been broken.</li> <li>~ Do not use baby food jars as a serving dish. Remove the amount of food needed and place in a dish. Throw out leftover food from the serving dish.</li> <li>~ Store unused opened baby food jars in the refrigerator. Use as soon as possible, at least by one to two days.</li> </ul>														

# YOU CAN HELP PREVENT CHOKING

Always watch or sit with children during meals and snacks. Young children, ages 1 through 3 especially, are at risk of choking on food and remain at risk until they can chew and swallow better by about age 4.

## **Watch children during meals and snacks to make sure they:**

Sit quietly. Eat slowly. Chew food well before swallowing. Eat small portions and take only one bite at a time. Finish swallowing before leaving the table.

## **Fix table foods so they are easy to chew:**

Cut foods into small pieces or thin slices. Cut round foods, like hot dogs, lengthwise into thin strips. Remove all bones from fish, chicken, and meat. Cook food, such as carrots or celery, until slightly soft. Then cut into sticks. Remove seeds and pits from fruit. Spread peanut butter thinly.

Foods that are popular with young children are often the ones that have caused choking.

## **Foods that may cause choking are:**

<b>Firm, smooth, or slippery foods that slide down the throat</b>	<b>Small, dry, or hard foods that are difficult to chew and easy to swallow whole</b>	<b>Sticky or tough foods that do not break apart easily and are hard to remove from the airway</b>
peanuts nuts cherries with pits large pieces of fruit whole grapes hot dogs hard candy peas ice cubes	granola nuts & seeds popcorn potato chips corn chips pretzels small pieces of raw carrots, celery, or other raw hard veggies	raisins chunks of meat dried fruit marshmallows chewing gum spoonfuls or chunks of peanut butter or other nut/seed butter

*Building Blocks for Fun and Healthy Meals*

## Household Contact Letter

Dear Parent,

Your Child Care Provider participates in the Child Nutrition Program of Southern California **Child & Adult Care Food Program (CACFP)**. The CACFP is funded by USDA and the California State Department of Education and reimburses your child care provider for the nutritious meals and snacks served to your child.

Household Contact letters are mailed to parents who have children enrolled in the Child & Adult Care Food Program. Please take a few minutes and help us do a better job for your child and the children in San Diego County. Please answer the following questions and return this Household Contact Letter in the envelope provided. **If more space is needed for your comments, please use the back of this Household Contact Letter. Please be specific in answering the following questions. If you have any questions, please call our office at 619.465.4500. The return of this Household Contact Letter in a timely manner is very important to your Child Care Provider.**

Our records indicate that your child is enrolled in the Child Care Home of: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Child's # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Child's # \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_ Child's # \_\_\_\_\_

**Please answer the following questions for the month of \_\_\_\_\_.**

1. If your child is no longer in care at the above Child Care Home, what was the last day of care? \_\_\_\_\_

2. Please circle the days your child is *usually* in care at the above Child Care home.

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

3. What hours of the day is your child *usually* in care at the above Child Care home? \_\_\_\_\_ to \_\_\_\_\_

4. Please circle the meals *usually* served your child while in care at the above Child Care Home.

Breakfast    A.M. Snack    Lunch    P.M. Snack    Dinner    Eve Snack

5. Was your child absent any days in the month of \_\_\_\_\_? If so, please specify in comment section.

6. **Comments:**

*I certify that the above information is true and correct in all respects; I understand that this information is being given in connection with the receipt of federal funds and that a deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.*

\_\_\_\_\_  
Parent /Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Day time Phone Number

## Child Nutrition Program of Southern California

# HOUSEHOLD CONTACT LETTERS

We are required by USDA Child & Adult Care Food Program and the State of California Department of Education regulations to do Household Contact Letters.

**Household Contact Letters will be mailed to the parent/ guardian of the children in care when a provider is claiming perfect attendance (never any absences), claiming every dinner or a discrepancy is found between the meal count claimed and a Site Review Report.**

The most common discrepancy is when a provider is claiming the maximum capacity (6-8, or 12-14 children depending on license capacity) Monday-Friday, every month, and on the day of the site review the usual 6-8 or 12-14 children were not in care. Household Contact Letters will be mailed to the parent/guardian of the children in care to verify their days and hours of care.

If there is a difference in the information provided by the parent/guardian and the provider, the provider will be contacted to help clarify the matter in question.

Household Contact Letters are yet another reason why you must do your menus and meal counts daily. This will ensure that you do not make mistakes on your claims.

# PROGRAM POLICIES

## 1. DEADLINES

- a. To be in the original check run your Monthly Claim must be in our office on or before the fifth (5th) of the following month, **post marked the 1st, 2nd, 3rd, or 4th.** **Example:** January claim must in our office on or before February 5th.
- b. Monthly Claims received after the fifth (5th) day of the month go into the late run. The absolute last day to turn in monthly claims is the fifteenth (15th) day of the month following the month being claimed. **Example:** January late claim must be in our office on or before February 15th.
- c. No payment will be made for claims received after the fifteenth (15th) day of the month following the month being claimed.
- d. Enrollment Forms/Reports must be received in our office within five (5) working days of the child's first date claimed on the Child & Adult Care Food Program.

## 2. CHECKS

- a. Reimbursement checks will be mailed as soon as the check is received from the California State Department of Education covering the reimbursement period. Please refer to the Check Process page.
- b. Late run checks will be mailed when the office receives the check from the State covering that period.
- c. Stop payment for lost checks cannot be issued until the tenth (10th) working day following the mailing of checks.
- d. Checks can not be picked up at our office.
- e. For check information, please call the Information line at 619.465.2696.

## 3. ENROLLMENT FORMS

- a. An Enrollment Form or Enrollment Report (if claiming online) must be completed by the provider or parent, verified, signed and dated by the child's parent/guardian *prior* or on the first day the child is claimed on the Child & Adult Care Food Program. **If the Enrollment Form or Enrollment Report is dated after the child's first day claimed on the Child & Adult Care Food Program the date of enrollment will be changed to the date the parent/guardian signed the Enrollment Form/Report.**
- b. The completed Enrollment Form or Enrollment Report (if claiming online) must be received in the office within five (5) days of the child's first day of care. (See Page 14).

#### 4. POSTAGE

We do not accept postage due mail.

#### 5. MONTHLY CLAIM INFORMATION SHEET (MCIS)

- a. To drop a child from the program, complete the withdrawn section of the Monthly Claim Information Sheet, write in the child's last day of care, the child's # and name and **mail with your monthly claim at the end of the month.**
- b. To add children to our program, please complete an Enrollment Form and mail to our office within 5 days of the child's start date on the Child Nutrition Program of Southern California. Remember to write their name on your CIF so that you know what number you assigned that child.
- c. A change in your address can be made only with a new day care license.
- d. A change in your license capacity can only be made with a new day care license.
- e. A change in meals or days claimed for children can only be made by submitting an updated Enrollment Form.

#### 6. SITE REVIEWS

- a. **All providers are required to have a minimum of three (3) Site Reviews during each consecutive 12-month period to review the meal service and program records.** At least two (2) of the Site Review must be unannounced, with at least one (1) of the unannounced Site Review to include a meal service observation. The first Site Review shall occur within the new provider's first four (4) weeks of operation and no more than six (6) months may elapse between Site Reviews.
- b. Additional Site Reviews may be made if it appears that a provider needs additional help with program requirements.
- c. Additional Site Reviews are required per federal and state regulations for Seriously Deficient determinations.
- d. Assistants/Helpers must be approved by Community Care Licensing. Assistants/Helpers left alone with the children must be 18 years or older. Assistants/Helpers left alone with the children must know where the claim forms (scannable or online) are kept, allow the Field Representative (Site Monitor) to conduct a Site Review, and be able to participate in a Site Review.
- e. Your claim forms will be checked at each Site Review. No reimbursement will be made for meals served prior to the Site Review if the claim forms are not up-to-date, complete and available for review by a Field Representative. USDA regulations require sponsors to follow the seriously deficient process (attached to the agreement form) when the provider is not up to date with their claim forms.

## **7. OFFICE HOURS AND LOCATION**

Our office hours are 9 a.m. to 4:30 p.m. Monday through Friday. Telephone hours are 9 a.m. to 12 noon and 1 p.m. to 4:30 p.m. Our office is located in the:

Allied Plaza Office Building  
at  
7777 Alvarado Rd., Suite 422  
La Mesa, Ca 91942

The Allied Plaza Office Building is open:  
Monday – Friday 7 a.m. - 6:30 p.m. and Saturday 8 a.m. - 11:30 a.m.  
Closed on Saturday afternoon, Sunday and Holidays.

Enrollments, Claims, etc. can be hand delivered to our office (Suite 422) during the Allied Plaza Office Building hours. If our office is closed, forms can be slipped under our office door on the 4th floor, Suite 422.

## **8. CHECK INFORMATION LINE**

**619.465.2696** is the phone number of the Child Nutrition Program of Southern California Check Information line. The Check Information line is a recorded message of items of importance to providers.



# DIRECTIONS TO OUR OFFICE

Child Nutrition Program of Southern California  
7777 Alvarado Rd, #422  
La Mesa, Ca 91942  
619.465.4500

## If you are coming from North San Diego

Take whatever Interstate you use to travel to San Diego. Interstate 15 South, 805 South, or 163 South all connect with Interstate 8. Use the following **“If you are coming West of La Mesa”** directions.

## If you are coming from South San Diego

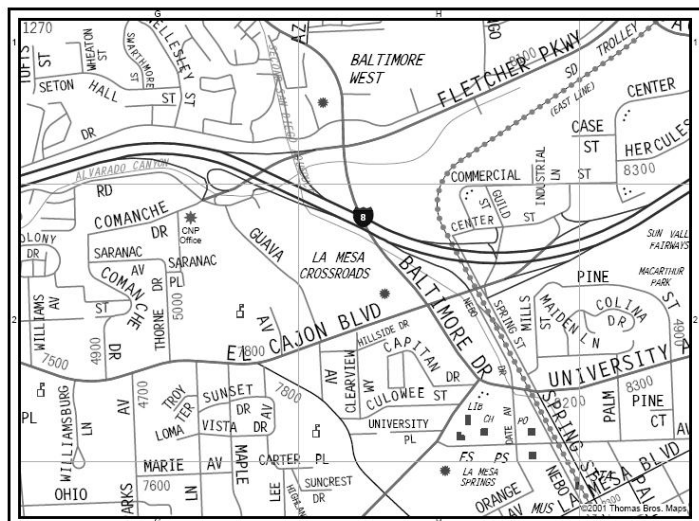
Take whatever Interstate you use to connect with Interstate 8. Interstate 15 North, 805 North, or 163 North all connect with Interstate 8. Use the **“If you are coming West of La Mesa”** directions.

## If you are coming West of La Mesa:

Take Interstate 8 East  
Take the Fletcher Parkway exit  
Stay in the right lane - do not go over the bridge  
You can see our 7 story building (address is at the top, roof line)  
Turn right on Comanche Dr  
Turn left on Saranac Ave  
Park in the Visitor Parking

## If you are coming East of La Mesa:

Take Interstate 8 West  
Take El Cajon Blvd exit  
Continue on El Cajon Blvd  
Turn right on Thorne Dr  
Turn right on Saranac Ave  
You can see our 7 story office building  
Park in the Visitor Parking



# COMMUNITY REFERENCE and RESOURCE LIST

## RIVERSIDE COUNTY

American Red Cross, Riverside	951.656-4218
American Red Cross, Temecula	951.676.3711
Child Protective Services	951.696.3450
Riverside County Health Department	951.358.5000
Riverside County Office of Education Resource and Referral	800.442.4927
Riverside County Family Child Care Association	951.715.4866
Riverside Department of Social Services/Licensing	951.782.4200

## SAN BERNARDINO COUNTY

American Red Cross, Rialto, Inland Empire	909.888.1481
Child Protective Services, San Bernardino	800.827.8724
San Bernardino County Health Department	909.387.6280

## SAN DIEGO COUNTY

American Heart Association (CPR classes) San Diego	619.291.7454
American Red Cross (First Aid Classes) San Diego	619.542.7400
Child Abuse Hotline	858.560.2191
Childcare Healthline	800.908.8883
Childcare Resource Service	619.521.3055
Child Nutrition Program of Southern California	619.465.4500
Child Nutrition Program of Southern California Toll free	800.233.8107
Childcare Community Referral Service	619.574.1454
County Department of Health Services	619.515.6770
Emergency Services	911
Poison Control	800.876.4766
San Diego Community Care Licensing	619.767.2200
San Diego County Family Day Care Association Membership	760.517.2169 or 619.260.3753