



Child & Adult Care  
Food Program

COMMUNITY BRIDGES  
PUENTES DE LA COMUNIDAD



# Online Orientation



**Office Hours:**  
**Monday-Friday**  
**9:00 - 12:00 p.m. 1:00 - 5:00 p.m.**

**18 West Lake Ave Suite R. P | 831.688.8840**  
**Watsonville CA 95076 F | 831.688.8302**

# Introduction to CACFP

- CACFP Aims to improve the diets of children
- Monthly repayment for the meals served
- Nutritious, well-balanced meals to children
- Helps keep the cost of day care down
- No charge to participate
- Areas serviced include the counties of Santa Cruz, Monterey, and San Benito

# Why CACFP?

- More than 3.3 million children participate across the country each day
- Nutritious food improves
  - Physical growth
  - Brain development
  - Emotional development
- Helps children develop positive habits
  - Good eating
  - Good health



# Who is eligible for the program?

- Licensed day care homes, military certified, & Trustline providers
- Children under age 13, and infants
- Disabled children to the age of 18
- Providers' own children under the age of 13 can also participate based on income



# Trustline providers



- Need:
  - Trustline – authority to be a provider
  - Health & Safety Certification and/or Exemption of Health & Safety certification
- For license-exempt providers: only care for children of relatives + 1 additional family
- Trustline #: 1-800-822-8490



# What are the requirements of the program?

- Signing sponsor-provider agreement
- Enrolling all children
- Meals -> abiding by federal nutrition requirements
- Maintaining
  - Daily menus
  - Attendance/meal records
- Submitting records to CACFP each month
- Attending annual training
- Expect 3 Unannounced visits each year

# Sponsor Agreement

CALIFORNIA DEPARTMENT OF EDUCATION  
NUTRITION SERVICES DIVISION

CHILD AND ADULT DAY CARE PROGRAM  
(REV.11/12)

**CHILD AND ADULT CARE FOOD PROGRAM  
STANDARD AGREEMENT COMMUNITY BRIDGES - CACFP  
AND A DAY CARE HOME PROVIDER**

**VENDOR #: B-671-00  
AGREEMENT #: 44-1733-4F**

 **NSD 2053A**

This agreement is entered into this  day of , by and between

NAME OF SPONSORING ORGANIZATION (HEREINAFTER REFERRED TO AS SPONSOR)

**COMMUNITY BRIDGES – CHILD AND ADULT CARE FOOD PROGRAM**

ADDRESS OF SPONSORING ORGANIZATION

18 W. Lake Avenue Ste. R., Watsonville CA 95076

of

FULL NAME OF PROVIDER (HEREINAFTER REFERRED AS PROVIDER)

DATE OF BIRTH OF PROVIDER

MAILING ADDRESS OF PROVIDER

of

**THIS AGREEMENT IS MADE AND ENTERED INTO:**

This agreement specifies the responsibilities to be undertaken by the sponsor and provider as participants in the United States Department of Agriculture's (USDA), Child and Adult Care Food Program (CACFP).

# Enrollment Form

Provider: <b>Account's Test WebKids #100000</b> 101 Test Street Test City CA 00001	Phone: (831) 101-0101 Monitor: Cz (291) Tier: 1	<b>CHILD ENROLLMENT REPORT</b>	Food Program Sponsoring Agency: Community Bridges 18 W. Lake Ave. Suite R. Watsonville CA 95076 (831) 688-8840
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<b>CHILD INFO:</b>		Child #: 5	Status: Pending
First Name: Daniel	MI:	Last Name: Doe	Ethnicity: Hispanic/Latino
Address: 47 Apple Tree St		City: Appleland	State: CA Zip Code: 99999
Date of Birth: 01/17/2014	Enrollment Date: 11/20/2019	Sex: Male	Race: White
Age as of Date Printed: 6y 1m		Withdrawal Date:	

<b>PARENT INFO:</b>	
First Name: Big Red	MI: Last Name: Apple
Address: 47 Apple Tree St	
City: Appleland	State: CA Zip Code: 99999
Phone: Home: Alt: (831) 333-3333 Work:	Payment Source: Private
Work Name:	Email:

<b>NORMAL SCHEDULE:</b>	
Participating Days: MON TUE WED THU FRI	Days vary: YES
Participating Meals: BRK AMS LUN PMS DIN	Weekday Times: 8:00 am - 5:00 pm
	Times vary: YES
	Weekend Times:

<b>SCHOOL INFO:</b>	
School Type:	School Number:
School Name:	School District:
School Depart/Return Times:	Days Attend:

<b>SPECIAL INFO:</b>	
Participates in CACFP: YES	Relation to Provider: Not Related/Day Care Child
Special Needs: NO	
Special Diet: NO	
<i>If either are YES, attach a signed medical statement.</i>	

<b>Breastmilk and Iron-Fortified Infant Formula (IFIF)</b>	
<p>Your provider is required to offer Iron-Fortified Infant Formula (IFIF) to your infant and must inform you of the brand offered. It is your choice whether or not to use this formula based on your preference and your infant's needs. You may choose to supply breastmilk or formula for your infant. If you accept the formula offered by the provider, you give your permission for the formula to be mixed for your infant by the facility staff. You may be required to provide sufficient sanitized bottles each day for your child's use. If this is required, the bottles must be labeled with your child's name/date and be taken home daily. If you choose to supply breastmilk for your infant, write "Parent Supplies Breastmilk" on this form. If you refuse the provider's formula and choose to supply formula for your infant, you must write the brand of formula you will be supplying in the space provided on this form and write "Parent Supplies Formula (IFIF)" on this form. If the formula you provide is low-iron fortified, non-iron fortified, or a specialty formula, a medical statement is required. If you choose to supply both breastmilk and Iron-Fortified Infant Formula (IFIF) for your infant, write "Parent Supplies Breastmilk and Formula (IFIF)" and write the brand of the formula you will supply on this form.</p> <p>When your infant is six months old or older and is developmentally ready for baby food, your provider is required to offer additional, supplemental foods in compliance with the infant meal pattern as required by 7CFR226.20. These foods will include iron-fortified infant cereal, fruits, vegetables, meats, and meat alternates, when developmentally appropriate for your child. You have the option of supplying these supplemental foods and refusing the provider's supplemental foods.</p> <p>Note to parents who receive formula through the WIC program: Your infant is eligible to receive formula from this child care facility as well as from the WIC program. It is your decision which formula you want your infant to use when in child care.</p>	
Formula: N/A	Formula Offered by Provider:
Food: N/A	Formula Offered by Parent:

- 1 form per child required
- If parent declines participation, indicate "No" on the enrollment form – still counts towards total license capacity
- Renew annually

Dear Family, Congratulations!

Your provider has chosen to join the Child and Adult Care Food Program (CACFP). This program extends the National School Lunch program to children in family and group child care homes. The USDA has guidelines that your provider has agreed to follow. Under the regulations of the CACFP, your provider may NOT charge you a separate fee for meals that are claimed for reimbursement, and they must supply all of the components needed to meet the requirements. In an effort to improve our program, we periodically contact parents to provide input and to verify attendance of their children in this child care home.

**I have verified that the above information is correct, and I have received a copy of this completed form and the Building For The Future Flyer.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ ID#: 100000

State Agency Contact Info: California Dept of Educ., Nutrition Services Division, 1430 N Street, Sacramento, CA 95814, 800-952-5609

# Enrollment Form – Child Info

- Child's first and last name
- Child's date of birth
- Enrollment date
- Child's schedule (days of week/times)
- Infant information (formula/breast milk)
- Print and sign (parent signature date **must match enrollment date**)
- Send hard copy to CACFP

**Verify all information**

# Enrollment Renewals

- **Renewed annually in February**
- **Packets mailed the 1st week of February**
  - If you do not receive a packet by mid-month in February, contact your program consultant
- **Parents must renew and update information**
- **Must be signed by parent and provider effective February 1st**

Provider Name <b>Account, 'as Test WebKids</b>		Prov #: 100000		Provider	
and Address <b>101 Test Street</b>		Phone: (831) 101-0101		Signature:	
<b>Test City, CA 00001</b>		Monitor: zzzRecknagel, Cynthia			

No	Child Name	DOB	DOE	Relation	Age	Status	Ethnicity	Race	Sex	School Type	School District
9	Berry, Blue	01/03/2011	02/01/2013	None	7y4m	A	H		M		Aromas/san Juan Uni

Address: 178 Crestview Ct Watsonville, CA 95076 Home Phone: (831) 722-1920 Work Phone: (831) 722-1920 Mobile Phone:  Migrant worker's child? YES	Drop Off:	Weekday Times	Pick Up:	Participation				Socorro Ramirez			
		7:30am	5:00pm	Days	[X] Mo	[X] Tu	[X] We	[X] Th	[X] Fr	[X] Sa	[ ] Su
		Weekend Times		Meals	[X] B	[X] A	[X] L	[X] P	[X] D	[ ] E	
		9:00am	5:00pm	Days vary:	[ ]	Times vary:	[ ]				
	Depart:	School Times	Return:	Days Attending School				Parent Name			
				[ ] Mo	[ ] Tu	[ ] We	[ ] Th	[ ] Fr	Parent Signature		
									Date	Withdrawal Date	

# Claims for reimbursement

Claim is submitted to the CACFP **online** on a **monthly** basis. Complete claims include:

- Meals & attendance
- Agree to terms and conditions
- CLICK send



## Mail in:

- New child enrollment forms/child enrollment report
- CN Labels, if applicable

# Claims- Due Dates

Claims due → 5<sup>th</sup> of every month by 5 pm.

april

S	M	T	W	T	F	S
		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			

## Due Dates:

- On-time (A) – by the 5<sup>th</sup>
- Late (B) – by the 15<sup>th</sup>
- Very late (C) – by the end of the month

\*If the 5<sup>th</sup> falls on a weekend or holiday, it is due the Friday before.

# Two (2) Drop Boxes available



- Black drop box is located at the bottom of our stairs and is accessible during regular business hours



- Gray drop box is located in the parking lot on West Lake Avenue and is accessible 24 hours a day 7 days a week

# Meal Requirements

- Meat or Meat Alternate
- Bread or Bread Alternate
- Fruit
- Vegetable
- Age Appropriate Milk



# Meal Pattern

## Remember:

- Serve all components together
- Minimum serving size required
- All children must be served at the same time
- Family Style is recommended



# Meal Pattern

## CHILD MEAL PATTERN

Lunch and Supper (Select all five components for a reimbursable meal)			
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12
Fluid Milk <sup>3</sup>	4 fluid ounces	6 fluid ounces	8 fluid ounces
Meat/ meat alternates			
Lean meat, poultry, or fish	1 ounce	1 ½ onzas	2 onzas
Tofu, soy product, or alternate protein products <sup>4</sup>	1 ounce	1 ½ onzas	2 onzas
Cheese	1 onza	1 ½ onzas	2 onzas
Large egg	½	¾	1
Cooked dry beans or peas	¼ cup	⅓ cup	½ cup
Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
Yogurt, plain or flavored unsweetened or sweetened <sup>5</sup>	4 ounces or ½ cup	6 ounces or ¾ cup	8 ounces or 1 cup
The following may be used to meet no more than 50% of the requirement: Peanuts, soy nuts, tree nuts or seeds, as listed in program guidance, or an equivalent quantity of any combination of the above meat/ meat alternates (1 ounce of nuts/seeds = 1 ounces of cooked lean meat, poultry, or fish)	½ ounce = 50%	¾ ounce = 50%	1 ounce = 50%

# Meal Pattern - Breakfast

- For a **breakfast** to be a reimbursable meal, it must contain all of these components:
  - Grains/Bread\*
  - Vegetable/Fruit/Juice\*
  - Age Appropriate Milk



*\*A meat/meat alternative can be substituted for a grain 3 times a week*

# Meal Pattern – Lunch/Supper

- For **a lunch or supper** to be a reimbursable meal, it must contain **all** of these components:
  - Meat/Meat Alternate
  - Grains/Bread
  - Vegetable
  - Fruit or vegetable\*
  - Age Appropriate Milk



*\*May serve fruit & vegetable or two vegetables*

# Meal Pattern - Snack

- For a **snack (supplement)** to be a reimbursable meal, it must contain two different component items from this list:
  - Meat/Meat Alternate
  - Grains/Bread
  - Vegetable
  - Fruit
  - Age Appropriate Milk



*\*Note: Milk & yogurt = 1 component*

# Age Appropriate Milk

- Milk (fat Content)- Specify appropriate milk for each age group
  - 1-2yrs = whole milk required
  - 2yrs and up = 1 % or non-fat

1% LOWFAT  
**MILK**



**Note:** *If a parent requests any other type of milk they will need to sign the milk substitution form*

# Whole-Grain Rich (WGR)

- Defined as a grain that has not had its nutrient-rich germ and bran removed
- Product must contain at least **50 percent whole grains**; remaining grains are enriched or 100 percent whole grain
- **At least one (1) serving of grains per day must be whole grain-rich**



# WIC Approved Cereals

## WHOLE GRAIN CEREALS — 51% or more whole grain

### General Mills



Cheerios



Multi Grain  
Cheerios



Honey  
Kix



Kix



Total Whole  
Grain

### Kellogg's



Frosted  
Mini Wheats  
Original



Frosted  
Mini Wheats  
Little Bites



Life — Original



Oatmeal  
Squares —  
Brown Sugar



Oatmeal  
Squares —  
Cinnamon

### B&G Foods



Cream of Wheat  
Whole Grain

### Post



Grape-Nuts



Bran Flakes

- Breakfast cereals must contain no more than 6 grams (g) of sugar per dry ounce
- Must be fortified or enriched or whole grain

## OTHER CEREALS — Less than 51% whole grain

### Kellogg's



Corn  
Flakes



Special K — Original

### Post/Malt-O-Meal



Honey Bunches of  
Oats — Honey Roasted



Malt-O-Meal  
Hot Cereal — Original

## Reference:

<https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/WICFoods.aspx>

# Yogurt

- Meat and Meat Alternates
  - Yogurt must contain no more than 23 grams of sugar per 6 ounces





# Meal Pattern - Infants



Age	Meal Pattern
0-5 months	Formula or breastmilk only
6-11 months	Formula or breastmilk; begin introduction to solid food

- Breast milk must have **mother and child's name on bottle**
- Formula and Infant cereal must be iron fortified.
  - Must specify type of cereal
  - Flavored infant cereal is not reimbursable.
- Infant cereal **cannot** be added to the bottle

# Menus and Attendance



- Children must only be claimed for meals they attend
- Meals cannot be claimed for a child if the child takes the meal home with them or served early
- Meals will only be reimbursed if served at your meal time

# Menus and Attendance– Enter Meals Daily

?

⚙

Home

eForms

Meals

Enter Meal

Add/Edit Menus

Schedule Menus

Food Program

Calendar

Check In/Out

Reports

Messages

Get Help

Logout

Meals > Enter Meal

<<01/14/2020>>

InfantsNon-Infants

Serving 1

Breakfast08:30 AM🕒

Menu

SaveDelete

+ Create MyMenu

Meat/Alternate

Bread/Alternate

Is this whole grain-rich?

III

No

Fruit

Vegetables

Milk

*Enter meals daily before the end of day (11:59 pm)*


# Menus and Attendance – Check IN

- Required to *Check IN* child to record a meal

Child must be checked in before recording meals. 

Apellido, Catalina	5 y	
Apellido, Nino	4 y	

- Child's name turns green after checking in

Apellido, Catalina	5 y	
--------------------	-----	---

- Indicate if child is in your care because he/she is:

Apellido, Nino	4 y	
Doe, Daniel	5 y	

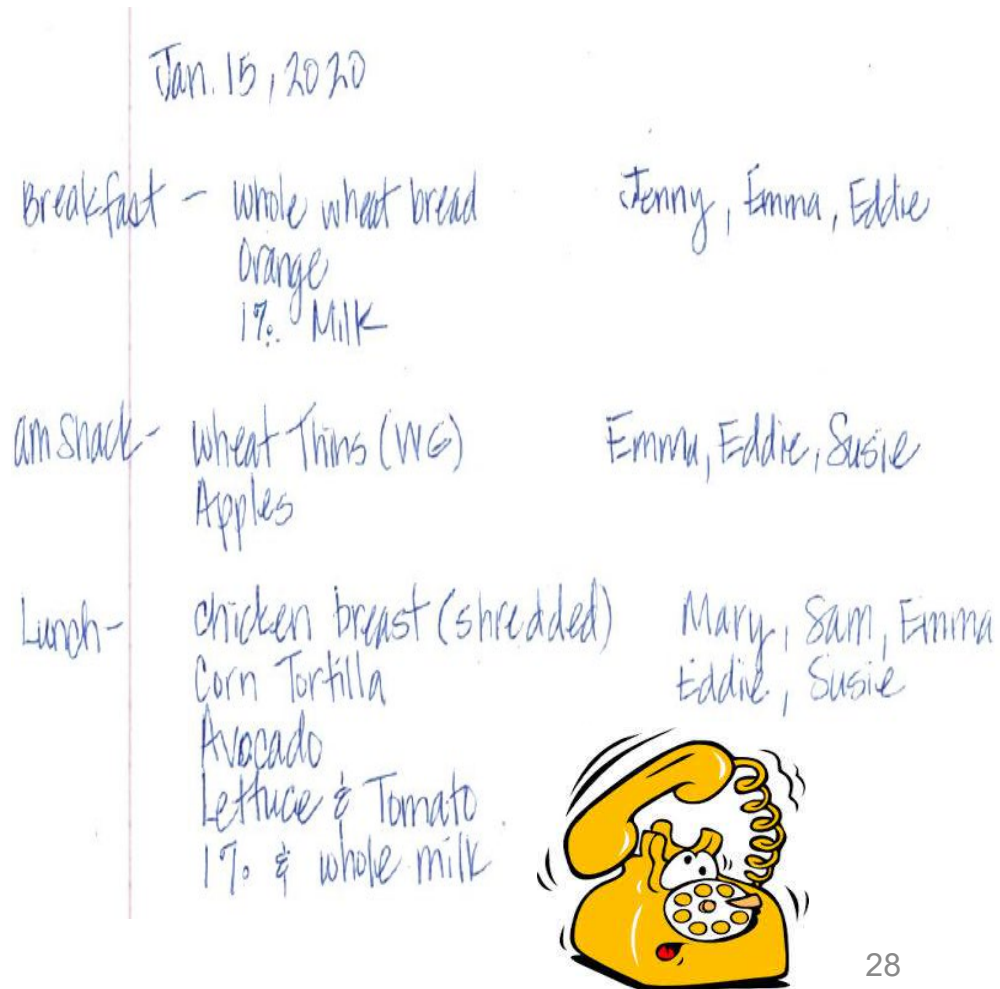
Sick 

No School 

Present on holiday 

# Menus and Attendance

- If unable to record on KidKare due to **technical difficulties**, you may use any type of paper to record meals & attendance
- Must **call before end of day**; must leave a message
- Records must be kept for 3 years, plus current Fiscal Year (October- September)



# Menus and Attendance

- Must be input daily
  - Entered by 11:59pm daily
- Attendance cannot be filled out before meal is served



# Meal Spacing & Times

## Meal Spacing

- At least 2 hours between meals
- At least 3 hours between main meals\*

## Meal Times

- Breakfast before 9 am
- Lunch 11-1:30
- Dinner 4-7pm

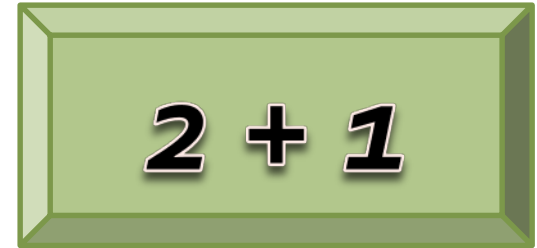


*\*3 hours only applies when a snack is not offered between main meals*

# Reimbursement

## Reimbursed for:

- 2 meals + 1 snack OR
- 2 snacks + 1 meal



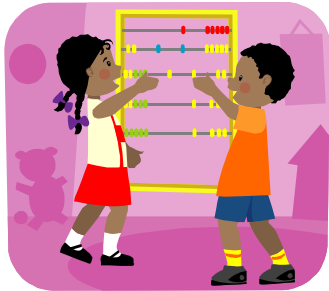
- Reimbursement checks mailed monthly



- Average reimbursement for California Child Care Providers is **\$6194.00/year**



# Reimbursement Rate



## Reimbursement Rates July 1<sup>st</sup> 2021- June 30<sup>th</sup> 2022

	<b>Tier1</b>	<b>Tier II</b>
Breakfast	\$1.40	\$0.51
Lunch	\$2.63	\$1.59
Dinner	\$2.63	\$1.59
Snack	\$0.78	\$0.21



# Annual Training

- 2 hour training requirement (available online)
- New State/Federal regulations
- Recordkeeping & other reminders
- Chance to interact with your peers
- Helpful tips



# Home Visits

## 3 Unannounced visits per year

- Random - any day of month
- Assistants must know where documents are kept
- Notify CACFP in advance if closed during normal meal times

## Purpose:

- paperwork up-to-date
- nutritional education
- monitor compliance with CACFP regulations



# Home Visits

- Saturdays will not be reimbursed if you are a regular claimer (3+ Saturday's) and:
  - You are not home during an unannounced visit
  - Did not notify us that you would be closed
- If not home for 3 consecutive visits, no reimbursement until next successful visit



# Civil Rights Requirements

**Institutions participating in Federal programs must comply with Federal civil rights requirements.**

- Offering program to all children and infants
- Displaying the “And Justice for All” poster
- Not discriminating based on age, gender, race, disability, etc...



# USDA NON-DISCRIMINATION STATEMENT

- "The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
- If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).
- Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).
- Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotope, etc.) please contact USDA's TARGET Center at (202) 720-6200 (voice and TDD).
- USDA is an equal opportunity provider and employer

# Sanitation/Hygiene

Proper hand-washing can help prevent spread of illness in child care setting

- Adults and children should wash their hands before eating/handling food
  - 20 seconds minimum
  - soap and water

Food safety:

- Never handle food if you are ill
- Never thaw food at room temperature



# Serious Deficiency

A serious deficiency is when a family day care home is non-compliant with one or more areas of CACFP

- Submission of false information/claim;
- Simultaneous participation with multiple CACFPs;
- Non-compliance with the Program meal pattern;
- Failure to keep required records (**must be kept daily**);
- Conduct or conditions that threaten the health or safety of a child(ren) in care, or the public health or safety





# Online Menus

- Free to providers
- Password protected
- Faster and more efficient
- Menu keeping easier
- Accessed on any device with internet service

A screenshot of the KidKare web application interface. The browser address bar shows "app.kidkare.com". The page has a light blue header with the KidKare logo. A left sidebar contains a navigation menu with options: Home, Check In/Out, Meals (selected), Enter Meal, Add/Edit Menus, Schedule Menus, Food Program, Reports, Accounting, Calendar, Messages, Get Help, and Logout. The main content area is titled "Meals > Enter Meal". It includes a date selector set to "01/30/2018", tabs for "Infants" and "Non-Infants", and serving time selectors for "Serving 1" (08:00 AM) and "Serving 2" (08:30 AM). A dropdown menu for meal type is set to "Breakfast". Below this are buttons for "Menus", "Save", and "Delete". A section titled "+ Create MyMenu" contains input fields for "Meat/Alternate", "Bread/Alternate", "Is this whole grain-rich?" (with a toggle switch set to "No"), "Fruit", and "Vegetables".

# Remember...

## CACFP providers:

- Reinforce healthy eating habits
- Show parents they are committed to great services & nutritious, balanced meals/snacks



# Next Steps

- Complete online quiz
- In home sign-up
- Begin claiming online on KidKare!

# Questions



**Write them down! We are happy to go over your questions during the in-home sign up.**