Module 5: Serving Reimbursable Meals

CACFP Update Training
2020-2021

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Serving Reimbursable Meals
Requirements for Reimbursable Meals

• Meals must comply with the USDA CACFP Meal Patterns.
• Meals include required food components.
• Meals serve creditable food items in the minimum quantities for each food component.
Menu Planning

• Advance planning of CACFP meals is essential.
• Make sure all meals meet CACFP meal pattern.
• Review menus for all sites.
• Have substitutions components available if needed.
• Proper planning reduces the chances of meal disallowances.
CACFP Meal Patterns consist of five components.

- Milk
- Meat/Meat Alternate
- Grains
- Vegetable
- Fruits
Milk

Do We Need Milk

YOU NEED SOME MILK

All U Need Is Milk
Milk

• Serve **whole** unflavored milk to 1-year old children.

• Serve only **unflavored** milk to children 1 through 5 years.

• Fluid milk served to participants ages two and older must be **low-fat (1%) or skim** milk.

• When serving flavored milk to children 6 years old and older and to adults, only serve the **low-fat (1%) or skim** variety.
Milk Substitutes

• A **nutritionally equivalent non-dairy substitute** may be served as part of a reimbursable meal to participants with a written request.
Milk: Adults

- **Adults only:**
- A serving of milk is not required at supper meals for adults.
- Six ounces (weight) or \(\frac{3}{4}\) cup (volume) of yogurt may be used to meet the equivalent of 8 ounces of fluid milk per day when yogurt is not served as a meat alternate in the same meal.
Milk Resources

- USDA Milk Memo: [https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP17_20160s.pdf](https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP17_20160s.pdf)

Meat/Meat Alternates

• Give examples of this component in your meal pattern. **Beef, Poultry, Pork, Fish**

• Give examples of meat alternates. **Beans, lentils, eggs, cheese, yogurt, peanut butter**

• How can meat be prepared? **Bake, Boil, Broil, Barbecue, Stew, Steam, Pouching, Roasting, Rotisserie, Stir Fry, Flambe, Searing, Pan-fry**
Meat/Meat Alternate

- Yogurt must contain no more than 23 grams of total sugars per 6 ounces. *(See Yogurt Sugar Limits Chart: CACFP 101 Guide)*

- Meat/meat alternates may be served in the place of the entire grain requirement **at breakfast** a maximum of three times per week.

- Tofu and soy yogurt products are allowed to be used to meet all or part of the meat/meat alternates component.
Grains

• Are you serving grains in your center? Yes!

• What meal type is a grain required? Breakfast, Lunch/Supper

• How often is a whole-grain required? At least one serving per day.

• Give examples of grains? (not including bread or cereal)
Cereals

• Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

• See Approved Cereal List Handout.

• See Cereal Sugar Limits Chart: [CACFP 101 Guide](#)
Whole Grains (WG)

• At least one grain serving per day, across all meal services must be whole-grain rich.

• Grain Requirements in CACFP Memo: https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP09_2018os.pdf
Grain Based Desserts

NOT CREDITABLE

Effective October 1, 2017
Grain Based Desserts NOT Creditables
Grain Based Desserts


DO NOT SERVE DURING CACFP MEAL TIMES!!!

DO NOT PURCHASE WITH CACFP FUNDS!!!

<table>
<thead>
<tr>
<th>COMMON GRAIN-BASED DESSERTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast bars</td>
</tr>
<tr>
<td>Brownies</td>
</tr>
<tr>
<td>Cakes</td>
</tr>
<tr>
<td>Cereal bars</td>
</tr>
<tr>
<td>Cinnamon rolls</td>
</tr>
<tr>
<td>Cobblers/crisps</td>
</tr>
<tr>
<td>Coffee cake</td>
</tr>
<tr>
<td>Cookies/vanilla wafers</td>
</tr>
<tr>
<td>Dessert pie crust</td>
</tr>
<tr>
<td>Doughnuts</td>
</tr>
<tr>
<td>Fig bars</td>
</tr>
<tr>
<td>Frudel</td>
</tr>
<tr>
<td>Fruit turnovers</td>
</tr>
<tr>
<td>Granola bars</td>
</tr>
<tr>
<td>Nutrigrain</td>
</tr>
<tr>
<td>Pop tarts</td>
</tr>
<tr>
<td>Rice pudding</td>
</tr>
<tr>
<td>Strudels</td>
</tr>
<tr>
<td>Sweet biscotti</td>
</tr>
<tr>
<td>Sweet bread or rice pudding</td>
</tr>
<tr>
<td>Sweet pastry rolls</td>
</tr>
<tr>
<td>Sweet popovers</td>
</tr>
<tr>
<td>Sweet rolls</td>
</tr>
<tr>
<td>Sweet scones</td>
</tr>
<tr>
<td>Toaster pastries</td>
</tr>
</tbody>
</table>

Ensuring a bright future for every child
Vegetables

- Vegetable is now a separate food component at lunch/supper and at snack.

- Vegetable and fruit components are combined at breakfast.

- Pasteurized full-strength juice (100%) may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
Fruits

• Fruit is now a separate food component at lunch/supper and at snack.
• Vegetable and fruit components are combined at breakfast.
• Pasteurized full-strength juice (100% juice) may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
Additional Requirements

DO

NOT

[Images of french fries and bottled water]
Meal Patterns (Infants)

• Does your organization claim infants for reimbursement?
• Does your organization collect a meal application for infants?
• Is your organization required to claim infants? **YES**
Meal Pattern: Infants

- Infants enrolled for care at a participating CACFP center or day care home must be offered a meal that complies with the CACFP infant meal pattern requirements (7 CFR 226.20(b)). CACFP regulations define an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicated that the child is enrolled in child care” (7 CFR 226.2).
Meal Pattern: Infants

- A center or day care home may not avoid this obligation by stating that the infant is not “enrolled” in the CACFP, or by citing logistical or cost barriers to offering infant meals. Decisions on offering Program meals must be based on whether the infant is enrolled for care in a participating CACFP center or day care home, not if the infant is enrolled in the CACFP.
Meal Pattern: Infants

Feeding Infants and Meal Pattern Requirements in CACFP Questions and Answers Memo: https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP02-2018os.pdf

Did you know?

Parents or guardians may only supply **one (1) component** of a reimbursable meal.
Meal Pattern: Infant

See State Agency: Infant Waiver Form

<table>
<thead>
<tr>
<th>Child and Adult Care Food Program</th>
<th>INFANT FORMULA-INFANT WAIVER NOTIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME OF CHILD CARE CENTER NAME</td>
<td>NAME OF INFANT</td>
</tr>
<tr>
<td>INFANT ID (SSSSSS-121212121212)</td>
<td>INFANT CARE (MM/YYYY/YYYY)</td>
</tr>
</tbody>
</table>

For Parent/Guardian of infants Age 6 Mos. through 11 Months:

This Child and Adult Care Food Program (CACFP) Waiver Form is required to be filled out for infants enrolled in the Child and Adult Care Food Program (CACFP). This form is to be completed at any time during the year and is to be returned to the child care center where the infant is enrolled. A decision made by you and your infant’s doctor. To better meet your personal preferences and your infant’s needs, please complete this document.

InSTRUCTIONS: The center/home should complete this section before giving to the parent/guardian.

This CCDF/IDC will provide:
- Non-forwarded infant formula (that brand)_
- Non-forwarded infant cereal (not type such as baby rice cereal)_
- and
- Food appropriate for infants: _Commercial baby food and/or_
- Food offered at the appropriate consistency for the development of the infant.

InSTRUCTIONS: The parent/guardian should answer the following question and mark one of the choices from each of the three sections below, then sign and date this form.

What do you currently feed your infant?  
- Non-forwarded infant formula
- Breast milk
- Low-fat or another type of infant formula provided for medical reasons. I will receive a Physician’s Determination for Food Substitutions.

The parent or guardian would like their infant to be fed the following while in care:

Section 1: Infant Formula or Breast Milk

Choose 1t I want my infant to receive the CCDF/IDC provided non-forwarded infant formula identified above. I will not bring infant formula from home.

Choose 2 I understand I am required to bring infant formula that I purchase or receive from Women, Infants, and Children (WIC), however, I want to bring my own formula/breast milk.

It is crucial for infant formula to be fresh. If you do not have enough infant formula for your infant, please contact your center/home and they will provide you with appropriate infant formula that day.

Section 2: Infant Cereal

Choose 1t I want my infant to receive the CCDF/IDC provided non-forwarded infant cereal identified above. I will not bring infant cereal from home.

Choose 2 I understand that I am required to bring non-forwarded infant cereal that I purchase or receive from WIC, however, I want to bring my own infant cereal.

If you do not have enough infant cereal for your infant, please contact your center/home and they will provide you with appropriate infant cereal that day.

Section 3: Baby Food

Choose 1t I want my infant to receive the CCDF/IDC provided baby food identified above. I will not bring baby food from home.

Choose 2 I understand that I am required to bring baby food that I purchase or receive from WIC, however, I want to bring my own. If you do not have enough baby food for your infant, please contact your center/home and they will provide you with appropriate baby food that day.

If I decide to change the selections I made above, I will complete another form.

Parent/Guardian Signature: __________________________ Date: __________________________
Menu Pattern: Infant

Meal Patterns

- **Infants:** [https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_infantmealpattern.pdf](https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_infantmealpattern.pdf)

- **Children:** [https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_childmealpattern.pdf](https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_childmealpattern.pdf)

- **Adults:** [https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_adultmealpattern.pdf](https://fns-prod.azureedge.net/sites/default/files/cacfp/CACFP_adultmealpattern.pdf)
Crediting Foods: Resources

• Food Buying Guide: https://foodbuyingguide.fns.usda.gov/

• Food Buying Guide App

Many sites occasionally choose to purchase a commercially prepared entrée items. (frozen pizza, chicken nuggets, burritos, lasagna, etc.)

When using these items sites must have one of the following in order to identify the food’s contribution to the meal pattern requirements:

- Child Nutrition Label (CN Label) or
- A Production Formulation Statement from the manufacturer.
Child Nutrition Label-CN Label

• Example CN Label:
Child Nutrition (CN) Labels

• Just because it is CN labeled, does not mean that it is a creditable product.

• If you do not read the label and serve the correct serving size, it will not meet meal pattern.
**Example Product Formulation Statement:**

**PRODUCT ANALYSIS FORM FOR ON-PRODUCT & MODIFIED PRODUCTS**

**PRODUCT FORMULATION STATEMENT**

**Product Name:**

**Manufacture:** AdvancePierre Foods Inc.

**Completed Certification Date:**

**I. Meet/Meet Alternate**

This sheet identifies the available amount of breakfast Alternate determinants.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Protein content</th>
<th>Total Adding Guide</th>
<th>Quantity</th>
<th>Available Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifiers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**A. Total Crude Protein Amount**

II. Alternate Protein Product (APP)

If this product contains APP, this chart below is used to determine the available amount of APP, as filled out.

<table>
<thead>
<tr>
<th>Ingredient</th>
<th>Protein content</th>
<th>Total Adding Guide</th>
<th>Quantity</th>
<th>Available Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifiers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Total Crude Protein Amount**

III. EQUIVALENT GRAINS (EG)

1. Does this product meet the Whole Grain Criteria? **Yes**

2. Does this product contain non-credible grains? **No**

3. Does this product contain a combination of both? **No**

4. Total Crude Protein Amount (A) = 2.0

5. Total Crude Protein Amount (B) = 2.0

6. Total Crude Protein Amount = 4.0

**Total Weight (per portion of product purchased):**

$5.00

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Percent of Carbohydrate Whose Weight is Based on</th>
<th>% of Carbohydrate</th>
<th>Carbohydrate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whole Grain</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Total Carbohydrate Amount:**

**Total available amount cannot exceed the total weight of product**

I certify that the above information is true and correct and that a 1.5 oz serving of the above product (ready to cook) contains 2.00 ounces of equivalent meat alternate and 2.5 oz equivalent grains, when prepared according to directions.

**CN Labeling Technologist**

[Signature]

[Date]

This information is provided if the available Alternate Protein Product (APP) is used in the protein and served amount meeting the appropriate TCPR guidelines.
Meal Pattern Modifications

• Does your organization have participants with food allergies?

• Does your organization have participants who cannot eat all items served on the menu, due to allergies?

• Does your organization have participants whose lifestyle choice does not allow them to eat all items served on the menu?
Meal Pattern: Medical Statements

• The medical statements **must** include the following:

• Identification of the medical or special dietary need that restricts the participant’s diet.

• Food or foods to be omitted from the child’s/infant/adult’s diet.

• Food or choice of foods to be used as substitutions.
Meal Service: Recommendations

• Three hours must elapse between the beginning of one meal service, including snacks, and the beginning of another meal service, except that four hours must elapse between lunch and supper if no snack is served.

• Breakfast

• Lunch

• Snack
Offer vs Serve (OVS)-Adult/At Risk ONLY

- Breakfast: Must offer four (4) of the three (3) required components. (Milk, vegetable/fruit, grains)
  - Participants choose three (3) components.
- Lunch/Supper: Must offer all five (5) required components. (Milk, meat/meat alternative, vegetable, fruit, grains)
  - Participants receive three (3) components.
Pop Quiz

Point of Service (POS)

At approved times

All components served together
# Meal Service Documentation

How often should these items be completed?

<table>
<thead>
<tr>
<th>Task</th>
<th>Daily</th>
<th>Monthly</th>
<th>Annually</th>
<th>As Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Menu Book</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost Worksheet</td>
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<td>✔</td>
<td>✔</td>
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<tr>
<td>Master Roster</td>
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<tr>
<td>Sign In/Out Sheets</td>
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<td>Meal Applications</td>
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<td>✔</td>
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<tr>
<td>Attendance</td>
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<tr>
<td>Renew CACFP Application</td>
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<tr>
<td>Meal Count Sheet</td>
<td>✔</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Submit Claims</td>
<td></td>
<td>✔</td>
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<td></td>
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<tr>
<td>Employee Time Log</td>
<td>✔</td>
<td>✔</td>
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<td>✔</td>
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<tr>
<td>Enrollment Forms</td>
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</tbody>
</table>