

CHILD NUTRITION, INC.
2024 USDA CACFP ANNUAL TRAINING
www.cni-usda.org

RECORD KEEPING

- USDA Application along with Current License
- Sponsor Agreement
- Civil Rights (Reviewed at sign-up and each year at annual training)
- CNI Policies
- Income Eligibility Application (if applicable)
- Enrollment Renewal Reports
- Copies of all Enrollments Forms
- Monitor Visits

Note: A copy of the actual license/permit is required. Screenshots from the DSS website are no longer permitted. Providers are sent an "Action Required Memo" with USDA application prior to expiration. Submit USDA application to CNI immediately and license upon receipt. No claims are processed after license/permit expire until CNI has both USDA application and license/permit. *Records must be kept for three (3) complete years, plus the current year.*

MEAL COUNTS AND ATTENDANCE must be recorded at the point of service on computer or by the end of the day on the CNI approved weekly attendance worksheet. No other documentation will be accepted.

MENUS must be posted for parents/guardians.

CHILD/INFANT MEAL PATTERNS (see handout – updated meal pattern requirements are also on the front of the CNI binder)

SERIOUS DEFICIENCY (CNI Policies – page 6 & 7)

CIVIL RIGHTS (CNI Policies – page 5 and handout in binder)

CACFP TRAINING REQUIRED ANNUALLY (every 12 months)

CHILD ENROLLMENTS FORMS (CNI Policies – page 2)

- Must submit to CNI within 5 days of enrolling a child (CNI 3-part enrollment REQUIRED).
- You can scan and email, send a clear picture of the entire page via text or mail form to office.
- Forms emailed or texted must be legible, choose only one option for delivery.
- Ethnicity and race must be completed on the top section of the enrollment form.
- Forms with any missing information will not be accepted and will be returned.

Note: All documents emailed or texted to the CNI Office will be processed within 24 hours.

INFANTS

- Childcare providers must offer to purchase and supply one approved formula to all enrolled infants.
- Name of Formula you (Provider) will supply upon request of parent: _____
- Providers list formula name at top of enrollment form / Parents list formula preference at bottom of enrollment form.
- Infants – Infant Feeding Preference / Parent Choice Form Required. (keep with enrollment form)

Note: Allergy/Food Restrictions/Special Diet – CACFP Special Dietary Prescription Form required.

HEALTH/SAFETY/SANITATION

- Handwashing/gloves (resource on website)
- As a best practice, bare hands should not be used for putting food on plates. Instead use spoons or tongs if you do not have hand protection.
- Refrigerator _____ Freezer _____ keep at proper temperatures, clean and organized

Additional resources are on our website at www.cni-usda.org

I certify that I understand and will ensure compliance with the Child and Adult Care Food Program Training:

Provider's Signature _____ **Date** _____

Field Specialist Signature _____ **Time** _____ **Date** _____

This institution is an equal opportunity provider.

CNI – 230 (12/23)



9 N. 3rd Street, Suite 100
P.O. Box 3364
Warrenton, Virginia 20188
(540) 347-3767
www.cni-usda.org

USDA Child & Adult Care Food Program Sponsor

ACTION REQUIRED

Renewal for CACFP Participation with Child Nutrition, Inc. (CNI)

Current License / Permit / VR Expires: _____

Child Nutrition, Inc. is required to obtain an updated Virginia Child and Adult Care Food Program Day Care Home Application for Participation and an updated License upon expiration. No claims will be processed / reimbursed after the expiration date until BOTH the USDA Application and updated License are received.

- Complete the enclosed USDA Application / Sign / Date and return to CNI immediately. Leave the Expiration Date blank and CNI will fill that in when you submit the updated license.
- Submit your updated license/permit to CNI upon receipt. CNI must have a copy of the original license / permit. You can E-mail the license / permit to your Field Specialist or directly to the office:

bethw@cni-usda.org or sheilaj@cni-usda.org

- If there is a delay in your renewal, another option for your License / Permit would be to contact your inspector and request a letter stating that you are operating with approval during the renewal process. The letter must be on an official letterhead and should include your name, address and capacity.

Reminder – no claims will be processed / reimbursed after the expiration of your license / permit until BOTH the USDA Application and updated license / permit are received.

Please call CNI with any questions or for further guidance: (540) 347-3767

“This Institution is an equal opportunity provider.”

**VIRGINIA CHILD AND ADULT CARE FOOD PROGRAM
DAY CARE HOME APPLICATION FOR PARTICIPATION**

INSTRUCTIONS: Two copies of this Application must be completed and signed by the Sponsoring Organization and by the Day Care Home Provider. The sponsoring organization and the family day care provider each keep a copy of the signed application. The expiration date of the application shall coincide with the expiration date of the day care home's licensing, registration or approval. A photocopy of the application accompanied by a photocopy of the appropriate licensing/registration/approval documentation shall be submitted to FNS-MARO no later than the 15th of the month following the month for which approval or renewal is being requested.

Agreement Number:	10207	
Name of Sponsoring Organization:	Child Nutrition, Inc. 9 North 3rd Street, Suite 100 P.O. Box 3364 Warrenton, VA 20188	Providers Name:
		County:
		Date of Birth:
Fax: N/A Phone: (540) 347-3767		Telephone:
Email: bethw@cni-usda.org		Email:

Name(s) of all Approved Day Care Assistants Working At Home (at time of application):

Type of Approval: State License Systems License Local Approval Voluntary Reg. Military Certification

Expiration Date:	Approved Capacity:	Operating Data	
Hours of Operation:			
Operating Days - check all that apply	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/> S		
List Any Months When Day Care is Not Provided:			
Total Number of Children Enrolled (Including Provider's Own)	Number of Provider's Own Children Income Eligible		
<input checked="" type="checkbox"/> Meal Served	<input type="checkbox"/> Breakfast	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Lunch
	<input type="checkbox"/> PM Snack	<input type="checkbox"/> Supper	
Time of Meal Service			
Number of Shifts			
For Sponsor Use Only Tier Code:	<input type="checkbox"/> Tier 1A Census Census Tract: Census Block: <input type="checkbox"/> 2A <input type="checkbox"/> 2B Mixed	<input type="checkbox"/> Tier 1 B School School Unit:	<input type="checkbox"/> Tier 1C Income

We certify that the provider is not participating in the CACFP under any other sponsoring organization. We further certify that all of the above information is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities as outlined in the Sponsor-Home Agreement. We understand that this information is being given in connection with the receipt of federal funds and that Department or sponsoring organization officials may, for cause, verify information; and that deliberate misrepresentation may subject us to prosecution under applicable State and Federal criminal statutes. We further certify that if the day care home is found to be Seriously Deficient and terminated from CACFP, the home will be placed on the National Disqualified List and will not be allowed to participate in any Federal Programs. We further certify that the day care home provider has not previously been terminated from CACFP participation for cause in Virginia or any other state.

We further certify that this program is made available to all eligible children. In accordance with federal law and U.S. Department of Agriculture policy, discrimination is prohibited 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, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Signature of sponsoring organization representative:	Signature of day care home provider:
Date: _____	Date: _____



INFANT MEAL PATTERNS

AGES BIRTH THROUGH 5 MONTHS

BREAKFAST, SNACK, LUNCH & SUPPER MEAL PATTERNS

Milk	4-6 oz	breastmilk ¹ or formula ²
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AGES 6 MONTHS THROUGH 11 MONTHS

BREAKFAST, LUNCH & SUPPER MEAL PATTERNS

Milk	6-8 oz	breastmilk ¹ or formula ²
Grain/ Meat/Meat Alternate	0-1/2 oz eq	infant cereal ³ or
	0-4 tbs	meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas or
	0-2 oz	cheese or
	0-4 oz	cottage cheese or yogurt ³ or
	0-4 oz	a combination of the above ⁴
Fruit/Vegetable	0-2 tbs	vegetable or fruit or a combination of both ^{4,5}

SNACK MEAL PATTERNS

Milk	2-4 oz	breastmilk ¹ or formula ²
Grain	0-1/2 oz eq	slice bread ⁶ or
	0-1/4 oz eq	crackers ⁶ or
	0-1/2 oz eq	infant cereal ^{3,6} or
	0-1/4 oz eq	ready-to-eat breakfast cereal ^{4,6,7}
Fruit/Vegetable	0-2 tbs	vegetable or fruit or a combination of both ^{4,5}

oz eq = ounce equivalents

¹ Breastmilk or formula, or portions of both, must be served; however, it is recommended that breastmilk be served in place of formula from birth through 11 months. For some breastfed infants who regularly consume less than the minimum amount of breastmilk per feeding, a serving of less than the minimum amount of breastmilk may be offered, with additional breastmilk offered at a later time if the infant will consume more.

² Infant formula and dry infant cereal must be iron-fortified.

³ Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

⁴ A serving of this component is required when the infant is developmentally ready to accept it.

⁵ Fruit and vegetable juices must not be served.

⁶ A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

⁷ 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).



Fluid Milk



Vegetable



Fruit



Meat/Meat Alternate



Grain



MEAL PATTERNS

BREAKFAST

Serve Milk, Vegetable or Fruit, Grain*

COMPONENT	AGES 1-2	AGES 3-5	AGES 6-18	ADULTS
Milk	1/2 cup	3/4 cup	1 cup	1 cup
Vegetable, Fruit or Both	1/4 cup	1/2 cup	1/2 cup	1/2 cup
Grain*	1/2 oz eq	1/2 oz eq	1 oz eq	2 oz eq

* Meat and meat alternates may be served in place of the entire grains component at breakfast a maximum of three times per week.
oz eq = ounce equivalents

LUNCH / SUPPER

Serve All Five Components

COMPONENT	AGES 1-2	AGES 3-5	AGES 6-18	ADULTS
Milk	1/2 cup	3/4 cup	1 cup	1 cup*
Vegetable	1/8 cup	1/4 cup	1/2 cup	1/2 cup
Fruit	1/8 cup	1/4 cup	1/4 cup	1/2 cup
Meat/Meat Alternate	1 oz	1 1/2 oz	2 oz	2 oz
Grain	1/2 oz eq	1/2 oz eq	1 oz eq	2 oz eq

* A serving of milk is not required at supper meals for adults.
oz eq = ounce equivalents

SNACK

Select Two of the Five Components

COMPONENT	AGES 1-2	AGES 3-5	AGES 6-18	ADULTS
Milk	1/2 cup	1/2 cup	1 cup	1 cup
Vegetable	1/2 cup	1/2 cup	3/4 cup	1/2 cup
Fruit	1/2 cup	1/2 cup	3/4 cup	1/2 cup
Meat/Meat Alternate	1/2 oz	1/2 oz	1 oz	1 oz
Grain	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq

oz eq = ounce equivalents

Refer to USDA FNS Exhibit A for further guidance on grain serving sizes.



Fluid Milk



Vegetable



Fruit



Meat/Meat Alternate



Grain

CHILD ENROLLMENT FORM
USDA CHILD AND ADULT CARE FOOD PROGRAM
Child Nutrition, Inc. 540-347-3767

PROVIDER SECTION – Provider please complete this section:

CHILD'S
NUMBER:

_____ (Child's Name)

Does this child live in the provider's home?
 Yes No

Provider's Name _____ Phone Number _____

Provider's Address _____

I provide infant care and I supply infant formula at my day care. (Providers are required to offer formula to infants.)

Name of formula offered (REQUIRED) _____

➤ **Enrollments must be received within 5 days of the child being enrolled in your program.** ◀

➤ ➤ **FORMS WITH MISSING INFORMATION WILL BE RETURNED** ◀ ◀

PARENT/GUARDIAN SECTION – Parents please complete this section pertaining to your child:

Child's Name _____

Child's Date of Birth _____

Circle One: Male Female

The first day this child will start on is _____
(MM/DD/YY)

ETHNICITY (select one)

- Hispanic or Latino
 Not Hispanic or Latino

RACE (select all that apply)

- Black White Asian
 Native Hawaiian/Pacific Islander
 American Indian/Alaska Native

CIRCLE DAYS OF CARE: M T W Th F Sat Sun **TIME:** dropped off _____ picked up _____

CHECK MEALS: Breakfast AM Snack Lunch PM Snack Supper

Parent's Name (please print) _____

Parent's Address _____

City, State, Zip _____

Home Phone () _____ Secondary Phone () _____

Parent's Signature _____ Date (**REQUIRED**) _____

Parent's Email Address _____

*Allergy / Food Restrictions / Special Diet _____
(**Special Dietary Prescription Form REQUIRED**)

PLEASE COMPLETE FOR INFANTS ONLY:

_____ I will accept the formula my provider supplies.

_____ I will supply formula for my child. I am supplying _____
(If the formula is a specialty formula, a medical statement will be required.)

_____ I will supply breast milk for the provider to feed my child and/or I will breastfeed at the home daycare.

_____ My child is 6 months or older and developmentally ready for baby food. I want the provider to provide infant cereal and other foods for my infant based on the CACFP meal pattern.

WITHDRAWAL

Fill in child's last day and mail yellow copy to office. _____
Date

White – Child Nutrition, Inc. copy

Yellow – Provider's copy

Pink copy – Parent

Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

MEALS: CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups)
Milk Fruit or Vegetable Grains or Bread Meat/Meat Alternate (to replace grain up to 3 times per week)	Milk Meat or meat alternate Grains or bread Fruit Vegetable	Milk Meat or meat alternate Grains or bread Fruit Vegetable

PARTICIPATING FACILITIES: Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **At-Risk Afterschool Care Programs:** Centers in low-income areas provide free snacks and meals to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

ELIGIBILITY: State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas.

CONTACT INFORMATION: If you have questions about the CACFP, please contact your

Center/Sponsoring Organization:

Child Nutrition, Inc.
9 N 3rd Street, Suite 100
Warrenton, VA 20186

1-540-347-3767

or

State Administering Agency:

Special Nutrition Programs: CACFP
Virginia Department of Health
Division of Community Nutrition
109 Governor Street 8th Floor
Richmond, VA 23219
1-877-618-7282



USDA is an equal opportunity provider and employer

WIC – Women, Infants and Children

A SUPPLEMENTAL NUTRITION PROGRAM

Call if you are pregnant, breastfeeding, just had a baby or have kids under age 5.

Virginia Residents Only – Call Toll Free
(1-888-942-3663)



PARENT/GUARDIAN CHOICE FORM (INFANT)

NAME OF INFANT: _____ <small>(First Name, Middle Initial, Last Name)</small>	DATE OF BIRTH: _____ <small>(mm/dd/yyyy)</small>
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This center/provider participates in the Child and Adult Care Food Program (CACFP) and receives Federal USDA funding for serving nutritious meals to infants and children. Participation in the CACFP requires caregivers to follow specific meal patterns according to age group classifications detailed in forms *CACFP-009 Child Meal Pattern* and *CACFP-010 Infant Meal Pattern*.

(Center/Provider) _____ agrees to feed your infant breast milk provided by parent/guardian. The center/provider will provide iron-fortified infant formula. The formula provided is _____.

Federal regulations require centers/providers participating in the CACFP to offer iron-fortified formula to infants who are in care during meal service times. Parents/guardians may decline the center/provider offered formula and supply the infant's formula, provide expressed breastmilk, or breastfeed on site.

PLEASE INDICATE PREFERENCES <small>(Choose all options that apply by initialing and dating in the appropriate space(s))</small>	BIRTH – 5 MONTHS	6 MONTHS – 11 MONTHS
OPTION 1: CENTER/PROVIDER OFFERED IRON-FORTIFIED FORMULA	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
OPTION 2: PARENT/GUARDIAN WILL PROVIDE FORMULA	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
OPTION 3: PARENT/GUARDIAN WILL PROVIDE EXPRESSED BREASTMILK	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
OPTION 4: BREASTFEEDING WILL OCCUR ON SITE	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____

BREASTFEEDING FRIENDLY CENTERS/PROVIDERS ARE ENCOURAGED!

Many centers and providers now have designated space onsite for breastfeeding.
Ask your center representative or day care home provider for details!

Federal regulations also require centers/providers participating in the CACFP to provide iron-fortified infant cereal and other foods when the child is developmentally ready.

PLEASE INDICATE PREFERENCES	BIRTH – 5 MONTHS	6 MONTHS – 11 MONTHS
OPTION 1: CENTER/PROVIDER OFFERED IRON-FORTIFIED CEREAL AND OTHER FOODS BASED ON THE CACFP MEAL PATTERN	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
OPTION 2: PARENT/GUARDIAN WILL PROVIDE CEREAL AND SOLID FOODS WHEN THE TIME IS APPROPRIATE	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE

DATE

1. THIS FORM MUST BE KEPT **CURRENT, ACCURATE AND ON FILE** FOR EACH INFANT ENROLLED IN CHILD CARE UNTIL THE INFANT REACHES 1 YEAR OF AGE OR IS NO LONGER ON BREASTMILK OR INFANT FORMULA.
2. BREASTMILK IS AN ACCEPTABLE MILK SUBSTITUTE FOR CHILDREN OF ANY AGE WITHIN THE CONTEXT OF THE CACFP.
3. AS SITUATIONS CHANGE, SUCH AS A MEDICAL AUTHORITY CHANGING AN INFANT'S FORMULA, A NEW FORM MUST BE COMPLETED.
4. IF THE PARENT/GUARDIAN DECLINES THE FORMULA AND THE CENTER/PROVIDER PROVIDES AT LEAST ONE **REQUIRED** MEAL AND/OR SNACK COMPONENT, THE MEAL OR SNACK MAY BE CLAIMED FOR REIMBURSEMENT.
5. IF THE PARENT/GUARDIAN DECLINES INFANT MEALS/SNACKS, THEY MAY NOT BE CLAIMED FOR REIMBURSEMENT.

This institution is an equal opportunity provider.



CACFP SPECIAL DIETARY PRESCRIPTION FORM

1. School/Agency Name		2. Site Name		3. Site Telephone Number	
4. Name of Participant				5. Age or Date of Birth	
6. Name of Parent or Guardian				7. Telephone Number	
8. Check One: <input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to instructions on the following page.) Schools and agencies participating in Federal Child Nutrition (CN) Programs must comply with requests for special meals and any equipment. <u>A LICENSED PHYSICIAN MUST SIGN THIS FORM.</u> <input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in Federal Child Nutrition (CN) Programs are encouraged to accommodate reasonable requests. <u>A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER MUST SIGN THIS FORM.</u> <input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrition standards for non-dairy beverages offered as milk substitutes. <u>Food preferences are NOT an appropriate use of this form.</u> Schools and agencies participating in Federal Child Nutrition (CN) Programs are encouraged to accommodate reasonable requests. <u>A LICENSED PHYSICIAN, PHYSICIAN'S ASSISTANT, NURSE PRACTITIONER OR PARENT/GUARDIAN MUST SIGN THIS FORM.</u>					
9. Disability or medical condition requiring a special meal or accommodation:					
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:					
11. Diet prescription and/or accommodation: (please describe in detail to ensure proper implementation-use extra pages as needed)					
12. Foods to be omitted and substitutions: (Please list specific foods to be omitted and suggested substitutions. Attach additional information sheets as needed.)					
<u>FOODS TO BE OMITTED</u>			<u>SUGGESTED SUBSTITUTIONS</u>		
13. Indicate texture (Please circle one):					
REGULAR		CHOPPED		MECHANICAL SOFT	
PUREED					
14. Adaptive Equipment:					
15. Signature of Preparer*		16. Printed Name		17. Telephone Number	18. Date
19. Signature of Medical Authority*		20. Printed Name		21. Telephone Number	22. Date

*Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.

The information on this form must be updated whenever necessary to reflect the current medical and/or nutritional needs of the participant.

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