

Infant Toddler Family Day Care
11166 Fairfax Blvd. Suite 206
Fairfax, VA 22030



703-352-3449 Ext. 107

www.infanttoddler.com

USDA PROGRAM Annual Training

USDA HOME VISITS __ What to have available for reviews

USDA Home Visits

Dear Providers,

As always, we want you to keep in mind the importance of record keeping including the following documents that must be available for reviews:

- APPLICATION (FNS), License & Agreement
- Copy of last Annual training
- Copy of last 3 reviews
- Attendance, Menus and meal counts up to date (if submitting claims online and do not enter information every day, *data has to be entered at least by 15th and 30th of the month, and you MUST have records in writing and available for reviews, failure to have this records will result on meals to be disallowed*)
- *Menus must be posted and dated in a visible area for parents or guardians for their information* and know the meals offered to children during the day.
- Enrollment forms for children in care

If you are missing any information, or need copies please let us know.

Sincerely,

USDA Program

Claim Submission

USDA online program and forms are easy to follow and submit. *You have to make sure you submit your claim no later than the 5th of the following the month you are claiming.*

This institution is an equal opportunity provider

Sample of the items to keep posted at home:
Application, Agreement and copy of last Annual training

**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 State Agency no later than the 15th of the month following the month for which approval or renewal is being requested.

| | | | |
|---|--|--|--|
| Agreement Number: 10209 | | Name of Day Care Home Provider: UZMA ALI | |
| Name of Sponsoring Organization: Infant Toddler Family Day Care | | Business Name (If applicable): | |
| Address: 11166 Fairfax Blvd. Suite 206 Fairfax, VA 22030 | | Address: 6820 Perry Penney Drive Annandale, VA 22003 | |
| Telephone: 703-352-3449 | | County: FAIRFAX | |
| Fax: 703-352-7730 | | Date of Birth: 06/22/1978 | |
| | | Telephone: 703-537-1566 | |
| Email: mmorales@itfdc.com | | Email: uz_mohsin@hotmail.com | |
| Name(s) of all Approved Day Care Assistants Working At Home (at time of application): | | | |
| Type of Approval: <input type="checkbox"/> State License <input checked="" type="checkbox"/> Systems License <input type="checkbox"/> Local Approval <input type="checkbox"/> Voluntary Reg. <input type="checkbox"/> Military Certification | | | |
| Expiration Date: 08/31/2019 | Approved Capacity: 5 under 6 year | Overnight Care | |

| Infant Toddler Family Day Care Child Care Food Program Annual Training | | |
|--|--------------------------------|--------------------|
| UZMA ALI Provider name | | |
| Has completed <u>10</u> hours of training on the following topics: | | |
| <ul style="list-style-type: none"> ➤ Record Keeping Procedures (enrollment forms are on file for each program) ➤ Menu Recording Procedures (Menus may be prepared in advance of service) ➤ Menu Pattern Requirements/REVIEW MEAL PATTERN ➤ Daily Attendance and Meal Counts - Recording Procedures (daily service recording) ➤ Procedures for submitting monthly claims (Meal count procedures/Minute Menu/Bubble forms and KidsCare) ➤ Feeding Options have been explained (School and Income Eligibility Classifications) ➤ Infant Feeding Policy, how to handle breastmilk, and infant meals ➤ Infant Formula Choice has been explained ➤ Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions and water availability ➤ Civil Rights Training | | |
| 3/3/2018 Trainer Signature CC-SWAG/ACEST | UZMA ALI Provider Signature | 03/03/2018 Date |
| Trainer Title/position | | |

MOURTAZA, SCIRIS

PROVIDER NO

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30 Day Review ☐ **Follow Up Review** ☐
Weekend Visit ☐ **Not Home** ☐
Unannounced ☐ **In House Training** ☐
Announced ☐

PROVIDER TIER: TIER 1 ☒ TIER 2 ☐ TIER 3 ☐

JOHNSIE STATE: MILITARY ☐ N/A ☐ OTHER ☐

FOOD SERVICE

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ATTENDANCE

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MEAL OR PLACEMENT

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MEAL OBSERVED: ☐ **MEAL:** ☐
BBQ ☐ **BBQ SN** ☐
LUNCH ☐ **LUNCH SN** ☐
DINNER ☐ **DINNER SN** ☐
EV SN ☐ **NO MEAL** ☐

Is provider eligible to claim over? YES ☐ NO ☐

THROUGH DISALLOW MEALS

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

REASON: ☐ No Attendance ☐ No Meal ☐ Helper Present

Follow up visit needed? ☐ **Left in full/limited independence?** ☐ **Has owners right the change?** ☐ **Children in care with substance abuse?** ☐

These records were available:
☐ License ☐ Application & Agreement ☐ Last 4 home visit forms ☐ Necessary D. House on File ☐ House rules ☐ Civil Rights Poster (posting it, state 3/24/11)

Additional training completed: ☐ **Initialing:** ☐ **Date:** ☐ **Initial of review:** ☐

IF "NO" ON ITEMS #1-1

Sample of the items to keep posted at home:
Children enrollment, (original from packet parents complete or renewals updated yearly, forms are mail to you for parents to review and sign, return to the office)



USDA Child Enrollment Form

Dear Parent,

As a participant in the USDA Child and Adult Care Food Program, I will supply the following meals and snacks for your child, according to the meal pattern chart on the enclosed 'Building for the Future' flyer.

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Dinner ☐ LPM Snack

For infants, I must also supply one brand of iron-fortified infant formula. I will provide _____. If your infant does not drink this formula or you wish to supply your own formula or breast milk, please check the appropriate statement below to indicate your choice. When your infant is over 4 months old and developmentally ready for solid foods, you can request that your infant be served solid foods, which I will supply.

Parent/Guardian completes:

Child's name: _____ Date of Birth: _____

Days & Hours of Care: ☐ M ☐ T ☐ W ☐ TH ☐ F ☐ S ☐ S

Time dropped off: _____ picked up: _____

Times may vary because: _____

For children who attend school: Time child departs for school _____ returns _____

Check one or more racial/ethnic category: ☐ Black ☐ White ☐ Hispanic

☐ Asian or Pacific Islander ☐ Am. Indian or Alaska Native

Sex: ☐ Male ☐ Female

Parent's name: _____

Parent's Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Parents: please sign the Parent's Name field above Date: _____

Please complete this section for infants:

☐ I will accept the formula my provider supplies ☐ Provider Supplies Additional food when developmentally ready

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

☐ I will supply breast-milk for the provider to feed my child.

Child Enrollment Date: _____ Termination Date: _____

I have given the parent their copy of this enrollment for with the "Building the Future" Flyer.

Provider's Signature: _____ Date: _____

Send Copy to Infant Toddler Family Day Care Send Copy to Provider Send Copy to Parent

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 to USDA, Director, Office of Civil Rights, 1400 Independence Ave. SW, Washington, DC 20250-9410 or call (800)795-3272 (voice) or (202)720-6382 (TDD). USDA is an equal opportunity provider and employer.

11166 Fairfax Blvd., Suite 206, Fairfax, VA 22030 703-352-3449 Fax: 703-352-7730 www.infanttoddler.com

| | | | | | | | |
|--|--|--|--|--------------------------------|--|--|--|
| Provider: Marisela Morales 0117 0000 Fenestra Dr. Burke VA 22015 | | Phone: (703) 372-5471 Monitor: AS (103) Tier: 1 | | CHILD ENROLLMENT REPORT | | Food Program Sponsoring Agency: Infant Toddler Family Day Care of Northern VA 11166 Fairfax Boulevard, Suite 206 Fairfax VA 22030 (703) 352-3449 | |
| CHILD INFO: First Name: _____ MI: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Date of Birth: _____ Enrollment Date: _____ Withdrawal Date: _____ Age as of Date Printed: _____ Sex: _____ | | Child #: _____ Status: _____ Ethnicity: _____ Race: _____ | | | | | |
| PARENT INFO: First Name: _____ MI: _____ Last Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Email: _____ Phone: Home: () AIT: Work: () Work Name: _____ | | | | | | | |
| NORMAL SCHEDULE: Participating Days: TUE WED THU FRI Participating Meals: BRK AMS LUN PMS Times vary: YES Weekday Times: 9:00 am - 4:00 pm Weekend Times: _____ | | | | | | | |
| SCHOOL INFO: School Type: _____ School Number: _____ School Name: _____ School District: _____ School Depart/Return Times: _____ Days Attend: _____ | | | | | | | |
| SPECIAL INFO: Participates in CACFP: YES Special Needs: NO Special Diet: NO If either are YES, attach a signed medical statement. | | Relation to Provider: Not Related/Day Care Child | | | | | |
| Breastmilk and Iron-Fortified Infant Formula (IFIF) 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 sterilized 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 or IFIF" 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 Breastmilk or 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. When your infant is four 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. 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. Formula: Parent Supplies Breast Milk or Formula (IFIF) Formula Offered by Provider: Kirkland Food: Provider Supplies Food Formula Offered by Parent: _____ | | | | | | | |
| Dear Parents: 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#: 0117 | | | |

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 marital or parental status 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, 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. This institution is an equal opportunity provider.

Sample of the items to keep posted at home:

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 question about the CACFP, please contact your

Center/Sponsoring Organization: or State Administering Agency:

Sponsor Name:
INFANT TODDLER FAMILY DAY CARE
11166 Fairfax Blvd, Suite 206
Fairfax, VA 22030-5017
Ph. 703-352-3449 Fax. 703-352-7730
Website: www.itfdc.com

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

1-877-618-7282

Revised July 2017; Previous Versions Obsolete

**VIRGINIA
WIC PROGRAM**

**Building a brighter, healthier
future for Virginia families**

WIC Offers:



- **Healthy Pregnancies**
Prenatal education and healthy foods



- **Breastfeeding Support**
• Lactation classes
• Peer groups
• Breastfeeding support hotlines
• Breast pumps



- **Nutrition Education**
with Registered Dietitians (RDs)



- **Healthy Foods**
 - Milk
 - Whole Grains
 - Cereal
 - Cheese
 - Yogurt
 - Juice
 - Eggs



- **Referrals**
WIC serves as a gateway to healthcare and connects families to resources



- **Apply on behalf of a child under 5 years of age if you are a:**
 - Father
 - Mother
 - Foster Parent
 - Legal Guardian



- **Apply if you are:**
 - Pregnant
 - Breastfeeding
 - Have a baby up to 6 months old

WIC has higher income guidelines than SNAP (EBT, Food Stamps) or Medicaid

1-888-942-3663
WICVA.com

VDH VIRGINIA DEPARTMENT OF HEALTH
This institution is an equal opportunity provider.


WIC 9/2018

Infant Feeding revised CACFP 14-2015 (v2)

INFANT FEEDING POLICY

Obligation to Offer and Reimbursement of Infant Meals

- Provider participating in the USDA program must offer Program meals to all children enrolled in care.
- Provider may not avoid this obligation by stating that infant is not “enrolled” in the USDA program, or citing logistical or cost barriers to offering infant meals. Decisions on offering program meals must be based on whether the child is enrolled for care not if the child is enrolled in the USDA program.
- An infant’s parents or guardians may, at their discretion, decline the offered infant formula and supply expressed breastmilk or a creditable infant formula for infant to consume. To receive reimbursement the center or day care home’s caregiver must serve and feed the infant a developmentally appropriate meal.
- Provider can get reimbursement for infants 0-5 months containing only breastmilk and/or iron-fortified infant formula that is provided by parent or guardians, *when infant is 6-11 months and when baby starts with solid food provider must provide solid food such as fruits, vegetables and infant cereal in order to continue claiming for the infant. Parents have the option of supplying these supplemental foods and refusing the provider’s supplemental foods.*
- Provider must offer parents an iron-fortified infant formula that she can provide, this can be any formula from stores that states “Infant Formula with Iron” or similar statement on the package.
- Changes requested by parents on the diet due to medical issues must be documented by Statement for Special Diet Prescription and keep on file.

MEAL PATTERNS for Infants and Toddlers

Meal Pattern for INFANTS

USDA recently revised the CACFP meal patterns to ensure children and adults have access to healthy, balanced meals throughout the day. The changes to the infant meal pattern support breastfeeding and the consumption of vegetables and fruit without added sugars. These changes are based on the scientific recommendations from the National Academy of Medicine, the American Academy of Pediatrics and stakeholder input. CACFP centers and day care homes must comply with the updated meal patterns by October 1, 2017.

Updated Infant Meal Pattern:

Encourage and Support Breastfeeding:

- Providers may receive reimbursement for meals when a breastfeeding mother comes to the daycare center or home and directly breastfeeding her infant; and
- Only breastmilk and infant formula are served to infants 0 through 5 months olds.

Developmentally Appropriate Meals:

- Two age groups, instead of three: 0 through 5 months olds and 6 through 11 months old; and
- Solid foods are gradually introduced around 6 months of age, as developmentally appropriate.

Developmentally Appropriate Meals:

- Requires a vegetable or fruit, or both, to be served at snack for infant 6 through 11 months old;
- No longer allows juice or cheese food or cheese spread to be served; and
- Allows ready-to-eat cereals at snack only. (or infants 6-11 months)

MEAL PATTERNS for Infants and Toddlers

INFANT MEAL PATTERN

0-5 Months

Breakfast

4-6 fluid oz. Breast milk or Iron fortified infant formula

AM SNACK OR PM SNACK

4-6 fluid oz. Breast milk or Iron fortified infant formula

LUNCH or Supper

4-6 fluid oz. Breast milk or Iron fortified infant formula

6-11 Months

Breakfast

6-8 fluid oz.

0-4 tbsp.

0-2 tbsp.

2-4 fluid oz.

0-1/2 slice

0-2

0-4 tbsp.

0-2 tbsp.

LUNCH or Supper

6-8 fluid oz.

0-4 tbsp.

0-2 tbsp.

Breast milk or Iron fortified infant formula

infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; cheese or yogurt

Fruit or Vegetable (Plain fruit or Vegetable only)

AM SNACK OR PM SNACK

Breast milk or Iron fortified infant formula

Bread or

Crackers or

infant cereal or ready-to-eat cereal

Fruit or Vegetable (Plain fruit or Vegetable only)

Breast milk or Iron fortified infant formula

infant cereal, meat, fish, poultry, whole eggs, cooked dry beans or peas; cheese or yogurt

Fruit or Vegetable (Plain fruit or Vegetable only)

MEAL PATTERNS for Infants and Toddlers _

Meal Pattern Regular Menu – Toddlers (Over 1yr old)

Under the new child and adult meal patterns, meals served will include a greater variety of vegetables and fruit, more whole grains, and less added sugar and saturated fat.

Updated Meal Pattern Child Menu

Greater Variety of Vegetables and Fruits:

- The combined fruit and vegetable component is now a separate vegetable component and a separate fruit component;
- FOR LUNCH AND DINNER; Two vegetables will be allowed, or one fruit and one vegetable, and
- Juice is limited to once per day.

More Whole Grains:

- At least one serving of grains per day must be whole grain-rich;
- Grain-based desserts no longer count towards the grain component; and
- Ounce equivalents (oz eq) are used to determine the amount of creditable grains (starting October 1, 2019).

More Protein Options:

- Meat and meat alternates may be served in place of the bread or bread alternate component at breakfast a maximum of three times per week; and
- Tofu counts as a meal alternate

Less Sugar:

- Yogurt must contain no more than 23 grams of sugar per 6 ounces; and
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.
- **ITEMS NOT ALLOWED GRAIN BASE DESSERTS:** Donut, turnover, pie crust, cookies, cakes, pastries and brownies.

Making Every Sip Count:

- Unflavored whole milk must be served to 1 year olds; unflavored low-fat or fat-free milk must be served to children 2 through 5 yrs. old;
- Non-dairy milk substitutes that are nutritionally equivalent to milk may be served in place of milk to children or adults with medical or special dietary needs;

Additional Improvements:

- Frying is not allowed as a way of preparing foods on-site. Limit serving purchased pre-fried foods to no more than one serving per week. (example: Chicken nuggets, French fries when warm up in the oven or microwave)
- Water: Water is available for children throughout the day. (Fluoride Tap water allowed)
- Limit the service of processed meats to no more than ONCE PER WEEK

MEAL PATTERNS for Infants and Toddlers

Meal Pattern for TODDLERS

BREAKFAST (3 components required (*)) 1 and 2 yrs

- | | |
|---|------------------------|
| 1)Milk(*) | (1/2 cup) |
| 2)Bread enriched or <u>whole grain</u> (*) | (1/2 slice) |
| Cereal cold, dry | (1/4 cup or 1/3 ounce) |
| or hot cereal | (1/4 cup) |
| ♦ Meat or meat alternate (egg or yogurt) OPTIONAL | (1/2 ounce) |
| (meat and meat alternate may be served in place of the bread or bread alternate component at breakfast a maximum of three times per week) | |
| 3)Fruit or vegetable (*) | (1/4 cup) |

SNACK (a minimum of 2 of 5 components) 1 and 2 yrs

- | | |
|--|------------------------|
| 1)Milk | (1/2 cup) |
| 2)Meat or meat alternate | (1/2 ounce) |
| 3)Vegetable | (1/2 cup) |
| 4)Fruit | (1/2 cup) |
| 5)Bread enriched or <u>whole grain</u> | (1/2 slice) |
| Cereal cold, dry | (1/4 cup or 1/3 ounce) |
| Or hot | (1/4 cup) |

LUNCH OR SUPPER (5 components required (*)) 1 and 2 yrs

- | | |
|---|-----------------|
| 1)Milk (*) | (1/2 cup) |
| 2)Meat or meat alternate (*) | (1 ounce) |
| 3)Vegetable (*) | (1/4 cup total) |
| 4)Fruit and/or Vegetable (*) | (1/4 cup total) |
| 5)Bread or Bread Alternate <u>whole grain</u> (*) | (1/2 slice) |

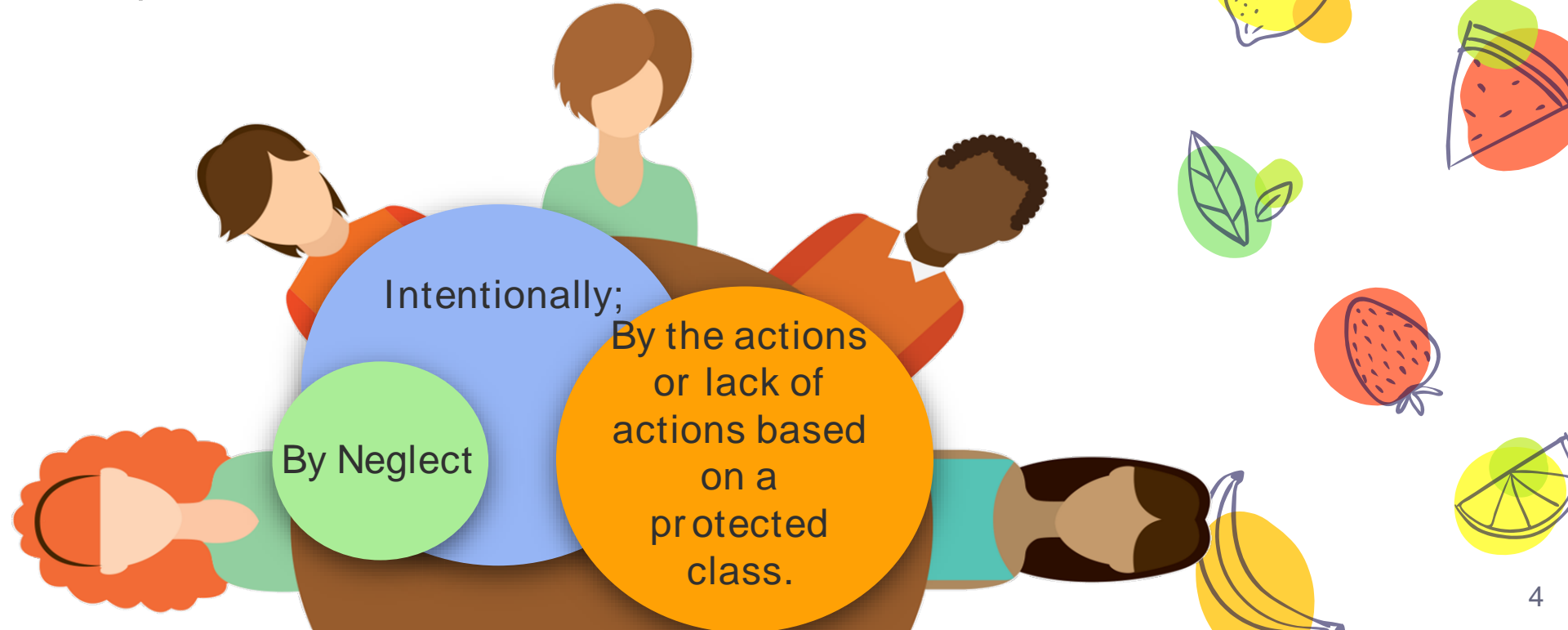
At least one serving of whole grain must be served per day

Organic food is not required



What is Discrimination?

The act of distinguishing one person or group of persons from others, either:



Discrimination:

“The 4 D’s”

Discrimination occurs when an individual or group of individuals are:

Delayed in receiving benefits or services that others received

Denies benefits or services that others received

Treated **D**ifferently than others to their disadvantage

Given **D**isparate treatment

D

D

D

D



Protected Classes

