

# HELPING HANDS, INC. PROVIDER TRAINING MANUAL







# HELPING HANDS, INC.

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**Welcome!** The Food and Nutrition Service of the U.S. Department of Agriculture (USDA) is happy to have you in the Helping Hands, Inc. Food Program. This guide explains what you must do while your family day care home participates in the program. It explains how you can plan balanced nutritious meals that meet USDA requirements. This guide also lists the number of meals you should serve and the required servings per day each child should receive. We hope your participation in this program will be of great benefit to you and your day care children.

Administrators and Office Staff:

**Susan Ison**  
Executive Director

**Olga Contreras**  
Office Manager

**Evelyn Lopez**  
Receptionist

Monitoring Staff: (These are their voicemail numbers. If you need to contact them, please leave a message and they will call you back as soon as they are able)

**Ayda Posso**

**Lien Ta**

**Victoria Rojas**

**Melissa Reynosa**

**Karina Perez**

General Office Hours: 9:00 AM to 4:30 PM, Monday - Friday (closed holidays)

We do appreciate messages left on our voice mail.

**Meals Allowable:** Each provider may be reimbursed for up to a maximum of  
**TWO** main meals and **ONE** snack, or  
**TWO** snacks and **ONE** main meal.

## **\*\*IMPORTANT\*\***

All of the sponsorships in Utah pay exactly the same amount. This is a Federal Program that is operated throughout the United States. The reimbursement rates, regulations and requirements are the same and are regulated under the direction of the Utah State Office of Education. The rates are adjusted by the United States Department of Agriculture each July.

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# IMPORTANT INFORMATION

## The Child and Adult Care Food Program (CACFP)



The CACFP began as a pilot study in the 60's and became fully funded and accessible to all by the late 1970s. The CACFP is a part of the same department that furnishes school lunch, summer food program, and the after school food program. The purpose is to provide quality meals to growing children. It has been proven that children who receive good quality, nutritious meals in sufficient quantities from birth through school age begin school with a distinct advantage over those children who have not had such meals available. The children learn faster, retain the information longer and have fewer behavioral problems. The CACFP also allows day-care providers to provide these kinds of meals to their day care children at no additional cost to them—in fact it may even reduce the cost of providing day care!

This page and the following pages contain information that will aid you, the day care provider, in successfully participating on the CACFP.

### Licensing

In order to participate, every provider must be licensed, certified, or doing relative care only. There are a few different licensing choices. There are important differences between the types of licensing, and you need to understand them. To make it clearer, here is a visual chart of how many children can be cared for under each type of license.

**Residential Certificate** - this is a state license monitored by the state Dept. of Health. It may take up to 8 weeks to complete and allows you to care for up to **8** children (not counting your own children over 3 years of age), with a maximum of 2 babies. The license requires at least 10 hours of state approved training per year, this includes the 2 hours of nutrition training required by the CACFP, as well as bi-annual CPR/First Aid training. There must be a background check, current CPR certification, First Aid Training, Food Handler's Permit, and an initial 5 hour "target" training course offered by Child Care Resource and Referral (CCR&R).

**State License**— The requirements are the same as the Residential Certificate except that it requires 20 annual training hours, and an additional baby is allowed if there are 6 or fewer children present. There is also a **Group Home License** available which doubles the home's license capacity. Same training requirements apply.

**Relative Care Approval**—The capacity requirements are the same as with the state license. In order to qualify for this approval you must **ONLY** care for the following related children in addition to your own: siblings 12 or under who live in a separate home, nieces/nephews, great-nieces/nephews, grandchildren, and/or great-grandchildren. This approval requires: a self-certification form (available from Helping Hands), a background check for all 18 years or older in the household, and a home inspection done by a Helping Hands monitor.

#### Residential Certificate (includes your own children under 4 years of age)



#### Family Child Care State License OR Relative Care approval (includes your own children under 4 years of age)



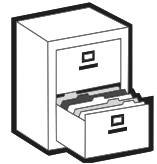
#### Family Child Care State Group License (includes your own children under 4 years of age)



## **Required Records**

Because this program is federally funded, paperwork is, unfortunately, necessary. Here is a list of forms and records you must have always available, use the binder provided by Helping Hands, Inc.—or use a filing cabinet, it doesn't matter, it just needs to be accessible. Keep copies of all your records for a minimum of four years. According to State Regulation A4.1-6.4, if you are terminated from the program, or quit the program and your records are unauditible, you may be required to pay all claimed items at 100% of the payments made.

1. Sponsor/provider agreement. (This form needs to be kept as long as you are on the program)
2. Provider FDCH Application. All yearly renewals should also be retained. (see explanation below)
3. Menus (own and/or cycle menus from Helping Hands), including infant menus
4. Monthly claim form copies and attendance records
5. Home reviews (yellow copy), these are completed at least 3 times a year by a staff member
6. Enrollment form for each child (including annual reenrollments)
7. State license or residential certificate
8. Suggested: Monthly newsletters, training certificates and miscellaneous correspondence from the office.



**FDCH Application**—This form must be completed annually. It will be sent to you approximately 6 weeks before it is due to expire, you should be looking for it, if it does not arrive by the first of your agreement month, call this office immediately! It must be completed, signed and sent to the office before your annual agreement date. This date may be found by looking at when the date your *original* agreement between Helping Hands and yourself was signed. That date is your annual renewal date.

As a part of the application form, you have the opportunity to let us know what days of the week you will be caring for children and what meals you will be serving them. The time you will be serving the meals is also set at this time. Be careful and fill these sections out correctly. This information will determine what meals you will be able to claim and when you will be reviewed, your monitor will review meals according to the dates/times on this form. Any time you need to change the times/days you offer meals, simply call the office and report your new times/days.

## **Home Reviews**



On the list above #5 states “home reviews” since you will be receiving these regularly, here is an explanation as to what to expect.

An initial 4 week review is done within the first 4 weeks of program participation. This will be one of the few reviews done without observing a meal. This is the perfect opportunity to go over any areas that need further clarification. Approximately 3 times a year after this initial visit (maybe more frequently) your Monitor will come to your home to review your Claim Form, check the cleanliness of your home - especially the kitchen and serving areas, and watch you prepare and serve a meal. She will check to see if you are serving the food that is specified in your menus and if your substitutions used are credible (to use substitutes, you must write the substitutions on your monthly CIF). At least two of the home reviews done each year will be unannounced; your Monitor will come during the hour you specified you serve a particular meal on a day normally claimed by you (if you usually claim Saturday lunch or Sunday dinner, you will probably receive a visit during one of these). All Helping Hands, Inc. monitors have identification. Please do not allow someone inside your home without proper identification.

The State Office of Education will come to review our program periodically and will make visits to many of our provider's homes, we are not involved with these visits, and do not know when they will take place.

## **Training**

Upon signing the agreement form, every provider agrees that she will attend at least 2 hours of nutrition training (usually 1 class) a year. This training class must be given by Helping Hands, Inc. or another food sponsor (a list is available from the office of all Utah food sponsors). There is no charge for any training class given by Helping Hands, Inc. The only non-sponsor training allowable is an online training course at <http://www.childcaretraining.org> (there are several nutrition based courses that would qualify). If you choose to complete the training online you must complete the online course (usually at a cost of \$25 or up, all fees to be paid by you) and fill out a questionnaire from Helping Hands. Send the office the online certificate emailed to you and the completed questionnaire for full training credit. It is important that this training—whether with us, another food sponsor, or online, be done annually. To neglect this puts your future participation in the food program in serious jeopardy (see the section on Seriously Deficient). The training must be completed between October 1st and September 30th of the following year..

**\*\*Please note that much information—License / Residential Certificate expiration date, training dates, children enrollment expiration and Income Eligibility expiration dates will show up on your Child Information Form. This should help you have more than enough time to renew the item and keep you in good standing with the program.**

## **Monthly Newsletters**

Each month you will receive a newsletter. These letters are very important, and you should read them carefully. They contain any policy or regulation change we may have received from the Office of Education or from the USDA. You will be responsible for any change, whether you read it or not—so take 5 minutes and read them. It is also a very good idea to file them in your folder, especially the newsletters with regulation or policy changes.

# Child Enrollment Process

Please understand that In order to participate on the food program, a child, whether he/she is your own or a day care child, must be enrolled and be under 13 years of age. Helping Hands, Inc. has enrollment forms available whenever you need one. If a child is not enrolled, he/she cannot be claimed. The enrollment form needs to be filled out completely, and signed by a parent or guardian (the parent's signature *must* be on file in the office giving that child permission to participate in the food program). It should be sent in to the office within one week of enrollment or by the end of the month, whichever comes first.. The enrollment must be submitted in the month the child first attended, any late enrollments will be counted for the current month only, and that child will not be allowed to be claimed for any previous month, regardless of the date on the form itself. If the form is not filled out completely, it will be returned to you to be completed, and the meals for that child might need to be disallowed.

Be careful when completing this form. You will only be able to claim the meals applied for on the days and during the times applied for. If a parent changes a work schedule and you need to change the child's schedule, this change must be submitted in writing and be signed by a parent or guardian.

## Filling Out the Enrollment Form - Specific Instructions

To fill out the form, go step by step through each section shown. Multiple children can be enrolled on the same form as long as they have the same parent and live at the same address:

### 1. PROVIDER / PARENT INFORMATION

The first section is where all of the needed provider and parent information is given. Please fill it out completely, pay special attention to the parent's name, address and phone number. We send a letter to every parent, and if this information is incorrect, the enrollment will be considered incomplete and can not be finalized (the children will not be reimbursed).

### 2. CHILD(REN) INFORMATION

As in section 1, it is very important that the child information in this area be complete and correct. The first column is the Child #, this will be explained on the following page. The child's name must be written out including first and last names and any nicknames, if they are commonly used. Then put in the birth date, the sex and the relationship of the child. If the child is related to you, but does not live in your home, you MUST note what the relationship is in the area below the child(ren)'s name. If you are a Relative Care only provider, remember, you must have proof of the child's relationship to you available should the monitor request to see it.

The next column is for the child's time in care. Please note the *earliest* to the *latest* time the child may be in care.

The next 3 columns deal with school information. If your child is attending pre-school, kindergarten, or regular school, please make a check mark in the appropriate box. Then note the time that the child *leaves your home* for school, and then the time the child *arrives back at your home* after school. Since some pre-schools are only 2 or 3 days a week, you should note the days of the week that the child attends school.

The final column is where to note what race and ethnicity the child is. A child may be more than one race, mark as many as needed for accuracy. This area is optional, but since this information is needed by the USDA, if you choose not to complete it, then the Helping Hands, Inc. staff will complete it to the best of their knowledge.

The area following this is for more information on the child's schedule. When supplying Times, Days, and Meals in care, choose the broadest possible option for the child's attendance. For example, if the child normally comes to care on Monday, Wednesday, and Friday starting after school at 3pm, but is sometimes dropped off all week long starting at 7am, then mark all the week days and note the earliest drop off time of 7am and the latest pick up time at the appropriate time (for example, 5:30pm).

FDCH Child Enrollment											
Provider Name _____						Phone Number _____					
Parent/Guardian Name _____						Phone Number _____					
Parent's Address _____						City _____			ZIP _____		
Work Organization _____						Business / Contact Phone _____					
<b>PLEASE PRINT CLEARLY (MUST BE COMPLETED BY THE PARENT/GUARDIAN)</b>											
Child # (Provider Assigns)	Enrolled Child's Full Name (Nickname)	Birth Date	Sex	Relationship	Times-Arrival & Departure	School Information	Time Child in School	Days Child Attends School	Race	Ethnic	
			<input type="checkbox"/> Male <input type="checkbox"/> Fem	<input type="checkbox"/> Not Related <input type="checkbox"/> Related* <input type="checkbox"/> Own Child	_____AMP to _____AMP _____AMP	<input type="checkbox"/> No School <input type="checkbox"/> School <input type="checkbox"/> AM Presch <input type="checkbox"/> PM Presch <input type="checkbox"/> AM Kinder <input type="checkbox"/> PM Kinder <input type="checkbox"/> All Day Kindergarten	_____AMP to _____AMP _____AMP	<input type="checkbox"/> Mon <input type="checkbox"/> Thu <input type="checkbox"/> Tue <input type="checkbox"/> Fri <input type="checkbox"/> Wed	_____	_____	_____
			<input type="checkbox"/> Male <input type="checkbox"/> Fem	<input type="checkbox"/> Not Related <input type="checkbox"/> Related* <input type="checkbox"/> Own Child	_____AMP to _____AMP _____AMP	<input type="checkbox"/> No School <input type="checkbox"/> School <input type="checkbox"/> AM Presch <input type="checkbox"/> PM Presch <input type="checkbox"/> AM Kinder <input type="checkbox"/> PM Kinder <input type="checkbox"/> All Day Kindergarten	_____AMP to _____AMP _____AMP	<input type="checkbox"/> Mon <input type="checkbox"/> Thu <input type="checkbox"/> Tue <input type="checkbox"/> Fri <input type="checkbox"/> Wed	_____	_____	_____
			<input type="checkbox"/> Male <input type="checkbox"/> Fem	<input type="checkbox"/> Not Related <input type="checkbox"/> Related* <input type="checkbox"/> Own Child	_____AMP to _____AMP _____AMP	<input type="checkbox"/> No School <input type="checkbox"/> School <input type="checkbox"/> AM Presch <input type="checkbox"/> PM Presch <input type="checkbox"/> AM Kinder <input type="checkbox"/> PM Kinder <input type="checkbox"/> All Day Kindergarten	_____AMP to _____AMP _____AMP	<input type="checkbox"/> Mon <input type="checkbox"/> Thu <input type="checkbox"/> Tue <input type="checkbox"/> Fri <input type="checkbox"/> Wed	_____	_____	_____
<small>*If related, please check relationship: <input type="checkbox"/> son / daughter <input type="checkbox"/> step-son / step-daughter <input type="checkbox"/> grandson / granddaughter <input type="checkbox"/> niece / nephew (son or daughter of sibling only)</small>											
Usual Days in Care		Usual Meals Child(ren) will be served		<b>Infants: If child is under age 1 this section must be completed.</b>							
<input type="checkbox"/> Sun <input type="checkbox"/> Wed <input type="checkbox"/> Sat	<input type="checkbox"/> Days	<input type="checkbox"/> Breakfast <input type="checkbox"/> PM Snk	<input type="checkbox"/> Dinner	<input type="checkbox"/> Parent Accepts the provider's formula (or parent will supply breast milk) and parent accepts the provider's food							
<input type="checkbox"/> Mon <input type="checkbox"/> Thu	<input type="checkbox"/> Vary	<input type="checkbox"/> AM Snk <input type="checkbox"/> Lunch	<input type="checkbox"/> Eve Snk	<input type="checkbox"/> Parent will supply the formula but accepts the provider's additional foods							
<input type="checkbox"/> Tue <input type="checkbox"/> Fri				<input type="checkbox"/> Parent supplies all formula and food and refuses the provider's food.							
<small>OPTIONAL: You do not have to fill this section out under Title IV of the Civil Rights Act. Please write in the appropriate code in the box provided above. Race: AI = American Indian/Alaskan Native AS = Asian PA = Pacific Islander BL = Black WH = White Ethnicity: H = Hispanic/Latino N = Not Hispanic/Latino 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, SW, Washington, D.C. 20250-9410 or call (202) 725-5964 (voice and TDD). USDA is an equal opportunity provider and employer.</small>											
Are the school age children on year-round school? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, year-round track (A-D, or Single) _____											
School District and School that school age child(ren) attend _____											
Does the child have any special dietary needs? <input type="checkbox"/> YES <input type="checkbox"/> NO											
If so, please specify (attach a note from a medical authority describing the dietary need) _____											
Does the provider need to accommodate for <u>any</u> disabilities that a child might have? <input type="checkbox"/> YES <input type="checkbox"/> NO											
If yes, please explain (attach a note from a medical doctor describing the disability) _____											
I certify that the information is true and correct in all respects. I understand that my child(ren) will receive meal(s) at no cost to me without regard to race, color, national origin, age, sex, or disability and that I will be contacted by the sponsoring organization and/or representative to confirm the above enrollment information and attendance of my child(ren).											
_____ Parent (Guardian) Signature						_____ Date					
I certify that the information is true and correct in all respects, and that records are available to support the information on this form. I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I understand that this information is subject to verification by the sponsoring organization.											
I also understand that this information is being given in connection with the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.											
_____ Provider's Signature						_____ Enrollment Date					

## Filling Out the Enrollment Form - Specific Instructions (cont.)

The next section over is specifically for infants. If the child being enrolled is an infant (defined as under 1 year of age), you must fill out this section.

Then choose one of the following formula options:

- *Provider Supplies Formula* - Parent Accepts the Provider's Formula and Food.
- *Parent Supplies Breastmilk or Iron Fortified Infant Formula (declined formula form)* - Parent Will Supply the Formula or breastmilk, but accepts the provider's food.
- *Parent Supplies Supplemental Foods & Refuses the Provider's Foods* - Parent Supplies All Formula & Food and Refuses the Provider's Food

Remember: You will only need to fill in this section if the child is under 1 year of age on the First Day In Care.

### CHILD'S NUMBER (the first column in the child information section)

You must assign each child a number. This number is used on the monthly claim forms. You should assign a new number from 1 to 32 to each child you enroll into the food program. Look at your Claim Information Form (CIF). An example form has been reproduced here. Find a blank row; you can use that child number in the blank row for the new child.

**Write the child's name on a blank line on the CIF and in the first column on the enrollment form next to the child's name.**

This way, you can look at the CIF when filling out the attendance form for the remainder of this month, and you'll know what number to use for this child.

The number you choose is permanently assigned to this child and cannot be changed once the child is enrolled. You will be able to use the number for a different child only after this child has been withdrawn from care for two months.

*If you care for more than 32 children, your monitor will explain to you how to use the group option.*

Each month, we will send you a new Claim Information Form (CIF) that lists all of your enrolled children along with their child numbers, so you can more easily keep track of them.

### 3. ADDITIONAL INFORMATION

The next sections are for a variety of information that may or may apply to the child. The first area is for specific school information. If the child is school-age, please write in the district and school name. If the child is on a year-round schedule, please note the Track letter (A-D, Single). This information will also appear on the monthly CIF, so you can check it periodically for accuracy.

**Special Dietary Needs:** If the child requires a special diet as prescribed by a doctor, mark the "Special Diet" bubble. Also bear in mind that if the child does require a special diet, you should send us a copy of the Doctor's statement on that special diet along with the Enrollment Form, so we can keep that Doctor's statement on file.

**Special Needs:** If the child is disabled or is otherwise a special needs child, note it in this area. Please note that you must accompany the enrollment form with medical documentation of the child's special needs.

### 4. SIGNATURES

Before you send it to us, **make sure both you and the parent have signed and dated the form.** You cannot be paid for a child if we haven't received a completed and signed Child Enrollment form, so be careful! The enrollment date is the first date the child was in your care, and he/she will be eligible to be claimed from this date on.

**NOTE:** A parent must authorize *any* change to a child's hours in care, days in care or meals served. If the parent's schedule changes, and because of this a child's schedule also changes, note the new schedule (times/days/meals) in the comments section of the CIF form and have a parent sign it.

### Claim Information Form (CIF)

The CIF is a very useful quick-reference form that we'll send you every month. Take a quick look at the sample CIF on the preceding page to familiarize yourself with its contents. The CIF you receive may be slightly different than the one

**Claim Information Form (CIF) - December 2003**

Long, Shelly      Provider ID: 255255      Monitor: Walker, Sherry (15)      Tier: M  
 6937 Southville Rd      Phone: (955) 555-5555      County: Ashtabula      Capacity: 6  
 Dallas, OH 19246      License: Type B      Tier Exp: / /

Group	Status	DOB	DOE	Age	Rela- tion	Sp Needs	Sp Diet	Pay Source	School Level	Formula	Sex
1-1											
1-2	Wilson, Jane	A	09/21/1995	04/04/2002	8Y 2M	N	<input type="checkbox"/>				F
1-3	Brown, Zac	A	11/30/2001	03/01/2003	2Y	N	<input type="checkbox"/>				M
1-4	Morrison, Alexander	A	03/01/2003	03/01/2003	9M	N	<input type="checkbox"/>		N/A		M
1-5	Morrison, Matthew	A	04/15/1996	04/04/2002	7Y 7M	N	<input type="checkbox"/>				M
1-6	Davis, Michael	A	11/30/1994	06/26/2002	9Y	N	<input type="checkbox"/>				M
1-7	Hill, Emily	A	11/05/1998	03/01/2003	5Y	N	<input type="checkbox"/>				F
1-8							<input type="checkbox"/>				
1-9							<input type="checkbox"/>				
1-10							<input type="checkbox"/>				
1-11	Robison, Abigail	A	06/29/1999	04/04/2002	4Y 5M	N	<input type="checkbox"/>				F
1-12	Reedy, Clayton	A	11/22/2000	04/04/2002	3Y	N	<input type="checkbox"/>				M
1-13							<input type="checkbox"/>				
1-14							<input type="checkbox"/>				
1-15							<input type="checkbox"/>				
1-16							<input type="checkbox"/>				
1-17							<input type="checkbox"/>				
1-18							<input type="checkbox"/>				
1-19							<input type="checkbox"/>				
1-20							<input type="checkbox"/>				
1-21							<input type="checkbox"/>				
1-22							<input type="checkbox"/>				
1-23							<input type="checkbox"/>				
1-24							<input type="checkbox"/>				
1-25							<input type="checkbox"/>				
1-26							<input type="checkbox"/>				
1-27							<input type="checkbox"/>				
1-28							<input type="checkbox"/>				
1-29							<input type="checkbox"/>				
1-30							<input type="checkbox"/>				
1-31							<input type="checkbox"/>				
1-32							<input type="checkbox"/>				

Days your Day Care Was Open for a Holiday: Date(s) \_\_\_\_\_ Holiday(s) \_\_\_\_\_  
 Children Starting Kindergarten/1st Grade: # \_\_\_\_\_ Grade: # \_\_\_\_\_ # \_\_\_\_\_ Grade: # \_\_\_\_\_  
 Children leaving your care:  
 Name: # \_\_\_\_\_ Last Day in Care: / / \_\_\_\_\_  
 Name: # \_\_\_\_\_ Last Day in Care: / / \_\_\_\_\_  
 List all numbers, reasons and dates for school aged children who attended AM Snack or Lunch:  
 # \_\_\_\_\_ Reason: \_\_\_\_\_ Date: / / \_\_\_\_\_  
 # \_\_\_\_\_ Reason: \_\_\_\_\_ Date: / / \_\_\_\_\_  
 # \_\_\_\_\_ Reason: \_\_\_\_\_ Date: / / \_\_\_\_\_  
 New Infants that have a Doctor's Statement: # \_\_\_\_\_ # \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: / / \_\_\_\_\_

Relation	School Level
O - Own Children	A - A.M. Kindergarten
F - Foster Children	D - A.M. Headstart
R - Related, Non-Resident	H - Home School
N - Not Related	K - Kindergarten
H - Helpers Child	L - All Day Headstart
	M - P.M. Kindergarten
	N - No School
	P - P.M. Headstart
	S - School Age
	Y - Year Round School

## **Claim Information Form (CIF) (cont.)**

portrayed on the preceding page, the legend explaining all of the columns will be on the back of the form.

The CIF contains a list of all your currently active children and their child numbers. Each child is listed along with the child's age and date of birth (DOB) and Enrollment Expiration date. Pay close attention to the Age category, especially for infants, as the CIF will indicate the child's age as of the 1<sup>st</sup> of the month.

The CIF also lists several other pieces of information of relevance to your children:

- each child's status (usually this is just "Active")
- each child's date of enrollment expiration
- each child's relationship to the provider
- an indication as to whether each child is a special needs child
- an indication as to whether each child requires a special diet
- the school level of the child
- the school district the child lives in and track (if on a year-round schedule)

You'll notice on the sample CIF that there are several blank spaces between some of the children, indicating several unused child numbers. This is fine! Feel free to skip as many numbers as you like.

**Never** use the same number for two different children that are in your care at the same time. Each CIF should contain one child per child number – never double up.

### **Using the CIF your first two months**

When first starting with Helping Hands, Inc., in some cases we won't know the children that are enrolled in your care, so we won't be able to issue you a pre-printed CIF with all of your children already on it. So, you should have a couple of blank CIF for use during the first two months. Fill them out so that they both contain a list of your children with their corresponding child numbers. (There's no need to supply any of the other child-specific information within the list itself). Make sure they both contain the exact same list of children.

You'll send one copy of these hand-written CIFs into our offices after your first month, and the other after your second month. By that time, you'll have received the pre-printed CIF for your next month, and we'll continue to send you a new CIF every month from then on. And don't forget to write any notes on those CIFs that you think necessary to tell us, just as you would any other month.

### **Recording Special Information on the CIF**

Each month, when you send in your Attendance Scan Forms (and any Child Enrollment forms that may have been filled out), you must also send in the CIF to our offices. The CIF is the cover for your claim. You can make notes as to any information you think we should know about when we prepare your claim reimbursement. Below the list of children on the CIF, and on the back side of the sheet, there are spaces to write in certain specific information that you'll periodically need to tell us about.

We'll send you a new CIF for use during the next month. In most cases, it takes 2 months for a new child to show up on your pre-printed CIF, so keep this in mind when assigning numbers to new children.

- **Telling us You Are Open On Holidays**—If you were open for business on a holiday when most people normally would be closed (the 4<sup>th</sup> of July, for example), you should let us know so that we can take that into account when looking at your meal information. Record any holiday dates that you were open for business in the space provided. You can also preauthorize a holiday by writing it in the space provided on the *previous* month's CIF
- **Telling us When Children Start School**—If you have a child who is starting Kindergarten or School, you should let us know. Write the child number for any child starting school at a particular level, and indicate which School Level the child is attending (using a code from the Legend on the back of the form).
- **Telling us When Children Withdraw from Care**—If a child withdraws from your care during the month, indicate the child number, the last date in care, and the reason for the withdrawal in the space provided.
- **Telling us Why School Aged Children Attend AM Snack or Lunch**—School-aged children should typically be attending school when AM Snack or Lunch is being served. But sometimes, children stay out of school when they are sick but will still attend care in your home. And sometimes, a child doesn't go to school because school isn't in session that day. If you serve a school-aged child during AM Snack or Lunch at any time during the month (and it's not during the summer holidays), provide a reason why that child wasn't in school along with the relevant date(s).
- **Telling us the Menu Number and/or Substitutions Served**—On the back of the CIF you will notice a grid. This is for you to note down the menu number being served for each meal each day. You can also note any and all substitutions made in the column to the right of the page.

**NOTE:** The CIF is your tool to communicate any information regarding your claim with Helping Hands. It must accompany your claim every month, it should be the form that belongs to that specific month (as stated at the top of the form).

### **Web Claiming** (email us at [helpinghands@qwestoffice.net](mailto:helpinghands@qwestoffice.net))

All enrollments and meal claiming may now be done online. We offer this free of charge. The only items you need to have are a computer and internet access (using Internet Explorer). If you would be interested in this, please contact us at the office and we will provide you with all of the training you will need to become a web claimer!

## Claim Scan Form

### ALL bubble forms must follow these general instructions:

- ALWAYS use a #2 pencil to fill out your forms.
- Be sure to keep the carbon copy of every scannable form you send in.
- 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.
- Always sign and date your forms.
- 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.
- Do NOT write notes on the scannable forms. You can write notes on your Claim Information Form (CIF).
- Never staple, fold, or wrinkle any scannable form. Keep forms away from your kids to avoid spills or wrinkles.
- Run through the monthly checklist before you mail your paperwork back to the office each month.
- Be careful when you fill in a bubble:



**YES**



**Mark each bubble properly!**

**NO**



Outside Circle May Cause Error

Not Enough Pencil Mark Will Not Read

Left Center of Circle Open May Not Read

Too Light Did Not Use #2 Pencil May Not Read

Went Outside Circle Into Next Circle Will Cause An Error

### **Filling out the Form: What to do first?**

Every time you pick up a new, blank form, you should do the following 7 steps:

*In the form footer:*

1. Write your Provider # (in the white boxes)
2. Bubble the Provider #
3. Sign the Form
4. Date the Form

*In the top left hand corner:*

5. Bubble the Month
6. Write the Meal Date (Day) for the first row/day
7. Bubble the Meal Date (Day) for the first row/day

### **Recording the Meal Date**

Each form has seven rows, which cover 7 days worth of meals. At the beginning of each row, you'll see an area to indicate the date. 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 row.

For example, if today is March 3<sup>rd</sup>, 2006, you would have bubbled in March for the month, and in the day box you bubble in zero (0) in the first row and three (3) in the second row. (You don't bubble the year anywhere on this form).

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, if they apply to you, your monitor will provide additional training on them.

### **Attendance**

For each meal served, you must record *every child* who attended that meal. You do this by marking each numbered bubble that corresponds to the numbers of the children served. Look at your CIF to determine any child's number, and then bubble in the numbers of the children that attended the meal.

In the example, we've bubbled in the numbers 1, 4, 10 and 11. Each one of those numbers represents a child. These child numbers should be represented on the CIF.

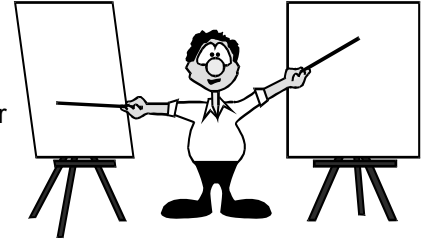
*Note: The shaded box with the bubbles marked R, 1, 2 and 3 are for **Sponsor use only**, do NOT fill in these bubbles.*

*If you will be serving a meal at two different times (1st and 2nd servings), your monitor will give you additional training on claiming different serving times upon your request.*

## Claim Form Deadline and Direct Deposits

Your claim must be in our office no later than the **4th day of the month**. In order for your claim to be in our office on time, it should be mailed on the 1st of the month in a 9X11 envelope (do NOT fold the claim form), or you can hand deliver it to the office. There is a form drop located next to the west entrance to our building, you can drop forms there any time, day or night. It is a secure box and your forms will be safe there. *Only those claims in the office by the 4th will be processed.* Processing (counting, verifying, etc) is a lengthy process, therefore, the deadline set is to assure that all claims submitted will be correctly counted, verified and paid. All claims are paid on the 1st of the month following receipt of the claim. (If we receive a claim on Feb. 4th, for example, payment will be deposited on March 1st, or the Monday following, if the 1st falls on a weekend). Helping Hands, Inc. is 100% paper check free. We provide direct deposits for all reimbursements. This is done in one of two ways:

1. Funds are deposited directly into a checking or savings account, whichever you choose to use.
2. For those who do not have access to a savings or checking account we offer a Payroll Debit Card that can be used to withdraw funds or pay for purchases similar to a bank debit card, though no open bank account is necessary. There is a list of fee-free ATMs available from the office.



This is a wonderful way to receive your reimbursement funds on time, without fear of delay or misdirection by the postal service.

A voucher will be sent on or around the 21st of each month explaining how much will be deposited into your account on the 1st and what, if any, problems there were with your claim and if any meals were disallowed. Please review this voucher carefully, it contains important information.

## Holiday Care

If children are cared for on holidays, they can be claimed. A preauthorization notice is required for the following holidays. Preauthorization can be submitted in writing, voicemail, a phone call to the office, or email *at least 2 business days* in advance, or noted on the CIF the *previous* month. These holidays are:

<b>New Year's Day*</b>	<b>Easter</b>	<b>Independence Day*</b>	<b>Thanksgiving</b>
<b>President's Day</b>	<b>Memorial Day</b>	<b>Labor Day</b>	<b>Christmas*</b>

\*or the day nationally recognized, if the holiday falls on a Saturday or Sunday

## Daily Sign In/Out

It is important to remember to have the parents sign the children in or out **every day**, write in the exact time in and out, do not average the time. Do not wait until the end of the month to have them sign all at once. If you are visited for a review and do not have a Sign In/Out sheet completed, those days without a parent signature will be disallowed (**you will not be reimbursed for those days**). You do NOT need to send this form in. Keep it with your records and have it available during your home reviews. You can use our form, or one of your own, but it must be kept daily and made available to us upon request.

**Example:**

<b>Daily Sign In/Out Sheet</b>				
<b>Date</b>	<b>Child's Name</b>	<b>Time In</b>	<b>Time Out</b>	<b>Parent's Signature</b>
6/4/10	John and Julie Jones	8:05 AM	4:00 PM	Joanne Jones
6/4/10	Frank and Mary Smith	8:45 AM	5:25 PM	Sam Smith
6/5/10	John and Julie Jones	8:15 AM	4:35 PM	Joanne Jones

## Tiers and Tiering

First, it is important to realize that EVERY qualified day care provider is qualified for reimbursement on the Food Program. The level of reimbursement received monthly is determined by which Tier a provider belongs to (I or II). Tiering was instituted by the USDA and Congress to assure that those day care providers who fall within the national guidelines of poverty received a higher reimbursement than those whose household income placed them above the poverty level. There are 3 methods of determining Tier levels.



## Tiers and Tiering (cont.)

**1) By area** - All elementary schools, with more than 50% of their students who apply qualify for free or reduced school lunch, become qualified school areas. Any day care provider who lives within a qualifying school area is automatically classified Tier I (higher reimbursement) for their day care children (they must still qualify using household income in order to claim their own children on the program).

**2) By census data** - Using 2000 census information, if a household lives within a “pocket of poverty” where the majority of households are living 185% of poverty, then that area qualifies as Tier I.

**3) By income** - if a day care provider does not qualify by area or census, she can try to qualify by income. This is a total of household gross income (before taxes and deductions). If the total income falls below the maximum guidelines for household size, then that provider is qualified as a Tier I provider (the guidelines are established every July 1st by the USDA).

Any provider that cannot qualify by one of these three methods will be classified as Tier II (about 60% less reimbursement than Tier I). But even then, if you are classified as Tier II and take care of children from Tier I households (lower economic). You can choose to be a **Mixed Tier** home. We will send Income Forms to the parents of your day care children, they can fill them out and return them to us. If they qualify by household income as Tier I, you will be reimbursed for that child at the higher Tier I rate. If this is something you are interested in, call the office and inform us, we will then start the process.

## Block Claims

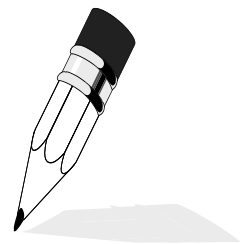
A block claim, by federal definition, is where the same quantity of one meal is claimed for 15 days or more during a one month period. For example, if 4 lunches are claimed for 15 consecutive claiming days, that would be considered a block claim. If there is a reason for this (all of the children come from the same household with the same day care schedule, for example) then the block claim is considered *valid*. If there is no reason for this, the block claim will then be considered *invalid* and further claim verification may be necessary (parent contacts and/or more frequent drop-in visits to assure that the children being claimed are indeed present). If these further measures are not sufficient to validate the block claim, corrective action and/or serious deficiency may be necessary.

## Seriously Deficient

Seriously Deficient is used as a learning tool to help providers who are either having a difficult time understanding, following and/or learning the regulations or simply refuse to. When a provider is found seriously deficient, he/she must follow a plan of corrective action designed to help her understand and follow the program more closely. She will also receive more intensive training in the area in which she has shown a weakness. This is necessary due to the nature of this program. Because 100% of the funds that reimburse the meals served by the providers, as well as the funds needed to staff and run the Helping Hands, Inc. office, come from the Federal Government, we must provide documentation that we are overseeing the program in a way to minimize fraud and other illegal actions.

There are several reasons a provider may be considered seriously deficient, these may include:

- ➔ Not present when a Monitor comes to do an unannounced home review (and yet that meal is claimed anyway) and/or consistent invalidated Block Claiming
- ➔ Claiming meals for children that were not observed in care during a home review
- ➔ Not keeping the claim filled out up-to-date
- ➔ Falsifying income information
- ➔ Falsifying child enrollment information
- ➔ Perpetual violation of license capacity
- ➔ Fraudulent practices
- ➔ Not attending provider training classes on an annual basis
- ➔ Observed dangers to the health and welfare of the children\*
- ➔ Consistent invalid block claiming



Those items noted by an asterisk (\*) can also be items eligible for immediate suspension from the program.

If a provider is found seriously deficient, she will be visited various times, unannounced. If the problem persists, the provider is then eligible for immediate termination for cause. Or in the case of not attending training classes, the provider will be given at least 4 weeks to attend a training before being terminated.

**Termination for cause** - If a provider is terminated for cause, she will be unable to rejoin Helping Hands, or any other child food program sponsor in the United States for at least 7 years (This is a drastic step measure we hope we never have to use!). There is an appeal process available for those who feel they may have been terminated erroneously. Contact the office for further details.

## Regulation and Policy Changes

Every month with your voucher you will receive a **newsletter**. It is important to read these carefully and store them away in your folder. These newsletter will contain all of the current changes or notifications received by this office each month. This will be your best avenue for keeping abreast of all the changes or modifications. There will also be recipes, food activities, ideas, etc.

## Change of Address and/or Phone Number

You must inform the office before you move or change apartments. Keep in mind that once you move your license automatically expires and you will be eligible to continue in the program only once you have received a new License / Residential Certificate with your new address listed on it.



If you change your phone number, notify the office immediately. If the office tries to contact you and finds a disconnect notice, your claim will not be processed. It is Federal law that you have a working telephone. A cell phone is allowable, but be careful—it must be available at all times with the children (if it is taken to the store by a family member and you are left home without a phone, you will be out of compliance—and possibly putting the children’s safety in jeopardy with no way to contact emergency care, if it is needed).

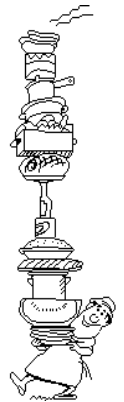
For your information: If you do not move, your residential certificate is good for one year and the state license is good for 2 years. If you allow your certificate or license to expire before renewing it you may not claim until it is renewed. **You are responsible for renewing your license, or residential certificate, the office may or may not remind you that your license renewals are due.**

## Definition of “Day Care” vs. “Family Gathering”

Be careful about claiming meals for your day care kids if their parents (parent) are present for that meal. This program is constructed to help lower the cost of day care for you and for the children’s parents. A family gathering, or party, is not considered “day care”, and that meal cannot be claimed. “Day care” is when neither parent is present in the home and you are caring for their child(ren) until their return. A holiday dinner held at your home for all of the family is not claimable.

## Picnics and Field Trips

Planning on gathering all the kids together and taking them to the nearby park? Do you also want to give the children lunch—and claim it? This is completely possible **but** you must first fill out a Field Trip Permit form (available at the office) or call the office. This must be done *at least 24 hours in advance* of the outing. If you are going to take the children to the park, you must make sure that all components of the meal are present (including milk and 2 vegetables/fruits). A child’s meal at a fast food chain only contains 3 of the 5 required components and therefore, is not allowable. If your Monitor makes an unannounced visit and neither you nor the children are at home and you have not advised Helping Hands in advance that you would be away for the meal, and you claim that meal anyway - it will be disallowed, and you will be found seriously deficient (see the explanation for Seriously Deficient on page 9). You *must write on the claim sheet* that you had an outing, and what you served the kids. If you wish to take the children out, and do not plan on claiming that meal, then you do not need to fill out the form; however, you still must inform the office that you will be away from home during that mealtime—this allows us to inform your Monitor. **Just in case they were planning on conducting an unannounced review during that mealtime.**



## Taxes and the I.R.S.



According to the I.R.S (See Publication 525), the Food Program is counted as a reimbursement only. This means that what you receive each month from the program is only repaying you for what you have already spent on food for the past month. Therefore, the I.R.S. does not consider it as income and it does not even need to be claimed when you file your annual tax report.

## Create your Own Menu!

If this is something you would be interested in, we’d love to help you write a cycle-type menu that would fit your day care’s needs. It is a project, however, that should not be undertaken without some advice or help from your Monitor or from the office. You must make sure that you are serving EVERY component at EVERY meal (see pages 13 & 14 for necessary components and serving sizes). Please pay special attention to page 19 (disallowed foods). These foods cannot appear anywhere on your menus - nor can you serve them to your day care kids.

Before you start using your new menu, please have it reviewed and okayed by the Helping Hands, Inc. director. This is to make sure you did not inadvertently forget a food group. A missing component will disallow that entire meal. It pays to take your time on this project, and be careful.

## Meal Times

To be claimed, meals must be served at the approved sites and during the hours and days agreed upon in the FDCH application. Meals must be served within USOE guidelines:

Breakfast	6:30 am—9:30 am	Lunch	11:00 am—1:30 pm	Dinner	4:30 pm—7:00 pm
AM Snack	9:30 am—11:00 am	PM Snack	2:00 pm—4:30 pm	Evening Snack	7:00 pm—9:00 pm

At least 2 hours must elapse between beginning times of meals or snacks. Remember, you must contact Helping Hands, Inc. in advance when planning to be out of home during a meal service period.

## REQUIRED FOODS AND SERVING SIZES FOR INFANTS

Age	Breakfast	Snacks	Lunch/Dinner
0-3 months	4-6 oz. iron fortified formula/ or breast milk	4-6 oz. iron fortified formula or breast milk	4-6 oz. iron fortified formula or breast milk
4-7 months	6-8 oz. iron fortified formula, breast milk, and 0-3 Tbsp. cereal	4-6 oz. iron fortified formula, breast milk	4-8 oz. iron fortified formula or breast milk 0-3 Tbsp. cereal and, 0-3 Tbsp. fruit or vegetables or both
OPTIONAL		0-¼ slice bread or 0-2 crackers (baby biscuits)	
8-12 months	6-8 oz. iron fortified formula or breast milk	2-4 oz. iron fortified formula or breast milk or fruit juice	6-8 oz. iron fortified formula or breast milk
	2-4 Tbsp infant cereal		2-4 Tbsp. cereal
	1-4 Tbsp fruit or vegetables or both	0-½ slice of bread or 0-2 crackers (baby biscuits)	1-4 Tbsp. meat, fish, poultry, egg yolk or ½-2 oz. cheese or cottage cheese
			1-4 Tbsp fruit or vegetables or both
Notes: FORMULA - must be Iron Fortified (see list below) CEREAL - must be Iron Fortified MILK - must be Whole Milk JUICE - must be 100% fruit juice Meats, eggs, fruits, vegetables are generally strained items			

### Infant Formula Policy

In order to claim infants on the food program a provider must at least offer to provide formula for the baby. This formula (also known as the house formula) must be iron-fortified.

If a parent specifies that they wish their infant to be given a specific formula (different from the house formula being offered), then the parent may opt to furnish that formula instead of using the house formula. In this case, the parent's formula must be on the list of creditable formulas and he/she must note this in the Infant section of the enrollment form. The provider may then still claim that child for meals due to the time spent preparing and feeding him/her.

Prior to claiming a meal where the formula was supplied by the parent, certain criteria must be followed. First, the parent must have been informed that the provider is obligated to provide all children, including infants, with CACFP creditable meals, in this case, formula. Second, the parent must **voluntarily** note this on the signed enrollment form.

If you are caring for infants who are receiving more than formula as part of the required meal pattern (8 to 11 months), and the parent supplies the formula and/or other meal components, **a minimum** of one of the other meal components must be supplied by the provider in order to claim the meal.

#### Creditable infant formulas include:

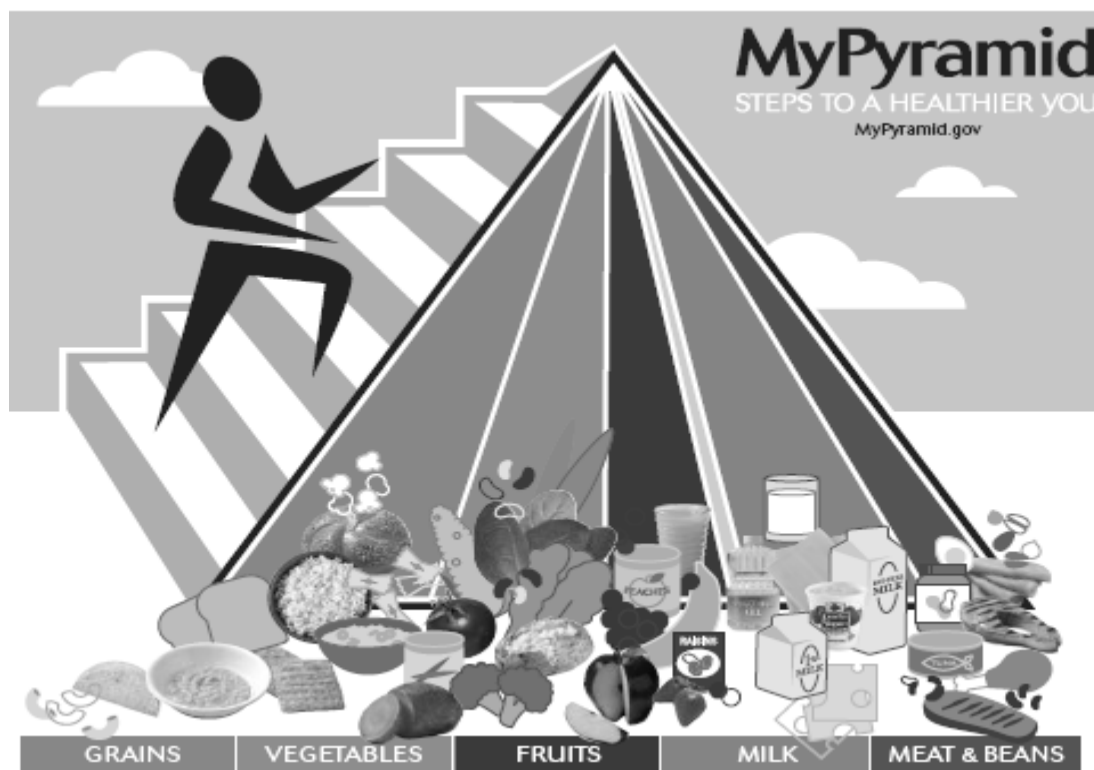
- Mead Johnson Enfamil with Iron
- Mead Johnson Enfamil Lipil with Iron
- Mead Johnson Enfamil AR
- Mead Johnson Enfamil Lactofree Lipil
- Nestle Good Start Essentials, & Supreme
- Nestle NAN
- Ross Similac with Iron, Advance with Iron
- CG Nutritionals Kirkland Signature with Iron
- PBM (formerly known as Wyeth) - private store brands:
  - Baby's Choice
  - Albertsons Baby Basics
  - Amway Kozy Kids with Iron
  - AWG Best Choice with Iron
  - Baby Select with Iron, or with Lipids
  - Home Best with Iron / Lipids
  - Kroger Comforts with Iron / Lipids
  - Rite Aid wit Iron / Lipids
  - Target with Iron / Lipids
  - Top Care with Iron / Lipids
  - Wal-Mart Parent's Choice with Iron / Lipids

- Walgreens with Iron / Lipids
- Western Family with Iron / Lipids
- Mead Johnson Enfamil ProSobee plain or Lipil
- Nestle Good Start Essentials Soy
- Ross Similac Isomil Soy with Iron (or Advance Soy w/Iron)
- PBM (formerly known as Wyeth)-private store brands:
  - Albertson's Baby Basics Soy with Iron / Lipids
  - Amway Kozy Kids Soy with Iron
  - Bright Beginnings Soy with Lipids
  - H-E-B Baby Soy with Iron / Lipids
  - Hy-Vee Mother's Choice Soy with Iron / Lipids
  - Kroger Comforts Soy with Iron or with Lipids
  - Pazthmark Soy with Iron / Lipids
  - Rite Aid Soy with Iron / Lipids
  - Target Soy with Iron / Lipids
  - Wal-Mart Parent's Choice with Iron / Lipids
  - Walgreens Soy with Iron / Lipids
  - Western Family with Iron / Lipids

Other iron-fortified infant formulas may be creditable for infant meals. Since new products frequently enter the market. We suggest you visit: <http://www.fns.usda.gov/cnd/Care/Regs-Policy/infantmeals/FormulaList.htm>

## REQUIRED FOODS AND SERVING SIZES FOR CHILDREN 12 MONTHS THROUGH 12 YEARS

MEAL AND REQUIREMENTS	1 - 2 Years	3 - 5 Years	6 - 12 Years
<b>BREAKFAST</b> (use 3 groups)			
Milk	½ cup	¾ cup	1 cup
Juice OR fruit OR vegetable	¼ cup	½ cup	½ cup
Bread OR alternate OR cold dry cereal OR hot cooked cereal	½ slice ¼ cup ¼ cup	½ slice ⅓ cup ¼ cup	1 slice ¾ cup ½ cup
<b>SNACKS</b> (use 2 groups)			
Milk OR juice OR fruit OR veg.	½ cup ½ cup	½ cup ½ cup	1 cup ¾ cup
Meat OR alternate Bread OR alternate	½ oz. ½ slice	½ oz. ½ slice	1 oz. 1 slice
<b>LUNCH / DINNER</b> (use 5 groups)			
Milk	½ cup	¾ cup	1 cup
Meat/poultry/fish/cheese/ eggs OR peanut butter OR dried beans & peas OR yogurt	1 oz. ½ 2 Tbsp. ¼ cup 4 oz.	1½ oz. one 3 Tbsp. ⅔ cup 6 oz.	2 oz. one 4 Tbsp. ½ cup 8 oz.
Fruits (2 or more) OR veg. (2 or more) OR combination Bread OR alternate	¼ cup ¼ cup ½ slice	½ cup ½ cup ½ slice	¾ cup ¾ cup 1 slice



## Menu Substitutions

If you wish to substitute one meal component for another (for example, apple for watermelon) you must remember:

- 1) You can only substitute from within the same component list: protein for protein, grain for grain, fruit for fruit, etc.
- 2) You can NEVER substitute something in place of the milk component (however, you can add a flavor to the milk).
- 3) You MUST note all substitutions on the back of the claim form. Write the date, meal and the substitution
- 4) If you are substituting the entire meal it should be noted as 00 on the menu number part of the CIF and then you must write the entire meal with the date and meal type (BALPDE) on the back of the claim information form (CIF).

### Acceptable Substitutions List

(all substitutions must meet minimum serving size requirements)

<b><u>Fruits</u></b> (fresh, canned†, dried or frozen)	<b><u>Vegetables</u></b> (fresh, canned†, dried or frozen)	<b><u>Breads</u></b> (and alternate grain products)	<b><u>Meats†</u></b> (and alternate protein products)
Apples	Alfalfa Sprouts	Bagels*	Beef
Applesauce	Asparagus	Biscuits	Black Beans, dried
Apricots	Avocado	Bread Sticks	Cheese
Bananas	Bean Sprouts	Cornbread	Chicken
Berries	Beets	Cracked Wheat Bread	Cottage Cheese
Cantaloupe	Bell Peppers	Cracked Wheat Cereal	Cornbeef
Cherries	Broccoli	Dumplings	Crab
Dates	Brussel Sprouts	Egg Roll Wrap	Eggs
Grapefruit	Cabbage	Empanadas (crust)	Fish, dried
Grapes (green or red)	Carrots	English Muffin	Fish, fresh water
Kiwi	Cauliflower	French Bread	Fish, salt water
Mango	Celery	French Toast	Garbanzo Beans, dried
Melons	Chile Peppers	Graham Crackers*	Hot Dog
Nectarines	Corn	Multi-grain Bread	Legumes
Okra	Cucumbers	Oatmeal Cereal	Lentils
Oranges	Egg Plant	Pancakes	Liverwurst
Papaya	Green Bananas	Pasta (macaroni, noodles, spaghetti)	Lobster
Peaches	Green Beans	Pita Bread	Lunch/Deli Meats
Pears	Green Peas	Pumpernickel Bread	Mutton
Pineapple	Jicama	Raimen Noodles	Nuts*
Plums	Kidney Beans	Rice	Peanut butter
Prunes	Lettuce (all kinds)	Rice Spring Roll Wrap	Peas, dried
Raisins	Lima Beans	Rolls	Pinto Beans, dried
Raspberries	Onions	Rye Bread	Polish Sausage
Strawberries	Pickles	Soda Crackers*	Pork
Tangerines	Plantain	Soft Pretzels	Red Beans, dried
Watermelon	Potatoes	Sopapillas	Sardines
	Pumpkin ( <u>not</u> the pie)	Sour Dough Bread	Seafood (octopus, squid, etc.)
	Radishes	Stuffing (breaded)	Shrimp (fresh, frozen or dried)
	Spinach	Sweet Breads*	Tuna
	Squash	Tortillas, corn	Turkey
	Sweet potatoes	Tortillas, flour	Venison
	Taro Leaves	Vienna Bread	Yogurt
	Taro Root	Waffles	
	Tomatoes	White Bread	
	Watercress	Whole Wheat Bread	
	Yams		
	Yucca		
	Zucchini		

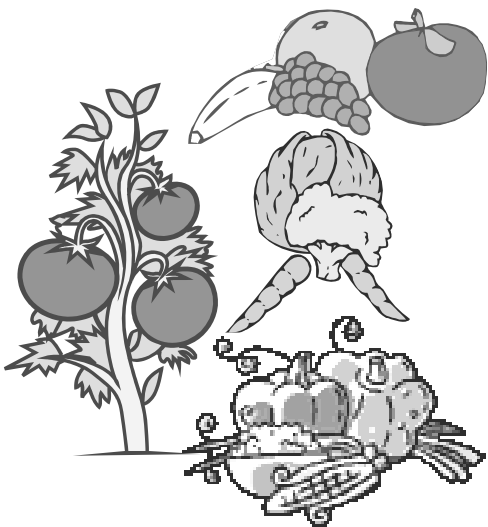
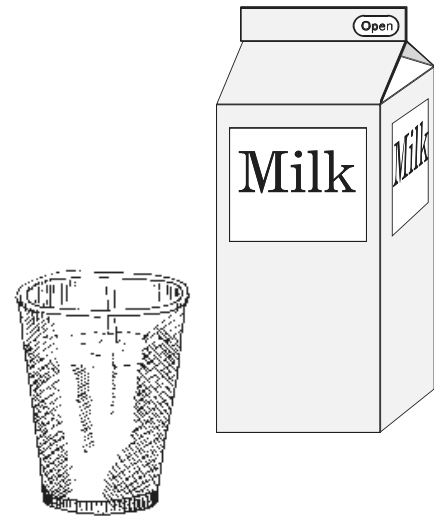
\*can be used as a substitute for snacks only

†must be commercially canned, processed or slaughtered. Home canned foods, or meat obtained while hunting are not claimable

## REQUIRED MEAL COMPONENTS

### MILK

Fluid milk must be served for breakfast, lunch and dinner and always. To count as a milk component for snacks, milk must also be served in the fluid form. Milk should be pasteurized and fortified with vitamin A. Whole milk should be given to children under 2 years of age and skim, 1% or 2% milk given to children over 2. Use powdered or canned milk for cooking only. Yogurt, cottage cheese or cheeses do not count as a milk serving.

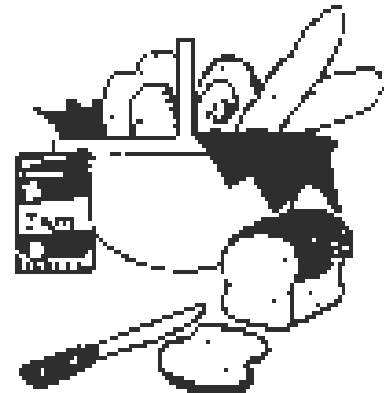


### FRUITS AND VEGETABLES

Two servings from this group must be provided at lunch and at dinner. Select one item from this group for breakfast. One of the two meal components for snacks can be a fruit or a vegetable. Be sure to include good sources of vitamin A and C. Choose fresh, frozen, canned, or dried foods. Use juices, purees, chopped, or whole fruits and vegetables. Be sure that juices are 100% fruit or vegetable. Beverages made with added sugar or made from powders or syrups do not meet this requirement. \*\*Please note that according to CACFP standards, potatoes count as a vegetable.

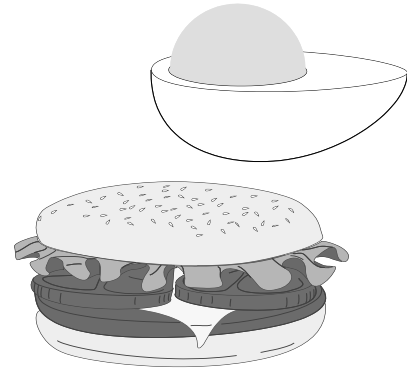
### BREAD AND BREAD ALTERNATE

Bread and bread products must be made of enriched or whole grain flour or meal (foods with only bran - wheat bran, oat bran, etc. - or wheat germ do not count, they must be whole grain). Cookies and other snacks such as bars and quick breads are acceptable only if the grain component out weighs the sugar or sweetener 2 to 1. Try to limit the use of sweets such as desserts and snacks to two times per week. Offer a variety of bread products such as crisp breadsticks, and crackers, soft rolls, dark rye, wheat bread (plain or toasted), bagels, pancakes, muffins, Spoonbread, rice or dumplings.



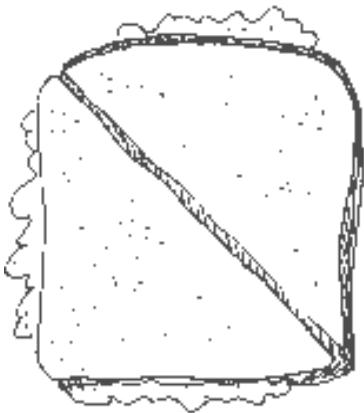
## MEAT AND MEAT ALTERNATE

To meet this requirement, lean meat, poultry, fish, a meat alternate or a combination of these foods may be used. The serving size is based on the weight of the cooked meat. Dried beans and peas may also be used as a protein alternate. These foods may also be used as vegetables—but not for the same meal. You must choose how you wish to claim them, as protein or vegetable. While meat or meat alternates are not required for breakfast, it is recommended to include a meat or meat alternate at least two times per week to improve children’s overall protein intake. Appropriate selections for breakfast might include eggs, cottage cheese and peanut butter. Consider the fat and salt content of ham, sausages, and hotdogs and use these items sparingly. Bacon does not count as a meat component due to its high content of fat and salt.



## SOURCES OF PROTEIN

When using the following main dish items as the only source of protein, it is often difficult to provide the required serving size and still have an appealing dish.



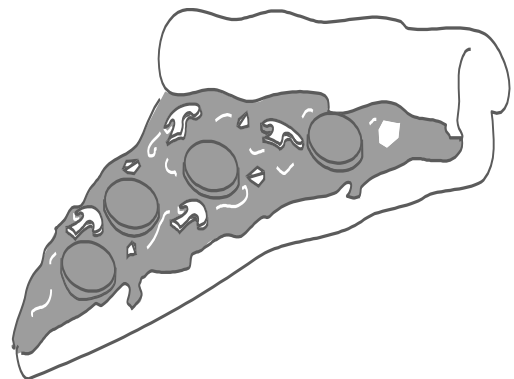
- |                             |                        |
|-----------------------------|------------------------|
| spaghetti and meat sauce    | fish sticks            |
| casseroles (tuna, etc.)     | sandwiches (grilled    |
| macaroni and cheese         | cheese, peanut butter, |
| soups (beef, chicken, etc.) | tuna or chicken salad) |

To supply a second source of protein and comply with CACFP standards, provide one of the following items as well:

- |                                     |                                       |
|-------------------------------------|---------------------------------------|
| cheese (grated, chunks)             | ham / hot dog chunks                  |
| beans / peas                        | eggs (hard boiled)                    |
| cottage cheese                      | bean salads                           |
| yogurt (4 oz. equals 1 oz. protein) | nuts and seeds                        |
|                                     | (can be used for 50% of protein only) |

## PROTEIN PACKED SUGGESTIONS

- Fish sticks and kidney bean salad
- Baked beans and hot dog casserole
- Beef vegetable soup with navy beans
- Lentil soup and deviled egg halves
- Spaghetti and meat sauce with melted cheese
- Peanut butter sandwiches and fruit cheese kabobs
- Tuna casserole and black eyed peas
- Egg salad sandwiches and three bean salad
- Creamed turkey on biscuits and fresh vegetables in cheese dip
- Pizza slice with meat and cheese (be careful of too much fat)



## ACCEPTABLE BREAD AND BREAD ALTERNATE PRODUCTS

**GROUP I:** When obtaining these items commercially, a full serving should have a minimum weight of 25 grams (0.9 ounces). All types of flour must ALWAYS be enriched or whole grain.

A serving of the following items should be ½ slice for ages 1-5 and 1 slice for ages 6-12?

Bagels	Biscuits	Boston brown bread
Buns and Rolls	Cornbread	Croissants
English Muffins	French / Vienna bread	Granola or Fruit bars
Italian bread	Muffins - bran or raisin bran	Pie Crust
Pumpnickel	Pizza Crust	Raisin bread
Rye bread	Soft Dutch pretzels**	Stuffing (bread)
Syrian bread or pitas	Tortillas - wheat or corn	White or Wheat bread



\* Serve ½ ounce for ages 1-5, 1 ounce for ages 6-12

\*\* Serve 1 for ages 1-5, 2 for ages 6-12

**GROUP II:** When obtaining these items commercially, a full serving should have a minimum weight of 20 grams (0.7 ounces). As always, the primary grain ingredient listed must be enriched or whole grain. Serving sizes are as marked for age groups:

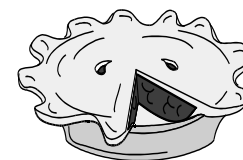
	<b>AGE 1-2</b>	<b>AGE 3-5</b>	<b>AGE 6-12</b>
Animal Crackers	4	4	8
Bread sticks	1 to 1½	1 to 1½	3
French Toast	1	1	1
Graham Crackers	2	2	4
Melba Toast	2 to 2½	2 to 2½	5
Pilot Bread	1	1	1
Pretzels - hard	5	5	10
Rye Wafers	2	2	4
Saltine Crackers	4	4	8
Soda Crackers	2	2	4
Taco Shells	1	1	2
Tortilla Chips	10	12	15



**GROUP III:** When obtaining these items commercially, a full serving should have a minimum weight of 30 grams (1.1 ounces), the primary grain ingredient listed must be enriched or whole grain.

A serving of the following items should be ½ for ages 1-5 and 1 for ages 6-12.

Dumplings	Hush Puppies	Meat Pie Crust
Meat Turnover (crust)	Pancakes	Sopapillas
Spoonbread	Waffles	Tortillas*



\* serve 1 for ages 1-5 and 2 for 6-12

**GROUP IV:** A serving of the following items should be ¼ cup for ages 1-2, 3/8 cup for ages 3-5 and ½ cup for ages 6-12. All items should be cooked when measured. The primary grain ingredient listed must be enriched or whole grain.

Pasta (*all shapes)	*Noodles	Rice (white)
*Macaroni	*Spaghetti	Brown Rice



## DISALLOWED MEALS

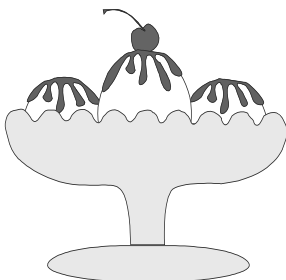
It is the policy of the CACFP, mandated by the Department of Public Instruction, to prohibit reimbursement on meals if the program guidelines are not met.

### **Common Reasons for Disallowed Meals Are:**

- 1) Meal component missing (i.e. milk missing at breakfast, lunch or supper). Any change in meal components needs medical documentation.
- 2) Food(s) listed do not meet component requirements (i.e. cake and fruit drink rather than juice and an acceptable bread alternate for a snack).
- 3) Two different components not selected for snacks (i.e. raisins and carrot sticks, both of which are fruit/vegetable components).
- 4) Inappropriate quantities of food for the age of the children. The minimum USDA food requirement and quantity should always be provided.
- 5) Claim differs from the application on file at **Helping Hands, Inc.** (i.e. if you claim breakfast when you have not applied for breakfast on the agreement form and have stated that children do not come to your home until 11am). Notify the office or your Monitor if you wish to change schedules.
- 6) Claiming more children than your license limits allow.
- 7) Claiming children who are not enrolled into the program (**all** children must be enrolled in order to claim them) or whose schedule doesn't support that meal (i.e. child leaves at 4:30 & dinner starts at 5), or claiming your own children when there are no daycare children present.
- 8) Claiming on weekend or holidays without a parent signature / preauthorization form (holidays).

### These Items Can Not Be Served

Cream Cheese  
Sour Cream  
Tofu  
Ice Cream, sherbet  
Frozen Yogurt  
Cream, Half & Half  
Nonfat dry milk  
Evaporated milk  
Pudding  
Potato Chips  
Corn Chips (unless whole grain corn is used)  
Snack Crackers  
Popcorn  
Kool-Aid  
Hawaiian Punch  
Cranberry Juice  
Bacon  
Fruit Punches  
Pies  
High-Sugar Desserts  
Sodas



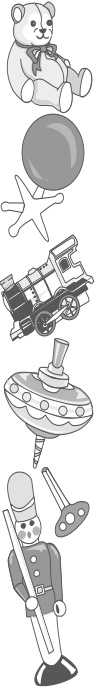
### These Items Can Be Served for Snacks Only

Cookies, granola bars (maximum of twice a week)\*  
Doughnuts+  
Rice pudding (with whole grain or enriched rice)  
Toaster pastries / tarts+  
Turnovers+  
Party Mix (mixed cereals)  
Cakes, brownies\*  
Sweet Rolls+  
Jell-O (can be used only if it has fruit in it. If so, count the fruit as a meal component)



\*Please have your recipes approved by **Helping Hands, Inc.** **you cannot use mixes!!!**  
+Can be served for breakfast as well (must use enriched flour)

## MENU EVALUATION CHECKLIST



- Are all the components of the meal included? **3 groups for Breakfast, 2 groups for Snacks and 5 groups for Lunch and Dinner.**
- Do serving sizes meet the required amount for various age groups?
- Are additional foods provided to comply with serving sizes when serving casseroles, sandwiches, etc.
- Are meals balanced in terms of color, texture, shape, flavor and temperature?
- Are the children accustomed to the meals and food combinations you have provided for them?
- Have you considered children's ethnic and cultural tastes and practices?
- Do you offer a variety of food from day to day, week to week?
- Are seasonal foods included? (strawberries, cantaloupe, etc.)
- Are menus low in fat and excessive salt and sugar?
- Do menus include a good source of vitamin A and C daily?



**\*\*Please keep the following information in mind when planning your menu**



1. **Vitamin C** is not stored by the body, therefore it must be supplied daily in the diet. The following items are good sources of Vitamin C:

Oranges	Broccoli	Cantaloupe	Brussel Sprouts
Papaya	Tomatoes	Grapefruit	Green Leafy Vegetables
Mango	Raw Cabbage	Strawberries	Green Peppers

2. **Vitamin A** aids such things as tooth structure, resistance to infection, healthy skin and eye functions. It also maintains normal production of cells. The following items are good sources of Vitamin A:

Milk	Peaches	Broccoli	Green Leafy Vegetables
Liver	Cantaloupe	Carrots	Yellow Leafy Vegetables
Spinach	Apricots	Winter Squash	Sweet Potatoes

## PREVENTING MEALTIME PROBLEMS

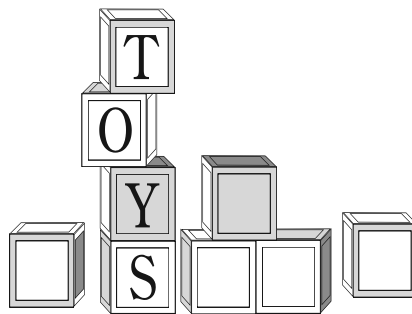
Pleasant eating experiences are as important as good nutrition. A happy mealtime is most like to happen when we understand that all children are not alike and that it is our responsibility to cater to their special needs. The following items will help you create a pleasant eating environment.

- \* Do not force children to eat everything on the plate. You should provide the specified serving sizes, but it is up to the child whether he / she wants to eat all of it.
- \* Be patient when you have introduced new foods. It takes time to become accustomed to their taste and texture.
- \* Avoid candy sweets and ice cream between meals.
- \* Help the child learn how to feed himself and do not become impatient when he / she becomes tired or awkward.
- \* Do not nag about table manners. Experience with helping young children form desirable feeding patterns and behavior.
- \* Make the atmosphere at the table cheerful and attractive by using colorful plastic mats.
- \* Remove distractions from the table and surrounding area.
- \* Forks and spoons should be chosen for their suitability for young hands. The shape and weight of the dishes is also very important.
- \* Allow the child to help in meal preparation. Be sure to keep safety, sanitation, and child's age in mind.
- \* Serve food lukewarm vs. too hot or too cold.



## FOOD LEARNING EXPERIENCES FOR CHILDREN

Wash vegetables  
Snap beans  
Wipe table  
Put toast in toaster  
Place things in trash  
Open and pour packages



Shuck corn  
Unload dishwasher  
Shape hamburger and meatballs  
Break eggs  
Measure and mix ingredients  
Knead and shape dough

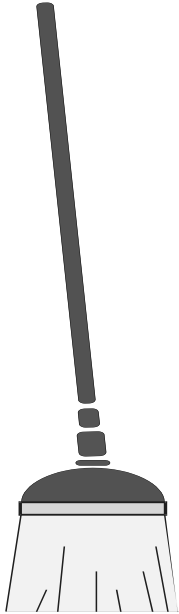
## SANITATION

Sanitation is one of the most important aspects of food service and it must go hand in hand with good nutrition. One of the most important steps in preventing the spread of bacteria is good personal hygiene. Keep in mind that Bacteria can also be spread through improper food storage and preparation techniques.



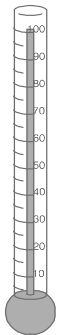
### PERSONAL HYGIENE

- \* Wear clean clothes and take a bath every day.
- \* Cover hair with hairnet, cap, scarf or other restraint.
- \* Wear a clean apron and use clean kitchen towels.
- \* Keep nails short and clean.
- \* If you have infections, skin diseases, open sores or open boils on your hands, cover with rubber gloves.
- \* Do not smoke in the kitchen or serving area.
- \* Always wash your hands with soap and warm water:
  - Before and after preparing a meal
  - After visiting the bathroom
  - After handling any contaminated objects (dirty towels, etc.)
  - After sneezing, coughing, or using a handkerchief or Kleenex
  - After touching hair or face
  - After smoking, eating, or handling raw foods (especially meat or poultry)
  - After changing diapers



### STORAGE AND PREPARATION TECHNIQUES

- \* Keep food storage and preparation areas clean and free of insects and rodents!
- \* Store foods at least 6 inches above floor and away from garbage.
- \* Properly thaw foods in the microwave, under refrigeration, or under cold running water. Be aware that certain foods like meat / meat products, and milk / milk products, poultry, eggs, fish / seafood are potentially hazardous foods that are easily contaminated.
- \* During preparation and storage keep food out of the danger zone (keep the food below 45° F or above 140° F. Be sure to cook poultry to 165° F and pork to 170° F.
- \* If hot foods are to be stored, cool them rapidly to an internal temperature of 45° F.
- \* If leftovers are served, reheat them rapidly to 165° F. and serve immediately.
- \* Use shallow pans to cool and refrigerate and store foods in the refrigerator or freezer.
- \* Keep handling food to a minimum during preparation.
- \* When tasting food use a clean, new spoon with every taste.
- \* When food is stored or prepared ahead of time, cover them tightly and store in the refrigerator or freezer.



# R E C I P E S



## FRUITY MILKSHAKE

2 cups skim milk  
1 cup diced fresh fruit  
Cinnamon

Combine milk and fruit (blueberries, melon, papaya, pears, banana, strawberries, etc.) in a blender. Process until smooth. Pour milkshake into 4 cups and top with cinnamon.

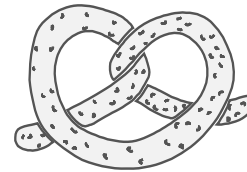


## FUNNY FACE SANDWICHES

Use cookie cutter to cut shapes from bread. Spread with peanut butter and use raisins, cheese grated carrots, banana slices or sunflower seeds to make funny faces. Allow the children to help you make them.

## SOFT PRETZELS (allowable)

1 pkg. yeast	4 cups flour, sifted
1 ½ cups warm water	1 egg, beaten
1 tsp. salt	1 Tbsp. sugar

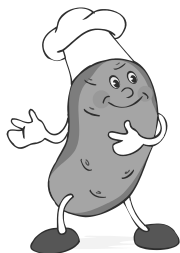


Dissolve yeast in water. Add salt and sugar. Blend in flour and knead until smooth. Roll out and cut into strips, roll into pretzel shapes or initials. Place on greased cookie sheet, brush with egg and sprinkle with coarse salt. Bake at 425° F. for 15 minutes or until brown.

## ENGLISH MUFFIN PIZZAS

English Muffin	Basil and oregano
Salad oil	Mozzarella cheese
Tomato sauce	Parmesan Cheese

Preheat oven to 400° F. Spread ½ tsp. oil on half of a muffin, followed by 2 Tbsp. sauce and cheeses and season lightly. Sprinkle cheese, arrange on cookie sheet and bake 8 to 10 minutes.



## STUFFED POTATOES

4 baking potatoes	2 Tbsp. butter
½ cup bacon bits	¾ tsp. salt
1 cup grated cheddar cheese	¼ tsp. pepper
1 cup milk	

Preheat oven to 400° F. Bake potatoes one hour. Cool for 15 minutes, cut hole on top and scoop out the inside. Mix the remaining ingredients with potato insides until smooth. Refill potato skin with mixture and bake for 30 minutes at 350° F.

## EASY MAC 'N CHEESE



1 can Cream of Chicken Soup  
1½ cups uncooked macaroni  
1¼ cups shredded cheddar cheese  
1¼ cups milk

Mix and bake at 350° F for 1 hour.

Yields: 4 servings

Counts as 1 bread and 1 meat serving

## BROWN RICE PUDDING

2 cups Brown Rice (cooked)      ½ cup plain nonfat Yogurt  
1 cup Pineapple, chopped      ¼ cup Raisins  
Grated Coconut

Mix together rice, pineapple, raisins, and yogurt. Spoon mixture into small cups and chill for 2 to 3 hours. Top with coconut before serving. **Yield:** 8—½ cup servings

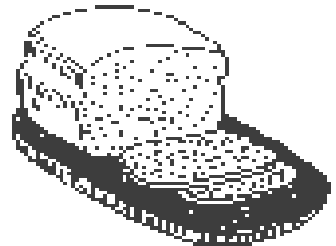
## CRANBERRY-BANANA BREAD

½ cup shortening      ½ tsp. salt  
½ cup sugar      ¼ tsp. baking soda  
2 eggs      ½ cup chopped walnuts  
1 ¾ cup flour      1 cup mashed bananas  
2 tsp. baking powder      1 cup canned cranberries (in sauce)

Cream shortening with sugar. Add eggs one at a time beating well after each addition. Sift dry ingredients. Add nuts, mashed bananas, and dry ingredients alternately to creamed mixture. Beat well after each addition. Fold in cranberries. Pour into greased loaf pan. Bake at 350° F. for 60 to 65 minutes. Cool before slicing.

## ZUCCHINI BREAD

3 eggs      3 tsp. vanilla  
1 cup sugar      1 tsp. salt  
2 cups zucchini, grated      1 tsp. baking soda  
1 cup salad oil      ½ tsp. baking powder  
3 cups flour      3 tsp. cinnamon  
nuts to taste (optional)      raisins to taste (optional)



Cream together eggs, sugar, vanilla and oil. Gradually add spices and zucchini. Add flour, blend until well mixed, fold in nuts and raisins. Grease a loaf pan and line with waxed paper. Pour batter into pan and bake at 350° F. for 55 to 65 minutes.

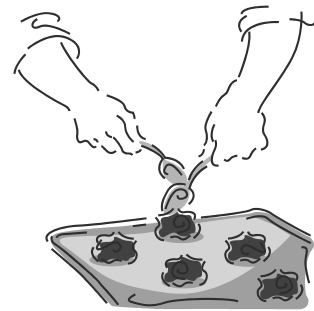
## BASIC COOKIE DOUGH

2/3 cup shortening	2 ½ tsp. baking powder
1½ cups sugar	½ tsp. salt
2 eggs	3 to 4 cups flour
3 Tbsp. milk	1 tsp. vanilla

Cream shortening, sugar, eggs and vanilla. Add baking powder and salt, then slowly add flour. Use 3 cups of flour if you want to make drop cookies (you may add raisins if you wish) or use all of the flour (4 cups) if you want to make cookie cutter dough. Bake at 375° F. for 8 to 10 minutes.

## PUMPKIN COOKIES

Cream:	1 cup butter	Sift and add:	2½ cups flour
	1 cup brown sugar		2 tsp. cinnamon
	¼ cup white sugar		½ tsp. salt
	2 eggs		½ tsp. cloves
Add:	1 cup cooked pumpkin		½ tsp. ginger
	1 tsp. lemon extract		1 tsp. baking soda



Follow directions and steps outlined above, fold in 1 cup chopped nuts. Place on greased cookie sheet. Bake at 400° F. for 10 to 12 minutes.

## FARM COOKIES



¾ cup brown sugar	1 tsp. baking powder
¾ cup white sugar	1 tsp. salt
1 cup butter	2 cups oatmeal
2 eggs	2 cups cornflakes
1 tsp. vanilla	2 cups coconut
2 cups flour	2 cups nuts (chopped)
1 tsp. baking soda	

Cream sugars, butter, vanilla and eggs. Sift all dry ingredients and add to creamed mixture. Add the oatmeal, cornflakes, coconut and chopped nuts. Roll into balls. Place on a greased cookie sheet. Flatten with a fork. Bake at 350° F. for 12 to 15 minutes.