



An Early Child Care Wellness Initiative
for CACFP Participants

Healthy Tots: Phase One

Enhanced CACFP Meal Reimbursements

Automatic participation

Add10

Optional participation

Local5

Full Day4



Enhanced CACFP Meal Reimbursements

Full Day4

Full Day4

3 Meals and 1 Snack per Day per Infant/Child

or

2 Meals and 2 Snacks per Day per Infant/Child

Breakfast

Lunch

Supper

Snack (a.m. or p.m.)

Full Day4

Why should your facility offer Full Day4?

Breakfast



All breakfasts served in the month are reimbursed at the free rate. (local funds)

Lunch

Supper



This could be a child's last meal of the day.

Snack

Full Day4

Which meal may we add?

➤ Facilities may add any additional meal.

The addition must:

- **benefit the infants/children**
- **total 3 meals and 1 snack or 2 meals and 2 snacks**

Breakfast a.m.Snack Lunch p.m.Snack Supper

Full Day4

Full Day4 Eligibility

Eligible children:

- children enrolled in full day child care

Eligible centers:

- 75% of enrolled children are D.C. residents
- 50% or more of enrolled children are eligible for child care subsidy

Full Day 4

Documenting Full Day4 Eligibility

FDCH Full Day4 Documentation Form *(maintain monthly)*

✓ List of enrolled children

✓ Subsidy requirement

✓ Residency requirement

Where residency information can be located:

- CACFP Enrollment Form

Full Day 4

Notes on Meals

Snack:

- A.m. or p.m. snack may be served.

Supper timing:

- Maintain 1 ½ hours between supper and snack service.

**unless a shorter timeframe is requested and approved.*

Full Day4

Benefit of adding another meal

- ❖ All breakfasts are reimbursed at the center free rate.*
- ❖ Provide children with the nutrition they need for healthy growth.

**Reimbursed through local funds at \$1.66*

Full Day4

Is Full Day4 a good choice for your facility?

- ✓ Will adding a meal **benefit the infants/children** in my care?
- ✓ Is my facility **open long enough** to offer an additional meal?
- ✓ Does my facility have **enough staff to prepare or serve** another meal?
- ✓ Will adding another meal =
 - ❖ **3 meals and 1 snack being served per child per day?**
 - or
 - ❖ **2 meals and 2 snacks being served per child per day?**
- ✓ Are the **children enrolled in full day child care** receiving the additional Full Day4 meal?
- ✓ *Each month*, is **75%** of my facility's enrollment **children who are D.C. residents?**
- ✓ *Each month*, is **50% or more** of my facility's enrollment **children eligible for child care subsidy?**



Enhanced CACFP Meal Reimbursements
Claiming Healthy Tots

Full Day4

Claiming Full Day4

- Sign-up to participate in Full Day 4.
- Record the number of breakfasts served in the “Full Day4-local breakfast” box.
 - ❖ *If participating in Full Day4, do not place breakfast count in “federal breakfast” box.*
- Record the number of the “additional” meal in the appropriate box.

\$1.66 (federal free rate) for every breakfast served.

Additional meal reimbursement paid according to children’s eligibility rate.

Full Day4

Claiming Full Day4

➤ Record the number of breakfasts served in the “Full Day4 local breakfast” box.

➤ Record the number of the “additional” meal in the appropriate box.

Child and Adult Care Food Program (CACFP) Claim for Reimbursement – FAMILY DAY CARE HOMES

1. Agreement Number:	CACFP#:	
2. Organization Contact Information		
Name:		
Street Address:		
City:		
State:	ZIP Code:	
Name of Contact:		
Contact Telephone#:		

Place an “X” in this box if this is an adjusted claim:	
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3. Claim Period:	Month:		Year:	
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4. Number of Food Service Operating Days:	
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5. Total Number of Meals Served to Children in Day Care Homes					
	A. Breakfasts	B. Lunches	C. Suppers	D. A.M. Snack	E. P.M. Snack
TIER I					
TIER II - HIGH					
TIER II - LOW					
TOTAL					

6. Healthy Tots Reimbursement				
Full Day4 - LOCALLY FUNDED BREAKFASTS		Local5 - LOCALLY GROWN FOOD		
# OF HOMES CLAIMING LOCALLY FUNDED BREAKFAST		# OF HOME CLAIMING		
# OF BREAKFASTS CLAIMING		# OF LUNCHES/SUPPERS CLAIMING (Only claim lunch or supper not both.)	LUNCHES	SUPPER

7. Total Attendance for Claim Period		8. Actual # of Day Care Homes Operating This Claim Period		9. Average Daily Attendance in Homes for This Claim Period	
TIER I		TIER I		TIER I	
TIER II - HIGH		TIER II - HIGH		TIER II - HIGH	
TIER II - LOW		TIER II - LOW		TIER II - LOW	
TIER II - MIXED		TIER II - MIXED		TIER II - MIXED	
TOTAL		TOTAL		TOTAL	

10. Program Administrative Cost	11. Program Income	12. # of Children Enrolled in Homes this Claim Period

I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing Agreement(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. **IFURTHER CERTIFY THAT ALL CLAIMS FOR REIMBURSEMENT SHALL BE SUBMITTED TO THE STATE AGENCY BY THE 10TH DAY OF THE MONTH** but no later than the legislatively mandated deadline of 60 days after the end of the claim month. I understand that failure to submit claims within the 60-day deadline may result in such claims not being paid.

All receipts, invoices and other evidence of purchase must be retained and available for future audits for a period of three years after the date of the final submission of the final claim for the fiscal year to which they pertain, or longer if related to an audit or investigation in progress.

No further monies or other benefits may be paid out under the program unless this report is completed and filed as required by existing regulations (7 CFR 226).

Date of Preparation	Title of Authorized Representative	Print Name
		Signature of Authorized Representative