healthytets act



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

healthytets act

Enhanced CACFP Meal Reimbursements Local5

Serve local, unprocessed foods at lunch or supper.



Swap one component for a local food.



"Locally-grown" and "Locally-processed"

What does this mean?

Food grown and raised in the following states:

- District of Columbia
- Maryland
- Virginia
- West Virginia
- North Carolina
- Pennsylvania
- Delaware
- New Jersey

Not just purchased locally.

Grown locally.

Local Bread Products

What is local bread?

The dough was assembled, proofed and baked at a bakery located in the following states:

- District of Columbia
- Maryland
- Virginia
- West Virginia
- North Carolina
- Pennsylvania
- Delaware
- New Jersey

*Preference shall be given to bread products produced by bakeries based in the District of Columbia, Maryland and Virginia.

"Unprocessed"

What does this mean?

Food handled or prepared in the following ways BEFORE cooking:

- Cooling, refrigerating or freezing
- Peeling, slicing, dicing, cutting, chopping, shucking or grinding
- Drying or dehydration
- Washing
- Cold pasteurization
- Vacuum packing, bagging or placing in cartons (as with eggs)
- Butchering (as with livestock, fish or poultry)

Documenting Local5

✓ Menus

• Identify the locally-grown/processed, unprocessed foods on monthly menu.

Receipts & Log*

- Indicate the locally-grown/processed, unprocessed foods
- Date of purchase
- Name and address of grocery store
- Name and address of farm, if available

*Please remember to capture this information. OSSE is collecting this information to assist all CACFP participants in locating and purchasing local, unprocessed foods.

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Enhanced CACFP Meal Reimbursements Claiming Healthy Tots



Claiming Local5

Identify the number of lunches and/or suppers that included a local component.

In one day, only the lunch or supper meal may be claimed for Local5. May alternate serving Local5 between lunch and supper in the same month.

+ **5 cents** for each CACFP lunch and/or supper containing one locally-grown, unprocessed component

Family Day Care Home Sponsor Claim Form

Claiming Local5

Identify the number of lunches and/or suppers that included a local component. 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 #:

| 3. | Claim Period: | Month: | | Year: | |
|----|------------------------|--------------|----------|-------|--|
| 4. | Number of Foo Days: | od Service C | perating | | |

Signature of Authorized Representative

Place an "X" in this box if this is an adjusted claim:

| TIER I Image: Constraint of the set of the | | A. Breakfasts | B. Lunches | C. Suppers | D. A.M. | Snack | E. P.M. Snack | | |
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| to 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). | MONTH but no late he 60-day deadlin Il receipts, invoice inal claim for the fig | e may result in such cla s and other evidence of pu scal year to which they per | rchase must be retained and rtain, or longer if related to ar | n audit or investigation in prog | ress. | | | | |

Center Claim Form

Claiming Local5

Identify the number of lunches and/or suppers that included a local component.

| | CACFP#: | | | | | Places | n "Y" | in this how | if this is an | adjuste | ed claim: |
|--|---|--|--|--|--|--|---|---|---|---|--|
| 1. Agreement Number: NSLP #: | | | | | | Place an "X" in this box if this is an adjusted claim: | | | | | |
| 2. Organization Contac | | | | ÷ | | | | | | | |
| Name: | | | | | | 3. Claim Period: | Mon | | | Yea | r: |
| Street Address | | | | | | 4. Number of Foo | | | | | |
| City | | | | | | 5. COMPLETE IF Each Eligibility | PROC | GRAM TYP | Ea-h:To his Claim F | tal Par | ticipants in |
| State | z | P Code: | | | | Note: All participa | antsa | t emergency | shelters ar | e classi | fied as 'Free." |
| Name of Contact | | | | | | Free | | Reduce | d-Price | | Paid |
| Contact Telephone # | | | | | | | | | | | |
| o o ma or r or opinon o m | | | | | | | | | | | |
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| j. At-Risk Breakfast∕ | Lunch/Supper | | | j. At-Risk Breakfa | ast/l | Lunch/Supper | | | j. At-Risk Breakfa | ast/Lunc | h/Supper |
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| Breakfast (may or | - | | | A.M. Snack | + | Lunch | \rightarrow | P.M. Sr | nack | | Supper |
| Federal | Local – Healthy T | ots-Full C | Day4 | | | | | | | | |
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| 10. FOR AT-RISK PRO | GRAMSONLY: 1 | otal Part | ticipants | and Meals | Sei | rved During This (| Claim | Period | | | |
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