



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

Local5

Local5

Serve local, unprocessed foods at lunch or supper.

Lunch and Supper CACFP Meal Requirements	Meal Component
	Fluid Milk
	Meat or Meat Alternate
	Fruit/Vegetable
	Bread or Bread Alternate

One of these components must include locally-grown and unprocessed foods.
(at least ½ of the component)

Local5

Swap one component for a local food.

Lunch and Supper CACFP Meal Requirements	Meal Component
	Fluid Milk
	Ground turkey patty
	Apple / Green beans
	Whole grain bun

→ Serve a local apple.

Local5

“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.

Local5

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.*

Local5

“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)

Local5

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.



Enhanced CACFP Meal Reimbursements Claiming Healthy Tots

Local5

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

Local5

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 #:	

Place an "X" in this box if this is an adjusted claim:	
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3. Claim Period:	Month:	Year:
4. Number of Food Service Operating Days:		

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 BYTHE 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

Local5

Center 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 - CENTERS

1. Agreement Number: CACFP #: NSLP #: 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: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> 3. Claim Period: Month: Year: 4. Number of Food Service Operating Days: 5. COMPLETE IF PROGRAM TYPE a - h: Total Participants in Each Eligibility Category for This Claim Period <small>Note: All participants at emergency shelters are classified as "Free."</small> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Free</td> <td style="width: 33%;">Reduced-Price</td> <td style="width: 33%;">Paid</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>						Free	Reduced-Price	Paid			
Free	Reduced-Price	Paid											

6. Total Number of Program Types Operated in This Claim Period <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. CCC</td></tr> <tr><td>b. OSCHC</td></tr> <tr><td>c. Head Start</td></tr> <tr><td>d. TXX CCC</td></tr> <tr><td>e. ADC</td></tr> <tr><td>f. TXIX ADC</td></tr> <tr><td>g. TXX ADC</td></tr> <tr><td>h. Shelter</td></tr> <tr><td>i. At-Risk Snack</td></tr> <tr><td>j. At-Risk Breakfast/Lunch/Supper</td></tr> </table>	a. CCC	b. OSCHC	c. Head Start	d. TXX CCC	e. ADC	f. TXIX ADC	g. TXX ADC	h. Shelter	i. At-Risk Snack	j. At-Risk Breakfast/Lunch/Supper	7. Total Attendance <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. CCC</td></tr> <tr><td>b. OSCHC</td></tr> <tr><td>c. Head Start</td></tr> <tr><td>d. TXX CCC</td></tr> <tr><td>e. ADC</td></tr> <tr><td>f. TXIX ADC</td></tr> <tr><td>g. TXX ADC</td></tr> <tr><td>h. Shelter</td></tr> <tr><td>i. At-Risk Snack</td></tr> <tr><td>j. At-Risk Breakfast/Lunch/Supper</td></tr> </table>	a. CCC	b. OSCHC	c. Head Start	d. TXX CCC	e. ADC	f. TXIX ADC	g. TXX ADC	h. Shelter	i. At-Risk Snack	j. At-Risk Breakfast/Lunch/Supper	8. Average Daily Attendance <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>a. CCC</td></tr> <tr><td>b. OSCHC</td></tr> <tr><td>c. Head Start</td></tr> <tr><td>d. TXX CCC</td></tr> <tr><td>e. ADC</td></tr> <tr><td>f. TXIX ADC</td></tr> <tr><td>g. TXX ADC</td></tr> <tr><td>h. Shelter</td></tr> <tr><td>i. At-Risk Snack</td></tr> <tr><td>j. At-Risk Breakfast/Lunch/Supper</td></tr> </table>	a. CCC	b. OSCHC	c. Head Start	d. TXX CCC	e. ADC	f. TXIX ADC	g. TXX ADC	h. Shelter	i. At-Risk Snack	j. At-Risk Breakfast/Lunch/Supper
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9. COMPLETE IF PROGRAM TYPE a - h: Total Number of Meals Served by Meal Type During This Claim Period				
Breakfast (may only claim in one category.)	A.M. Snack	Lunch	P.M. Snack	Supper
Federal	Local - Healthy Tots - Full Day			

10. FOR AT-RISK PROGRAMS ONLY: Total Participants and Meals Served During This Claim Period	
Number of Participants Served an At-Risk Snack:	Total Number of At-Risk Snacks Served:
Number of Participants Served an At-Risk Breakfast:	Total Number of At-Risk Breakfasts Served:
Number of Participants Served an At-Risk Lunch/Supper:	Total Number of At-Risk Lunches/Suppers Served:

11. Other Notes:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">12. Number of Meals Served with Local Food</td> <td style="width: 20%; text-align: center;">Lunch</td> <td style="width: 20%; text-align: center;">Supper</td> </tr> <tr> <td>Healthy Tots - Local5 (Only claim lunch or supper not both.)</td> <td></td> <td></td> </tr> </table>	12. Number of Meals Served with Local Food	Lunch	Supper	Healthy Tots - Local5 (Only claim lunch or supper not both.)		
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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 is in accordance with the terms of existing Agreements(s); I recognize that I will be fully responsible for any excess amounts which may result from erroneous or neglectful reporting herein. I further certify that claims submitted for meals served in Proprietary TXIX Adult Day Care Centers and Proprietary TXX Child Day Care and Adult Day Care Centers are submitted only for those individual centers having 25% or more participants receiving Title XIX/Title XX benefits enrolled for this claim period. I further certify that this claim and/or addendum submitted for meals served shall be submitted to the State Agency by the 10th 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 days may result in such claims not being paid. The State Agency has 45 days from the day a valid claim is received to pay the reimbursement funds.

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).

Print Name of Authorized Representative	Title	Signature of Authorized Representative	Date