

How does CACFP work?

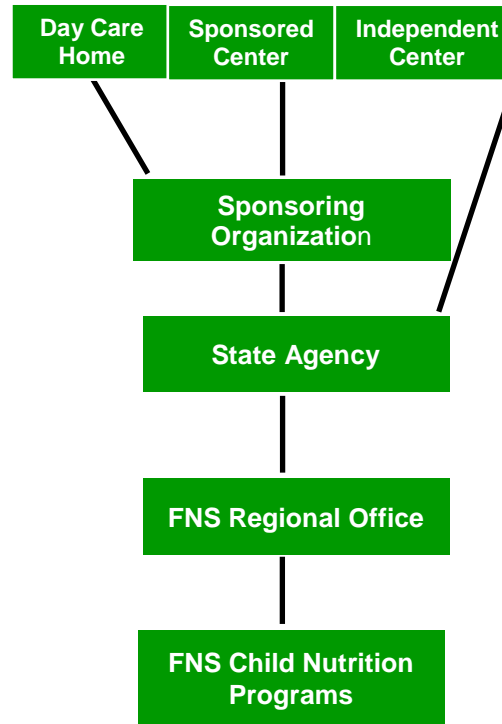
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



CACFP Partners



Contacts

Nutrition First
USDA Child Care Food Program
2475 Center St NE
Salem, OR 97301-4520

503-581-7563



FNS-319
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USDA is an equal
opportunity provider,
employer and lender.

Building for The Future



In the Child and Adult Care Food Program (CACFP)

Building for the Future in the CACFP

What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Learn more about CACFP at USDA's website:

<https://www.fns.usda.gov/>

Visit our State agency website at

<http://www.ode.state.or.us/nutrition/cacfp>

Nutrition First CACFP serves Marion, Polk, Yamhill, Tillamook, Lincoln, Linn, Benton, Lane, Clackamas, Washington and Multnomah counties.

Visit our website at

<https://www.mwvcaa.org/programs/nf/>

Contact by phone at 503-581-7563

Who is eligible for CACFP meals?

- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?

Many types of facilities participate in CACFP.

Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

"At-Risk" Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

NEW
UPDATE

Nutrition First
USDA Child Care Food Program
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Salem, OR 97301-4520

(CIRCLE IF:)
PROVIDER'S OWN
CHILD / CHILDREN

FOOD PROGRAM CHILD ENROLLMENT FORM

TO BE FILLED OUT BY PARENT/GUARDIAN ONLY. This information will be treated confidentially and will be used only for eligibility determinations and verification of data for Child and Adult Care Food Program purposes.

For Enrollment in Nutrition First USDA Child Care Food Program

Child Care Provider's Name (not business name) / Phone Number

I wish to enroll my child/children, whose names and enrollment information are given below, in the Child and Adult Care Food Program, which reimburses day care providers for serving nutritious, well-balanced meals to day care children.

First and Last Name of Child	Birthdate	Usual Hours	USUAL MEALS NEEDED MARK "X" OR OCCASIONAL					
			Bkft 6-9 am	AM Snack	Lunch 11-1:30	PM Snack	Dinner 5:00-7:00	Late Snack
_____	_____	from _____ to _____	_____	_____	_____	_____	_____	_____
_____	_____	from _____ to _____	_____	_____	_____	_____	_____	_____
_____	_____	from _____ to _____	_____	_____	_____	_____	_____	_____

Days in care on a normal week (circle): MON TUES WED THUR FRI SAT SUN **NON SCHOOL DAYS?**

Are child/children related to provider? (circle): Yes No Note any food allergies _____

INFANT FORMULA SECTION: Complete if any child listed is an infant under one year of age
 This provider supplies _____ (list brand) iron fortified infant formula.
 Check one: I accept the provider supplied formula
 I decline the provider supplied formula
 I understand that by declining the provider supplied formula, I agree to provide breast milk or formula for my child. If I provide formula, it must be on the approved formula list for the provider to be reimbursed for the meal.

RACIAL OR ETHNIC IDENTITY (not required)

Please check your child's racial ethnic identity.
Mark one ethnic identity:
 Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities, if any:
 American Indian & Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other: _____

I understand my child/children will receive meals at no extra charge when they are in care during any of the scheduled meal services and receive meals. I have received the *Building for the Future* brochure, which explains the goals of the Child and Adult Care Food Program. I understand that the day care home cannot and will not discriminate for reasons of race, color, national origin, age, sex, handicap or religion. If I need to be contacted by phone to update and/or verify this information at some time, I would prefer being called: At Home _____ At Work _____ Either _____

Parent Signature: _____ Print Name: _____

Mailing Address: _____ City/Zip: _____

Email Address: _____

Home Telephone No: _____ Work Telephone No: _____

ENROLLMENT DATE: _____ (IF NEW) **OR** INFORMATION UPDATE: _____
(mm/dd/yyyy) (mm/dd/yyyy)