



March 2010

Volume 6, Issue 09

CACFP NEWS & TIPS

CACFP Reminders

1. Meals must be marked at point of service or by the end of your business day (depending on the amount of children you have enrolled). Meals cannot be altered after the end of your business day. If you mark children on the MSR form and then transfer it into ChildWatch, please be sure the numbers match up. We are having problems when the claim comes in and we compare it to your monitor review form- the numbers are not matching up. These meals will be disallowed.
2. Everyone should have their 3years + current contract year of copies. If you do not you will receive a warning letter stating what paperwork is missing. A monitor will come back out for a follow-up to make sure you have obtained these copies. If you have not obtained your missing paperwork the Seriously Deficient procedures will begin.
3. Day Nursery does not send out any tax documents. You will need to look at your reimbursement worksheets that you receive each month with your paperwork. Use these to figure up the reimbursement amount for the year.

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Where Healthy Eating Becomes a Habit



CHILD & ADULT CARE FOOD PROGRAM

NATIONAL CACFP WEEK

MARCH 14-20, 2010

* Look for insert on how you can help promote national CACFP week

Recipe/Activity of the Month

Teaching Children About Grains/Breads

Grains/breads provide important nutrients.

- The Dietary Guidelines for Americans recommend that at least half of the grains we consume be whole grains.
- Whole wheat and other whole grains are higher in fiber and other nutrients than refined grains, such as white flour. Refined grains are made by removing the bran and germ of the grain kernel.
- Enriched breads have some of the nutrients added back that are lost in the refining process.
- Serve a variety of whole grain breads and other grains to expose children to the taste and texture of whole grains. Older children can learn to identify whole grains in their meals.

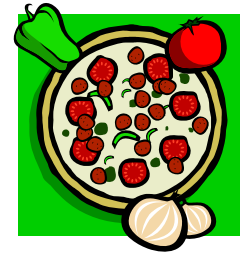
Grains/Breads Teaching Points

- Breads, rice, cereal, pasta, oats, waffles, and pancakes belong to the grains/breads food group.
- Ask the children to identify the grain or bread item in their breakfast, lunch, and snack for one day.
- Tell children that grains and breads give them energy.
- Many breads and cereals are made from wheat flour. Show children a picture of a wheat field to show how wheat grows.

Food Activity: Making Mini Pizzas

Ingredients for each child:

- Half of a whole grain English muffin
- 2 tsp tomato sauce
- 2 tsp grated parmesan cheese
- 1 slice mozzarella or cheddar cheese
- 3 mushroom slices
- 5 pieces diced green peppers



1. Instruct each child to take an English muffin half and choose ingredients to place on top of the muffin.
2. After children have made their pizzas, help them to place their pizzas on a cookie sheet.
3. Bake 15-20 minutes at 250 °F or 10 minutes at 400 °F.
4. Ask children to identify the food groups represented in the pizza.

Source: www.nfsmi.org

Menu of the Month

Breakfast

Cinnamon Raisin
Toast
Applesauce
Milk



Snack

String Cheese
Wheat Crackers
Water

Lunch

Mini Pizzas *
Pepperoni Slices
Apple Slices
Salad
Milk

Make your meals exciting. Take some tips from the menu of the Month.

* see recipe

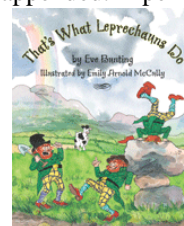
Book Review

That's What Leprechauns Do

By: Eve Bunting

Reviewed By: School Library Journal

As storm clouds gather ominously in the Irish sky, three diminutive leprechauns rouse themselves to dig up their pot of gold and place it at the end of the coming rainbow. Ari hurries Col and Boo along the country road, intent on accomplishing their task, but the friends can't resist stopping to pull some mischievous pranks along the way, because that's what leprechauns do. They paint the hooves of Mrs. Ballybunions cow bright scarlet, tie Old Jamie Bradleys drying long johns into a knot, and plant a yellow tennis ball in the nest of Miss Maudie Murphy's hen. At last, as the raindrops begin to fall, the playful tricksters reach Paddy-whackers Bog, dig up their treasure, and set it in place. As the rainbow arches across the sky to touch the pot of gold, the trio settles down to wait, but nobody finds the gold, as usual. Ari cheers up his disgruntled pals, saying that gold is waiting for just the right person. McCully graces this lighthearted story with her characteristically expressive and charming watercolors that eloquently capture the verdant beauty of the Irish countryside and the irrepressible personalities of the elves. An explanatory note about leprechauns is appended. A perfect choice for a March story.



Nutritional Information

Special Diets– Where Do We Start?

Eating a variety of healthy foods is the basis of good nutrition for children and adults. At the same time, we know that 28% of parents report some type of adverse reaction to food for their children and approximately 8% of children may have a true food allergy. When we learn that a child needs a special diet we want to understand how best to meet that child's needs.

Knowing why a child requires a special diet can help us know what foods to offer, what foods to avoid and how the texture of food may need to be modified. Special diet requests can be categorized as family or child choices or a medically based need. Family and child choice-based special diets include religious and individual preferences, such as a vegetarian diet, as well as food idiosyncrasies that are really a nonmedical aversion to a food. Medically-based special diet requests can include texture modified diets for children who have chewing and swallowing difficulties as well as food allergies that involve the immune system, food intolerances that involve digestion or metabolism and food irritants such as reactions to the acids in fruits. Unless there is a documented medical need for the special diet, the child care program can decide what they can accommodate and what they cannot.

Food allergy, intolerance, and irritant symptoms can range from a mild rash or blotches on the skin to a severe life threatening anaphylactic reactions that closes the airway making it impossible to breath. When discussing special diets with families it is important to ask and document three important questions:

- *What happens to your child if they are given that food?*
- *How sensitive is your child to that food? Do we just need to avoid offering it to your child or are they sensitive to the food if it is in the room or touches their food on a serving platter?*
- *What will we need to do if your child is exposed to that food?*

The answer to these important questions along with your discussions with the physician and family will guide your plans for the child's diet and emergency care. The best treatment for a food allergies, intolerances, and irritants is avoidance of the food or foods. Every effort will need to be made to assure that special diets can be accommodated in the child care facility. This will mean educating all staff who will be involved in the child's feeding, care, and supervision.

Children often describe these symptoms in their own words like "my tongue feels itchy" or "I feel like something is stuck in my throat" or "my skin feels like bugs are crawling on me." Child care homes will want to have an emergency plan that includes policies and procedures for how they will handle possible food allergy reactions if they should occur. The plan will certainly include contacting the family, but will also include what steps will be taken if the family is not immediately available. If you think a child is having an allergic reaction, you will want to follow your emergency plan immediately.

One of the most common special diets required in the child care setting is a modification of the texture of everyday foods. If a child has difficulty chewing or swallowing, the texture of foods may need to be changed to make them easier for the child to swallow. This may be a minor modification simply requiring that food be cut into small pieces for the child or a more significant change in the foods texture may be needed to assist the child in eating and swallowing.

Communication between parent, doctor, and child care providers is important to assure that the child's special diet is understood. Terms used to describe modifying the texture of food can vary and it is easy to misunderstand the degree to which the texture of food needs to be modified. A casual comment of "just cut his food up for him" can mean very different things to different people. The following definitions are for communication purposes only. We want to clearly define what the doctor and family are requesting to be offered to the child. Clearly defining our terms goes a long way to assuring our communication is clear.

Chopped Food Diet

- Regular foods chopped with a knife into easy to swallow pieces
- De-bone all meats
- Remove skin and excess fat
- Follow doctor's size recommendations of pieces

Pureed

- Regular food that is mechanically altered to a ground meat consistency or the consistency of corn meal by processing in a food processor or blender
- This texture cannot be prepared by hand

Mechanical Chopped/ Mechanical Soft Diet

- Regular food that is mechanically altered to a course consistency by a food processor
- Smaller and more consistent pieces than chopped

Blenderized

- Regular food that is mechanically altered to a smooth baby food type consistency by using a food processor or blender with added liquid.
- Liquid can include water, juice, or broth, whatever is suitable for the food being prepared



Once the consistency of the diet is identified, the child care staff may want to observe how the family offers the food to the child. Can the child feed him/herself or does the care provider need to assist the child at the table or feed the child? As we clarify the modified texture the child needs and the feeding style that most benefits the child, we will also want to assure that the modified texture diet also meets the child's nutritional needs. The Dietary Guidelines and the USDA nutrition standards outlined in the CACFP meal pattern can be used as a guide. The family and physician will be monitoring the child's weight and growth to assure that an adequate amount of food, calories, and nutrients are offered. Small modifications in the meal plan can be made as the child grows and as the medical needs change. Communication is the key to success.

Source:www.nfsmi.org



CHILD CARE CENTERS
REFERRALS • TRAINING

Day Nursery /Child Care Answers Phone: 317-636-5727
615 N Alabama St. Suite 300 Fax: 317-687-6248
Indianapolis, IN 46204 E-mail: www.childcareanswers.com

Staff	Position	Extension
Mindy Bennett	Director of Programs	224
Molly Manley	CACFP Coordinator	228
Lynn Harris	CACFP Monitor	247
Larry Gist	Database Manager	249

Office Hours:	
Monday	8:00 A.M.— 5:00 P.M.
Tuesday	8:00 A.M.—5:00 P.M.
Wednesday	8:00 A.M.—5:00 P.M.
Thursday	8:00 A.M.—7:00 P.M.
Friday	8:00 A.M.—2:00 P.M.




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March 2010



Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5 Feb Claims Due!	6
7	8	9	10	11	12	13
14	15	16	17 	18	19	20
21	22	23	24	25	26	27
28	29	30	31			