1. What is the main requirement on mealtime restrictions?

2. What is the maximum meal count that can be claimed per child/per day?

3. What are the 3 components for breakfast?

4. What can be substituted for a grain 3 times per week?

5. What are the sugar limitations for breakfast cereal?

6. Is a lunch or dinner that includes two fruits and no vegetables creditable?

7. _______ of the five meal components must be served at snack.

8. Children age one must be served __________________, _____________ milk.

9. How often each day are whole grain rich products required?

10. What are the sugar limitations on yogurt?

11. What is the best resource for whole grain rich products, yogurts, and cereals that meet sugar requirements?

12. What is required for a meal to be reimbursable when cow’s milk is being substituted due to a medical disability?
13. Are meals reimbursable if a monitor comes for a review and a provider’s menu is not posted?

14. When must meal counts be recorded by each day?

15. What are the three things a monitor must check when they do review?

16. What day of each month are menus due at our office?

17. What does USDA require of us (the sponsor) when we do a visit and you are not home?

18. Is it mandatory for a provider to offer infant meals?

19. How long does USDA require a provider to retain records?

20. Combination products purchased and served must have a ____  _____.

21. Give one example of a product requiring a CN label to be kept on file?

22. Introducing solid foods too early increases the risk of what?

23. If a mother breast feeds at your site, is that meal reimbursable?

24. Is Juice creditable toward an infant meal?

25. By _____ or _______ months, infants should be consuming solid foods from all food groups.

26. What meat alternatives are allowed for infants?

27. How many meal components may a parent provide for the meal to remain reimbursable?
28. Are whole eggs credible for infants?

29. Federal law prohibits any discrimination based on what six protected classes?

30. All children and adults must be allowed ___________ ___________ to participate in CACFP.

Provider Name: _________________________________________________
(Please print)

Provider Signature: ______________________________________________

Date: _______________________

For office use only:

Date received:

Reviewed by: