

Delivery Guidance and Documents for Caterer Child Care Food Program (CCFP)

The purpose of this guidance is to clarify the meal delivery requirements of the caterer as stated in the Child Care Food Program Standard Catering Contract.

Food Safety Requirements (see page 6 of Catering Contract):

- Prepare and deliver meals according to food safety and sanitation requirements of the applicable Licensing or Permitting Authority.
- Ensure that all potentially hazardous food for this contract will be kept at safe temperatures, 41°F or below for all cold foods and 135°F or above for all hot foods, except during necessary periods of preparation.
- Meals will not be assembled more than 24 hours prior to delivery.
- Ensure meals for this contract are held at safe temperatures:
 - All cold foods must be held at or below 41°F.
 - All hot foods must be held at or above 135°F.
- Date and hold a sample of each meal at a temperature of 41°F or below for a period of three days from the date and time of delivery of that same meal.

When delivering to an Institution or Facility, provide one copy of the delivery ticket to the Institution or facility, and if the Facility is a sponsored Facility, provide a copy to the sponsor. Maintain a copy of the delivery ticket.

Daily Delivery tickets must include the following (see page 8-9 of Catering Contract):

- The Caterer's name and address;
- The Caterer's production date, delivery date, and delivery time;
- The name and address of Institution or Facility being delivered to;
- An itemization to show the number of meals of each meal type, the individual meal components and food item, serving size and number of portions by age group (i.e., ages 1-5 must receive portions based on meal pattern for ages 3-5);
- Clearly identify serving sizes based on the meal component.
- If delivering milk in gallons, note the total number of gallons delivered;
- Clearly print or type the name of the individual making the delivery, and the name of the Institution's or Facility's representative accepting delivery of the meals.
- Ensure the individual making the delivery, and the Institution's or Facility's representative accepting delivery of the meals clearly signs the delivery ticket.

Sample Delivery Ticket:

The following page provides an example of a Delivery Ticket completed correctly, using food items based on:

- Menu - Cycle Menu A No Peanut, Week Two, Wednesday.
- Attachment 7 (Price Schedule) – indicating meals for ten 1 and 2 year olds, ten 3-5 year olds, and ten 6-18 year olds at Breakfast, Lunch, and Afternoon Snack.
- Page three of this document provides a blank and fillable Delivery Ticket sample for your use and convenience.

For Further Catering Guidance Visit www.floridahealth.gov/ccfp and click on Catering or call 850-245-4323 and ask to speak with a Nutritionist.

Sample

XYZ Catering Company Daily Delivery Ticket

Production date: 10/18/2024

Delivery date: 10/18/2024

Delivery time: 9:00 AM

Name and address

of child care center: ABC Child Center – 123 Rainbow Ln, Somewhere, FL 12345 Fax Number: 555-123-4567

Meal type and meal components:	Food item	Arrival Temp °F	Number of portions for ages 1-5	Serving size for ages 1-5	Number of portions for ages 6-18	Serving size for ages 6-18
Breakfast: (check appropriate box) <input type="checkbox"/> same day service <input checked="" type="checkbox"/> next day service						
Fluid milk	Unflavored Whole Milk		6 (1yr)	¾ Cup	n/a	
Fluid milk	1% Unflavored Milk		24 (2-5yr)	¾ Cup	10	1 Cup
Vegetable/fruit/juice	Mandarin Oranges		30	½ Cup	10	½ Cup
*Grains/breads	Raisin Bread		30	½ slice	10	1 slice
*Meat/meat alternate						
Total number of Breakfast meals delivered: 40			Ages 1-5: 30		Ages 6-18: 10	
Lunch/Supper						
Fluid milk	Whole Unflavored Milk		6 (1yr)	¾ Cup	n/a	
Fluid milk	1% Unflavored Milk		24 (2-5yr)	¾ Cup	10	1 Cup
Vegetable/fruit/juice	Peas		30	¼ Cup	10	½ Cup
Vegetable/fruit/juice	Apple Slices		30	¼ Cup	10	¼ Cup
*Grains/breads	Roll		30	½ each	10	1 each
*Meat/meat alternate	Breaded Chicken Patty		30	½ patty	10	1 patty
Total number of Lunch/supper meals delivered: 40			Ages 1-5: 30		Ages 6-18: 10	
Snack						
Fluid milk	Whole Unflavored Milk		6 (1yr)	½ Cup	n/a	
Fluid milk	1% Unflavored Milk		24 (2-5yr)	½ Cup	25	1 Cup
Vegetable/fruit/juice						
*Grains/breads	WW Tortilla		30	½ tortilla	25	1 tortilla
*Meat/meat alternate	Provolone Cheese		30	½ oz	25	1 oz
Total number of Snack meals delivered: 55			Ages 1-5: 30		Ages 6-12: 25	
Milk Daily Total						
Total gallons delivered: <u>1</u> unflavored whole <u>6</u> unflavored fat-free _____ unflavored low fat _____ flavored fat-free _____ flavored low fat						
Total half pints delivered: _____ unflavored whole _____ unflavored fat-free _____ unflavored low fat _____ flavored fat-free _____ flavored low fat						

*Combination main dish food items require a Child Nutrition (CN) Label, Product Formulation Statement (PFS), or standardized recipe. Caterer must supply this documentation to institution/facility.

Name of individual making delivery: John Smith John Smith 10/18/2024
 Printed Name Signature Date

Name of individual accepting delivery: Mary Jones Mary Jones 10/18/2024
 Printed Name Signature Date

Comments/concerns:

Sample

(Insert Caterer Name and Address)

Daily Delivery Ticket

Production date: _____ Delivery date: _____ Delivery time: _____

Name/address of child care center: _____ Phone Number: _____

Meal type and meal components:	Food item	Arrival Temp °F	Number of portions for ages 1-5	Serving size for ages 1-5	Number of portions for ages 6-18	Serving size for ages 6-18
Breakfast: (check appropriate box) <input type="checkbox"/> same day service <input type="checkbox"/> next day service						
Fluid milk						
Fluid milk						
Vegetable/fruit/juice						
*Grains/breads						
*Meat/meat alternate						
Total number of Breakfast meals delivered:			Ages 1-5:		Ages 6-18:	
Lunch/Supper						
Fluid milk						
Fluid milk						
Vegetable/fruit						
Vegetable/fruit						
*Grains/breads						
*Meat/meat alternate						
Total number of Lunch/Supper meals delivered:			Ages 1-5:		Ages 6-18:	
Snack						
Fluid milk						
Fluid milk						
Vegetable/fruit/juice						
*Grains/breads						
*Meat/meat alternate						
Total number of Snack meals delivered:			Ages 1-5:		Ages 6-18:	
Milk Daily Total						
Total gallons delivered: _____ unflavored whole _____ unflavored fat-free _____ unflavored low fat _____ flavored fat-free _____ flavored low fat						
Total half pints delivered: _____ unflavored whole _____ unflavored fat-free _____ unflavored low fat _____ flavored fat-free _____ flavored low fat						

*Combination main dish food items require a Child Nutrition (CN) Label, Product Formulation Statement (PFS), or standardized recipe. Caterer must supply this documentation to institution/facility.

Name of individual making delivery: _____
Printed Name Signature Date

Name of individual accepting delivery: _____
Printed Name Signature Date

Comments/concerns: _____