

## 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 pages 6-7 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.

### **\*\*Important\*\***

- The caterer must deliver foods at appropriate temperatures (see above).
- The child care site must ensure foods arrive at temperatures that meet guidelines above and local licensing standards.
- Please note, canned fruit that is delivered to a site for same-day service does not need to be refrigerated. However, if the child care site will hold it overnight for next-day service, it must be refrigerated and arrive at or below 41°F.

### Daily Delivery tickets must include the following (see page 8 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 1-2 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.

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.

### Sample Delivery Ticket:

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

- Menu
- Attachment 5 (Meal Services to be Provided)
- Attachment 6 (Delivery Schedule)
- Attachment 7 (Price Schedule)
- Attachment 10 (Meal Order Change Form), as needed

**For Further Catering Guidance** Visit [www.floridahealth.gov/ccfp](http://www.floridahealth.gov/ccfp) and click on Catering or call 850-245-4323 and ask to speak to someone in the nutrition section.

\*\*\*Sample\*\*\*

# XYZ Catering Company Daily Delivery Ticket

Production date: 1/18/2023

Delivery date: 1/18/2023

Delivery time: 9:20 AM

Name and address

of child care center: ABC Child Center – 123 Rainbow Ln, Somewhere, FL 12345 Phone No.: 555-123-4567

Meal type and meal components:	Food item	Arrival Temp °F	# portions for ages 1-5	Serving size for ages 1-5	# portions for ages 6-18	Serving size for ages 6-18
<b>Breakfast:</b> (check appropriate box) <input type="checkbox"/> same day service <input checked="" type="checkbox"/> next day service						
Fluid milk	Whole Unflavored Milk	38°F	6 (1yr)	¾ cup	n/a	
Fluid milk	1% Unflavored Milk	39°F	24 (2-5yr)	¾ cup	10	1 cup
Vegetable/fruit/juice	Mandarin Oranges	n/a	30	½ cup	10	½ cup
*Grains/breads	Raisin Bread	n/a	30	½ slice	10	1 slice
*Meat/meat alternate						
Total # of Breakfast meals delivered: <u>40</u>			Ages 1-5: <u>30</u>		Ages 6-18: <u>10</u>	
<b>Lunch/Supper</b>						
Fluid milk	Whole Unflavored Milk	40°F	6 (1yr)	¾ cup	n/a	
Fluid milk	1% Unflavored Milk	38°F	24 (2-5yr)	¾ cup	10	1 cup
Vegetable/fruit/juice	Peas	149°F	30	¼ cup	10	½ cup
Vegetable/fruit/juice	Apple Slices	39°F	30	¼ cup	10	¼ cup
*Grains/breads	Roll	n/a	30	½ each	10	1 each
*Meat/meat alternate	Breaded Chicken Patty	155°F	30	½ patty	10	1 patty
Total # of Lunch/supper meals delivered: <u>40</u>			Ages 1-5: <u>30</u>		Ages 6-18: <u>10</u>	
<b>Snack</b>						
Fluid milk	Whole Unflavored Milk	37°F	6 (1yr)	½ cup	n/a	
Fluid milk	1% Unflavored Milk	39°F	24 (2-5yr)	½ cup	25	1 cup
Vegetable/fruit/juice						
*Grains/breads	WW Tortilla	n/a	30	½ tortilla	25	1 tortilla
*Meat/meat alternate	Provolone Cheese	38°F	30	½ oz	25	1 oz
Total # of Snack meals delivered: <u>55</u>			Ages 1-5: <u>30</u>		Ages 6-12: <u>25</u>	
<b>Milk Daily Total</b>						
Total gallons delivered: <u>1</u> unflavored whole		<u>6</u> unflavored fat-free		<u>      </u> unflavored low fat		
		<u>      </u> flavored fat-free		<u>      </u> flavored low fat		
Total half pints delivered: <u>      </u> unflavored whole		<u>      </u> unflavored fat-free		<u>      </u> unflavored low fat		
		<u>      </u> flavored fat-free		<u>      </u> 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:

\*\*\*Sample\*\*\*

(Insert Caterer Name and Address)

# Daily Delivery Ticket

Production date: \_\_\_\_\_ Delivery date: \_\_\_\_\_ Delivery time: \_\_\_\_\_

Name and address of child care center: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Meal type and meal components:	Food item	Arrival Temp °F	# portions for ages 1-5	Serving size for ages 1-5	# portions for ages 6-18	Serving size for ages 6-18
<b>Breakfast:</b> (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 # of Breakfast meals delivered: _____			Ages 1-5: _____		Ages 6-18: _____	
<b>Lunch/Supper</b>						
Fluid milk						
Fluid milk						
Vegetable/fruit/juice						
Vegetable/fruit/juice						
*Grains/breads						
*Meat/meat alternate						
Total # of Lunch/supper meals delivered: _____			Ages 1-5: _____		Ages 6-18: _____	
<b>Snack</b>						
Fluid milk						
Fluid milk						
Vegetable/fruit/juice						
*Grains/breads						
*Meat/meat alternate						
Total # of Lunch/supper meals delivered: _____			Ages 1-5: _____		Ages 6-18: _____	
<b>Milk Daily Total</b>						
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: \_\_\_\_\_