

PRE/POST ASSESSMENT

Success in the Food Program

LIST 3 CHANGES TO THE FOOD PROGRAM

1.	
2.	
3.	

IDENTIFYING REIMBURSABLE FOODS

Using the Ingredients List to the top right, Ritz Whole Wheat Crackers are (circle one):

- A. Reimbursable AND whole grain rich
- B. Reimbursable
- C. Not reimbursable

Use the Nutrition Facts Label to the middle right. Lucerne Low Fat Strawberry Yogurt meets the yogurt sugar limits.

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Use the Nutrition Facts Label to the bottom right. Honey Nut Cheerios meet the sugar limit for cereal.

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FALSE

REMINDERS

- You can use the handouts you received.
- Take all the time you need.
- Your results don't affect your participation!

We are the village that will raise healthy children.

Ingredients: Unbleached Enriched Flour, Whole Grain Wheat Flour, Soybean Oil, Sugar, Partially Hydrogenated Cotton seed Oil, Leavening, Salt, High Fructose Corn Syrup, Soy Lecithin.

Nutrition Facts

1 servings per container

Serving size

Amount Per Serving

240

8 oz

Calories	240
	% Daily Value*
Total Fat 2.5g	3%
Saturated Fat 1.5g	8%
Trans Fat 0g	
Cholesterol 15mg	5%
Sodium 150mg	7%
Total Carbohydrate 45g	16%
Dietary Fiber 0g	0%
Total Sugars 41g	
Includes 18g Added Sugars	35%
Protein 10g	20%

Not a significant source of vitamin D, calcium, iron, and

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

Nutrition Facts

22 servings per container

Serving size 0.75 cup (28g)

Amount Per Serving

110

Calories	<u> </u>
	% Daily Value*
Total Fat 1.5g	2%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 160mg	7%
Total Carbohydrate 22g	8%
Dietary Fiber 2g	7%
Total Sugars 9g	
Includes 9g Added Sugars	18%
Protein 2g	4%

Not a significant source of vitamin D, calcium, iron, and notassium

*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.





YMCA CHILDCARE RESOURCE SERVICE

WORKSHOP SURVEY

Directions: Pleas	se take a moment to	o provide feedback	on the workshop that you
received. When the	ne survey is comple	ted, leave it with yo	our trainer.

received. When the survey is completed, leave it with your trainer.					
Name of Location: Bonita-Sunnyside Library					
Date: 07/08/17					
Please indicate to what extent you	_		_		
	YES!	Yes	Neutral	No	NO!
1. The workshop increased my knowledge of the changes in the Food Program (CACFP).					
2. I feel confident I can implement the changes in the Food Program.					
3. I recommend that other providers attend this workshop.					
5. The best features of this training were					
6. My suggestions for improvements are					