Child and Adult Care Food Program (CACFP)

Training Packet and Handbook

Adult Day Care
FY 2016

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http://education.ky.gov/federal/SCN/Pages/Child-and-Adult-Care-Food-Program.aspx

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer."

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Federal Requirements

Federal regulations at **7 CFR Part 226** requires institutions participating in the Child and Adult Care Food Program to maintain support documentation for claims submitted.

These regulations can be found at:

http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&SID=86570c8e304645e5da8d64b9d778e428&rgn=div5&view=text&node=7:4.1.1.1.5&idno=7

Institution and Sponsoring Organizations Responsibilities

Record Keeping

Institutions who participate in the Child and Adult Care Food Program (CACFP) must maintain records at the sponsor/center location. Sponsoring organizations of affiliated centers and sites are responsible for ensuring that each center or site under the sponsorship is maintaining current month records. Sponsors of Unaffiliated centers and sites must ensure that each center or site maintains copies of at least the previous twelve months records. These records must accurately reflect program operations. Failure to maintain such records will result in the denial of reimbursement and/or termination from the Program.

An organized system for filing and maintaining records will save time when completing the monthly Report and Claim for Reimbursement. For record keeping and organization it is strongly encouraged that all monthly records and supporting documentation be assembled together and filed with a corresponding copy of the Report and Claim for Reimbursement in the institutions or sponsoring organization's main office.

The following records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year:

1. Adult Enrollment Form/Income Application
2. Attendance Records
3. Membership Roster
4. Free/Reduced Price Income Applications
5. Record of Meals Served
6. Program Costs Documentation including Receipts, Invoices, Catering Delivery Tickets and Proof of Program Labor.
7. Menus

Failure to maintain any of the following records will result in the repayment of meal reimbursement. [7 CFR 226.10(d)]

Folder System

The folder system was designed by the State Agency as an effective way of managing records necessary for meal reimbursement. All institutions are encouraged to have the following labeled folders for each fiscal year:

1. Permanent Agreement/News Release/Correspondence/In service Training/Monitor Reviews and Procurement

2. Adult Enrollment Form/Income Applications

3. Monthly folders (October – September) for each month of the federal fiscal year beginning with October. The following items are to be filed monthly in each folder:
    a. Copy of the Claim for Reimbursement
    b. Daily Attendance
    c. Membership Roster
    d. CACFP Menu Records (Participant)
    e. Record of Meals Served (Form 17-9) and/or (Form 17-10) for institutions claiming more than 3 meal services.
    f. Record of Expenditures (17-8)

4. Food and non-food bills, receipts, invoices (must be original, dated and itemized, and include the store and/or vendor name) and Catering Delivery Tickets.

5. Personnel Activity Report Form and/or Paycheck Stub

Civil Rights Compliance and Grievance Procedures

The purpose of this policy memorandum is to provide guidance regarding civil rights compliance in the Child and Adult Care Food Program (CACFP).

The goal of Civil Rights Assurance and Compliance is to ensure that Child Nutrition Program benefits are made available and provided to all eligible individuals without discrimination.

Discrimination is defined as distinguishing a person, or group of people, **either in favor of or against** others intentionally and doing so by neglect or by actions or by lack of actions based on the six protected classes.

The six protected classes associated with the Child and Adult Care Food Program are race, color, national origin, sex, age and disability.

Responsibilities of Institutions and Sponsoring organizations

USDA regulations outline responsibility regarding civil rights compliance in CACFP.

The following areas of compliance are the
1. Public Notification System
2. Data collection,
3. Training and
4. Grievance Procedures.

Compliance Areas

1. **Public Notification System (PNS)**

   a. **News Release:**

- Inform participants or caretakers/guardians, as well as local minority and grassroots organizations (such as churches, Salvation Army, other community programs) and one media source of the availability of program benefits and services, the nondiscrimination policy and all significant changes in existing requirements that pertain to program eligibility and benefits. (Note: this may be done through the news release **and** letter to participants or guardian/caretakers, income guidelines and application form sent to the participants or guardian/caretakers.)
- Institutions are not required to pay sources for this service.
- Institutions should maintain a copy of the current fiscal years' new release with other CACFP documents, along with sources' names and identification of the contact person at each source in which news release was submitted.

CACFP Instructions for Completing the News Release

1. Place the center's name in the blank.
2. Insert sponsor contact name and phone number.
3. List participating center and its address.
4. Make two copies of the News Release. One for media source, one for grassroots organization and original for folder system.
5. Submit form to one public information media source (newspaper, radio, etc.) and one to a minority/grassroots organization (health department, library, grocery store, etc.)
6. Record names and dates submitted on appropriate blanks and file in CACFP folder.

NEWS RELEASE – Adult Day Care Centers

_____ announces participation in the USDA Child and Adult Care Food Program administered by the Kentucky Department of Education.

Meals will be served at no separate charge to enrolled participants at the center and are provided without regard to race, color, national origin, sex, age or disability. "The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
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Participants who are members of SNAP households or who are SSI or Medicaid participants are automatically eligible to receive free meal benefits.

If you have questions regarding the Program, please contact _____ (sponsor contact person) at _____ (phone number).

Participating Center **Address**

Reduced Income Eligibility Guidelines – 185% Effective July 1, 2015-June 30, 2016					
Reduced Price Meals					
Household Size	***Yearly***	***Monthly***	***Twice Per Month***	***Every Two Weeks***	***Week***
1	$21,775	**$1,815**	$908	**838**	$419
2	$29,471	**$2,456**	$1,228	**$1,134**	$567
3	$37,167	**$3,098**	$1,549	**$1,430**	$715
4	$44,863	**$3,739**	$1,870	**$1,726**	$863
5	$52,559	**$4,380**	$2,190	**$2,022**	$1,011
6	$60,255	**$5,022**	$2,511	**$2,318**	$1,159
7	$67,951	**$5,663**	$2,832	**$2,614**	$1,307
8	$75,647	**$6,304**	$3,152	**$2,910**	$1,455
For each additional family member add:	+$7,696	**+$642**	+$321	**+$296**	+$148

1. Record name of **public information media** to which news release was sent, and date submitted:

   Name: _____ Date: _____

2. Record name of **minority/grassroots organization** to which news release was sent, and date:

   Name: _____ Date: _____

**FNS 113-1*

b. "And Justice For All" poster

- This poster contains the non-discrimination statement and contact information for filing a civil rights complaint.
- The poster must be displayed in a prominent place in every site and every sponsoring organization office. The main entrance is ideal for placement.
- The poster should be displayed on 11x17 paper if possible. If not, 11x14 is acceptable or 8 1/2x11 as a last resort.
- Replacement copies may be found at: **http://www.fns.usda.gov/cr/and-justice-all-posters**

**** "And Justice For All" Poster Example Follows ****

c. Non-Discrimination Statement

- The statement in its entirety is required on all printed materials regarding benefits and services as related to CACFP, such as but not limited to: promotional literature, parent handbooks and websites.
- Institutions and sponsoring organizations must convey the message of equal opportunity in all photographic and other graphics used to provide program information.
- For an institution's website, the following Non-Discrimination statement can be used by the following link: http://education.ky.gov/federal/SCN/Pages/USDANondiscriminationStatement.aspx

**** The Non-Discrimination Statement is displayed below in its' entirety ****

"The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
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d. Language Barriers/Limited English Proficiency (LEP)

- All institutions must have the capability of providing informational materials in the appropriate translation concerning the availability and nutritional benefits of the Child and Adult Care Food Program, as well as the procedures for filing a discrimination complaint.

**** The link below provides translations for CACFP materials ****

http://www.fns.usda.gov/documents-available-other-languages

2. Data Collection

- Ethnic and racial data for each site must be documented annually in the management plan as part of the initial and annual renewal process;
- Institutions must maintain 3 years plus current year of the documentation of ethnic and racial data;
- The collection of racial and ethnic data allows institutions and sponsoring organizations, and the state agency to determine how effectively the program is reaching the diversity of a population and if outreach is needed.

****Example from the Management Plan is located on the next page. This is the process for collecting ethnic and racial data as documented in the management plan ****

(1) Percentage breakdown of eligible population by racial-ethnic category for the elementary school closest to your center. The link to the racial/ethnicity report for KDE schools is on SCN's website.

(2) The number of participants enrolled in the CACFP program at your center.

	ETHNICITY	
	Hispanic or Latino	**Not Hispanic or Latino**
(1)	%	%
(2)	#	#

	RACE				
	Black or African American	**White**	**American Indian or Alaskan Native**	**Native Hawaiian or other Pacific Islander**	**Asian**
(1)	%	%	%	%	%
(2)	#	#	#	#	#

3. Training

- Institutions and sponsoring organizations must offer civil rights training to all "key staff" involved in their program: staff, volunteers and contractors.
- Training is required **prior** to the start of any program duties; training is ongoing as staff, volunteers and contractors enter throughout the fiscal year.
- Staff, volunteers and contractors must be trained annually (within four weeks of the institutions or sponsoring organizations annual training).
- Institutions and sponsoring organizations are **required by regulation to** document civil rights training efforts through dated In-Service Training forms identifying that the topic was covered (See page 16 for In-Service Training form).

4. Civil Rights Complaint Procedure

Institutions and sponsoring organization responsibilities

- Keep grievance procedure forms in accessible place and inform necessary persons of location.
- Must accept either written or verbal complaints.
- May NEVER impede participant's ability to file.
- Move complaint forward in a timely manner (forward to state agency within 3 days).

Participant Rights

- Knowledge of all non-discrimination information.
- How to file a claim if they believe their civil rights have been violated.
- A claim may be filed up to 180 days following an alleged action or incident.

**** The following pages include Grievance Report Procedures and Forms ****

KENTUCKY DEPARTMENT OF EDUCATION
Division of School and Community Nutrition
Civil Rights Grievance Report Procedures

In accordance with FNS Instruction 113-1, the _____
(Institution /Sponsoring Organization) provides a grievance procedure in the event a person believes he/she or their enrolled participant has been discriminated against and/or denied service on the basis of race, color, national origin, sex, age or disability.

GENERAL INSTRUCTIONS
All complaints, written or verbal, alleging discrimination on the basis of race, color, national origin, sex, age or disability shall be processed within ninety (90) days of receipt in the manner prescribed in this instruction.

Procedure for Filing Complaints of Discrimination

1. Right to File a Complaint

   Any person alleging discrimination based on race, color, national origin, sex, age or disability has a right to file a complaint within 180 days of the alleged discriminatory action. Under special circumstances this time limit may be extended.

2. Acceptance

   All complaints, written or verbal, shall be accepted by the Division of School and Community Nutrition and forwarded to the SERO-USDA. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed, and to indicate the possibility of a violation. Anonymous complaints shall be handled as any other complaint.

3. Verbal Complaints

   In the event that a complainant makes the allegation verbally or through a telephone conversation and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made shall write up the elements of the complainant for the complainant. Every effort shall be made to have the complainant provide the following information:

   a. Name, address, telephone number, or means of contacting the complainant.
   b. The specific location and name of the entity delivering the program, service, or benefit.
   c. The nature of the incident(s) or action(s) that led the complainant to believe discrimination was a factor.
   d. The basis on which the complainant feels discrimination exists (race, color, national origin, sex, age, disability)
   e. The names, titles and addresses of the persons who may have knowledge of the discriminatory action(s).
   f. The date(s) during which the alleged discriminatory action occurred, or if continuing, the duration of such actions.

Attachment 1

Civil Rights Grievance Report Form

(Complainant Section)

Name _____ **Date** _____

Address _____ **Phone** _____

If your grievance concerns a discriminatory action due to race, color, national origin, sex, age, or disability, please be very specific and give full details concerning the occurrence.

State the reason(s) you are filing this grievance report.

_____

_____

_____

_____

_____

What response did you receive from the institution representative during the alleged occurrence?

_____

_____

_____

What results are you seeking from this communication?

_____

_____

_____

_____ _____

Signature of Complainant **Date**

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FNS 113-1

Attachment 2

Civil Rights Grievance Report Form
(Sponsor Section)

Information on person filing grievance: (Complainant)

Name _____

Address _____

Telephone Number _____

Date Received by Institution OR Sponsoring Organization _____

Director's Name _____

Date forwarded to KDE _____

RESOLUTION/COMMENTS:

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____

Signature of Institution or Sponsoring Organization Representative **Date**

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FNS 113-1

Institution of Sponsoring Organization In-Service Training Documentation

Child Care Center, Adult Day Care Center Institutions and Sponsoring Organizations must conduct training with key staff regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct training with key staff within the first four weeks of program participation.* Documentation of the training must be recorded on the IN-SERVICE TRAINING REGISTRATION FORM. The State Agency recommends discussing the following topics during staff training:

7 CFR 226.16 (d)(2-3) states:

"Training on Program duties and responsibilities to key staff from all sponsored facilities prior to the beginning of Program operations. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties, on the program's meal patterns, meals counts, claim submission and review procedures, record keeping requirements, and the reimbursement system. Attendance by the key staff as defined by the State agency is mandatory:

Additional mandatory training sessions for key staff from all sponsored child care and adult care facilities not less frequently than annually. At a minimum, such training must include instruction, appropriate to the level of staff experience and duties on the programs meal patterns, meal counts, claim submission and review procedures, record keeping requirements, and reimbursement system. Attendance by key staff, as defined by the state agency, is mandatory."

The Kentucky CACFP State Agency defines "Key Staff" as any staff member with primary responsibility for the operation of the CACFP and/or maintenance of the records that support the monthly claim for reimbursement and compliance with any CACFP requirement. This includes staff members who have monitoring responsibilities along with staff, volunteers or contractors.

Some examples of the required topics (where applicable) are listed below:

1. Civil Rights Compliance **(MANDATORY)**,
2. Meal pattern requirements (necessary food components and proper portion sizes to be served at each meal as illustrated on the Food Chart),
3. Meal counts (requirement that staff conduct the meal count at the time of each meal service and document the number of meals served on Record of Meals Served Form 17-9),
4. For those institutions approved for more than 3 meal services, Record of Meals Served Form 17-10 will be used daily to record the names of the children and to indicate which meals they consumed. Facilities may only claim two meals and one snack or two snacks and one meal per participant per day. The Form 17-9 will be used to consolidate all daily meal service totals for claim submission,
5. Attendance records,
6. Safety and sanitation,
7. Menus
8. Personnel Activity Reports,
9. Other records required by the Child and Adult Care Food Program (CACFP), the United States Department of Agriculture (USDA) and the State Agency.

Ongoing training should be conducted and documented as the institution hires new staff throughout the fiscal year. New staff must be trained within the 1st week of employment. Remember to always have new staff members sign in when training is completed. The trainer must provide a signature and date for all new staff trained throughout the year.

Any staff conducting in-service training must have completed training on CACFP policies and procedures.

CACFP Instructions for Completing the In-Service Training Registration Form

1. Fill in the Date, Name of Institution, Location of Training and Training Conducted by.
2. Mark the box next to the topics covered at the training. *(Civil Rights and "instruction, appropriate to the level of staff experience and duties" of the CACFP is Mandatory).* Mark the box and List any additional topics covered.
3. Have Participants print, sign and give their title and the name of the center that they are assigned.
4. If additional pages are needed, please attach them to the form.
5. At the completion of the training, the trainer must sign and date the form.
6. File the Form in the appropriate CACFP Folder.

DATE_____

Kentucky Department of Education
Division of School and Community Nutrition
Sponsor In-Service Training Documentation
REGISTRATION FORM

Name of Institution: _____Location_____

Training Conducted by: _____

Topics Covered:
(Check all that apply)

- ☐ **Civil Rights (Mandatory)**
- ☐ **Meal Patterns**
- ☐ **Meal Counts**
- ☐ **Claim Submission**
- ☐ **Review Procedures**
- ☐ **Record Keeping Requirements**
- ☐ **Reimbursement System**
- ☐ **Updates from Annual Training**
- ☐ _____
- ☐ _____
- ☐ _____

Printed Name	Signature	Title	Location
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

**Please add an additional page for more Training Participants*

I certify that the above topics have been discussed with the personnel listed on the date indicated.

Trainer's Signature_____Date_____

**7 CFR 226.15(e), 7 CFR 226.16(d)(2-3) and FNS 113-1*

MENUS 7 CFR 226.15 (e) 10

All institutions are required to keep the State Agency Issued Menu Records. Menus function as an important tool because menus help ensure that centers meet proper meal pattern requirements. Menus also report which foods are prepared and served to participants. Therefore, Menus help support food purchases and costs. When listing food items served on Menu Records, be very specific as to the type (i.e. fresh pineapple, canned pineapple tidbits or pineapple slices) and date served. Foods on the menus will be cross referenced with the purchases on food receipts and invoices. The Food Buying Guide will be a necessary and important reference tool during meal planning and preparations. Institutions are responsible for purchasing and preparing adequate amounts of each component for the number of participants being claimed during the meal service.

*For catered meals, please see the Catering Guidance Handbook.

If there are no updated menus available, if menus are incomplete, or if menus do not cross reference with receipts, meals will be disallowed.

Child and Adult Care Food Program
Meal Patterns for Adults

This chart lists the amounts and types of food to be served to Adults.

CACFP Meal Pattern Requirements	
Meal Pattern for Adults	
Breakfast	
Fluid Milk	**1 cup**
Juice or Fruit or Vegetable	**½ cup**
Grains/Breads	**2 servings**
Lunch/Supper	
Fluid Milk (Lunch only, not required at supper)	**1 cup**
Meat or Meat Alternate	**2 ounces**
Vegetables and/or Fruits (2 or More)	**1 cup total**
Grains/Breads	**2 servings**
Snack (Select two different components)	
Fluid Milk	**1 cup**
Juice or Fruit or Vegetable	**½ cup**
Meat or Meat Alternate	**1 ounce**
Or yogurt	**4 ounces or ½ cup**
Grains/Breads	**1 serving**
Snack combinations that are <u>NOT</u> reimbursable	
• **Two of the same component: Juice and Vegetables, Meat and cheese, etc.**	
• **Juice and Milk (This also includes juice that has been frozen or placed in gelatin.**	

7 CFR 226.20

Weekly Menu Record

Sponsor		Center	Month	Week	Year
Menu Item	Menu	Menu	Menu	Menu	Menu
Breakfast	**Monday** Date	**Tuesday** Date	**Wednesd:** Date	**Thursday** Date	**Friday** Date
Milk					
Fruit/Veg./Juice					
Grains					
Grains					
(Must Serve 4 Components)					
A.M. Suppleme					
Milk					
Meat/Meat Alterna					
Fruit/Veg./Juice					
Grains					
(Must Serve 2 Components)					
Lunch					
Milk					
Meat/Meat Alterna					
Fruit/Veg.					
Fruit/Veg.					
Grains					
Grains					
(Must Serve 6 Components)					
P.M. Suppleme					
Milk					
Meat/Meat Alterna					
Fruit/Veg./Juice					
Grains					
(Must Serve 2 Components)					
Supper					
Milk					
Meat/Meat Alterna					
Fruit/Veg.					
Fruit/Veg.					
Grains					
Grains					
(Must Serve 6 Components)					

Please Refer to the Meal Pattern for Adults for More Information.

CACFP Instructions for Completing the Milk Reconciliation Form

1. Input Sponsor Name and Month/Year in the appropriate blanks.
2. Record the number of, "Carry Over Milk" from the bottom of the current month Record of Meals Served (17-9).
3. Input any milk purchased in gallons from the current month, "Record of Expenditures Form (17-8)" next to the corresponding date of when it was purchased. Note: If half pints were purchased, they will need to be converted to gallons prior to recording them in the column. *(half-pint to gallon converter can be found at: http://www.calculateme.com/Volume/Pints/ToGallons.htm).*
4. Add the gallons of milk purchased and the amount of carry over milk and multiply by 128 (a) (the number of ounces in a gallon) and record in the box below (a).
5. Record numbers from the Record of Meals Served (17-9) to the corresponding boxes for Breakfast, Lunch and Supper *(or totals for meals in the bottom columns).*
6. Using the menus for the month and the Record of Meals Served (17-9) form, record the number of meals for every day that milk was served as a component for snack.
7. Total columns and place under the appropriate column in the, "Total" row.
8. Multiply column total by the number below (Which is the number of ounces of milk required for that age at the specific meal service) and place answer under the appropriate column next to the, "=" box.
9. Add ounces of milk served totals (items with a 4, 6 or 8 above) and place answer under the, "Total (b)" box.
10. Place answers located under (a) and (b) in the corresponding blanks.
11. Subtract (a)-(b) and put the answer in blank (c).
12. Divide (c) by 128 and place answer in blank.
13. If answer is negative, then not enough milk was served or purchased.
14. If there is a milk shortage, meals will be disallowed.
15. If there is a milk overage, record number of gallons on next month's Record of Meals Served (17-9).

Revised FY2014-2015

Milk Reconciliation

Sponsor Name _____ Month/Year _____

	Breakfast	AM Snack	Lunch	PM Snack	Supper	LN Snack	Amount Purchased Gallons	
Date							Record Carry Over →	
1								
2								
3								
4								
5								
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								
Total								
X	8	8	8	8	8	8	Total (b)	X 128(a)
=								

(a) _____ Total oz. Purchased

(b) _____ Total oz. Required

(a)-(b)=(c) _____ oz. overage or shortage

(c) / 128 _____ oz. divided by 128 oz./gal.=

Total _____ gallons above/below amount needed

Meal Component Substitutions

Medical Statement for Participants with Special Dietary Needs
This statement must be completed and submitted to the Provider/Facility/Center before any meal substitutions can be made. The participant or guardian/caretaker will complete Part 1 and the physician will complete either Part 2 or Part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the participant or guardian/caretaker is required to submit a new form signed by the participant's physician.

Disability
Under Section 504 of the *Rehabilitation Act of 1973,* and the *Americans with Disabilities Act* (ADA) of 1990, a "*person with a disability*" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the participant's disability; an explanation of why the disability restricts the participant's diet; the major life activity affected by the disability; the food or foods to be omitted from the participant's diet, and the food or choice of foods that must be substituted.

Generally, participants with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the participant's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability
Food service providers may make food substitutions, at their discretion, for individual participants who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those participants who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the participant's diet; the food or foods to be omitted from the participant's diet; and the food or choice of foods to be substituted.

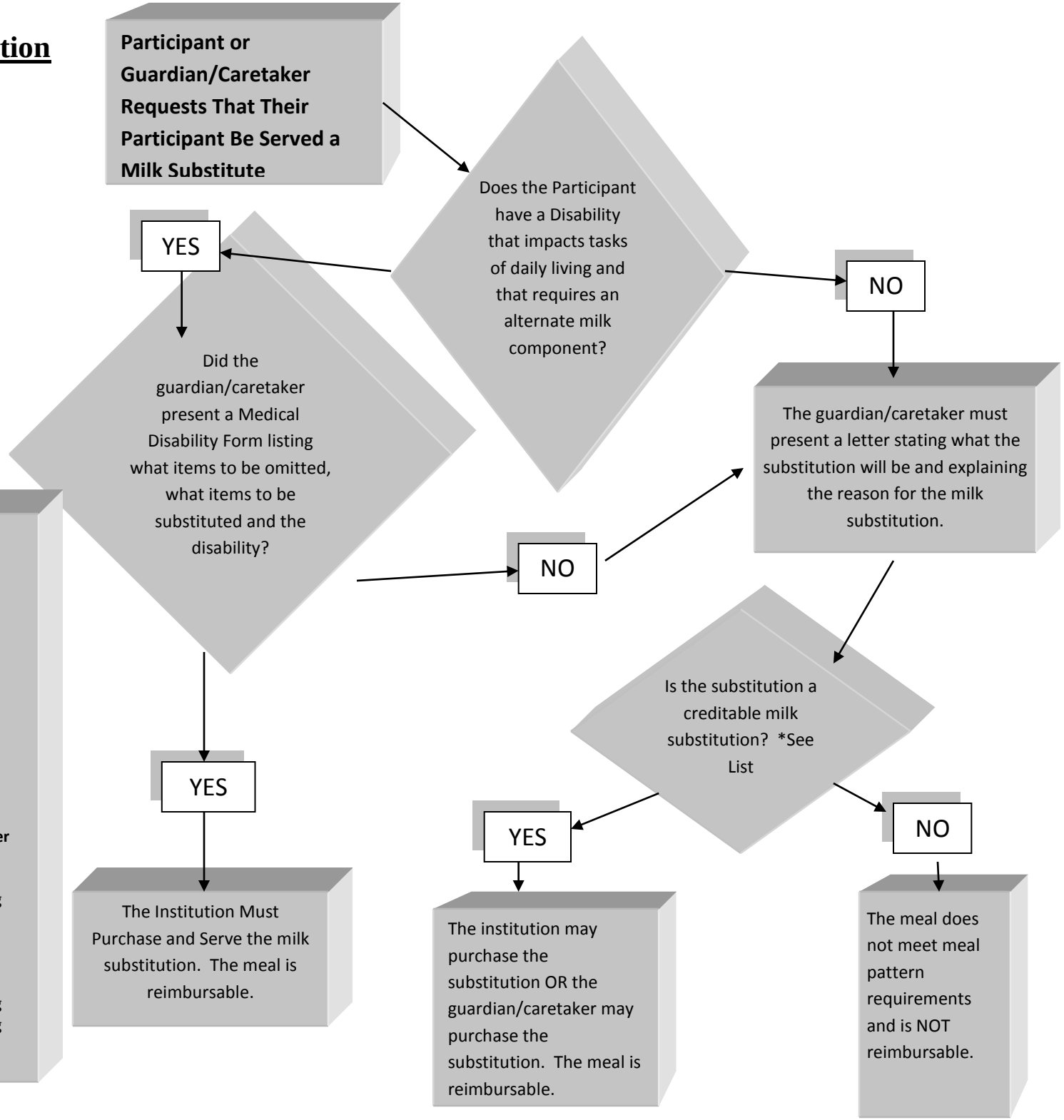
Guardian/Caretaker Request for Fluid Milk Substitution
Guardians/caretakers may now request in writing that non-dairy beverages be substituted for fluid milk for their participants with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Adult Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.		
a. Calcium 276 mg b. Protein 8 g c. Vitamin A 500 IU	d. Vitamin D 100 IU e. Magnesium 24 mg f. Phosphorus 222 mg	g. Potassium 349 mg h. Riboflavin .44 mg i. Vitamin B-12 1.1 mcg

Food substitutions can be made for participants who are unable to consume regular program meals due to **religious reasons**. In such cases, a statement from the participant's guardians/caretaker must be provided on behalf of the participant. The statement should specify the food or foods to be omitted from the participant's diet and specify a choice of foods that may be substituted. The Sponsoring Organization is **not** required to purchase and prepare alternate foods for religious reasons.

KY CACFP Milk Substitution



Milk Alternatives

- Lactose Reduced
- Lactose Free
- Low Fat Buttermilk
- Low Fat Acidified Milk
- Fat Free Acidified Milk
- Reduced or Fat Free Organic Versions of Acceptable milk

Non-Dairy Milk Alternates

*Must meet the following requirements.

Nutrient	Requirements per Cup
Calcium	276 mg
Protein	8 g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Phosphorus	222 mg
Potassium	349 mg
Riboflavin	.44 mg
Vitamin B-12	1.1 mg

CACFP Instructions for Completing the Medical Statement for Participants with Special Dietary Needs

Participant or Guardian/Caretaker Section

1. Fill in information located in table labeled, "Part 1. To be completed by a Guardian/Caretaker, or Authorized Representative".

2. If participant has a recognized disability, a licensed physician must complete Part 2. A licensed physician is anyone medically deemed certified to write prescriptions or perform surgery.

3. If participant has special dietary needs that are not a recognized disability, a recognized medical authority must complete Part 3.

4. Physician/Medical Authority must sign and date.

5. Physician/Medical Authority must Print their name, title, and give the telephone number where they may be contacted.

Sponsor Information

1. The statement must be completed in its entirety and submitted prior to substituting any meals.

2. If any changes are needed, a new form will need to be submitted.

3. Participants or Guardians/Caretakers may request in writing that a non-dairy beverage be substituted for fluid milk without providing a statement from a recognized medical authority. Fluid milk substitutions requested are at the option and expense of the facility/center.

4. Non-dairy beverage products must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

j. Calcium 276 mg k. Protein 8 g l. Vitamin A 500 IU	m. Vitamin D 100 IU n. Magnesium 24 mg o. Phosphorus 222 mg	p. Potassium 349 mg q. Riboflavin .44 mg r. Vitamin B-12 1.1 mcg

Provider/Facility/Center Name: _____

Medical Statement for Participants with Special Dietary Needs

This statement must be completed and submitted to the Provider/Facility/Center listed above before any meal substitutions can be made. The participant or guardian/caretaker will complete Part 1 and the physician will complete either Part 2 or Part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the participant or guardian/caretaker is required to submit a new form signed by the participant's physician.

GUIDANCE

Disability:

Under Section 504 of the *Rehabilitation Act of 1973,* and the *Americans with Disabilities Act* (ADA) of 1990, a "*person with a disability*" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment.

Major life activities covered by this definition include caring for one's self, eating, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

USDA regulations **7 CFR Part 15b** require substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. A participant with a disability must be provided substitutions in foods when that need is supported by a statement signed by a licensed physician. The physician's statement must identify: the participant's disability; an explanation of why the disability restricts the participant's diet; the major life activity affected by the disability; the food or foods to be omitted from the participant's diet, and the food or choice of foods that must be substituted.

Generally, participants with food allergies or intolerances do not have a disability as defined under either Section 504 of the Rehabilitation Act or Part B of IDEA, and food service may, but is not required to, make food substitutions for them. However, when in the licensed physician's assessment, food allergies may result in severe, life-threatening (anaphylactic) reactions, the participant's condition would meet the definition of "disability," and the substitutions prescribed by the licensed physician must be made.

Special Dietary Needs That Are Not a Disability

Food service providers may make food substitutions, at their discretion, for individual participants who do not have a disability, but who are medically certified as having a special medical or dietary need. Such determinations are only made on a case-by-case basis. This provision covers those participants who have food intolerances or allergies but do not have life-threatening reactions (anaphylactic reactions) when exposed to the food(s) to which they have problems.

Each special dietary request must be supported by a statement, which explains the food substitution that is requested. It must be signed by a recognized medical authority. The medical statement must include: an identification of the medical or other special dietary condition which restricts the participant's diet; the food or foods to be omitted from the participant's diet; and the food or choice of foods to be substituted.

Guardian/Caretaker Request for Fluid Milk Substitution

Guardians or Caretakers may now request in writing that non-dairy beverages be substituted for fluid milk for their participant with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the United States Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution.

s. Calcium 276 mg	v. Vitamin D 100 IU	y. Potassium 349 mg
t. Protein 8 g	w. Magnesium 24 mg	z. Riboflavin .44 mg
u. Vitamin A 500 IU	x. Phosphorus 222 mg	aa. Vitamin B-12 1.1 mcg

Part 1. To be completed by the Participant, Guardian/Caretaker, or Authorized Representative		
Participant's Name:		Birthday:
Guardian/Caretaker/Authorized Representative Name:		
Home Phone: ( )		Work Phone: ( )
Address:		
City:	State:	Zip:

Part 2. For Participants with a DISABILITY-Licensed Physician must complete	
Describe the patient's disability and the major life activities that are affected by the disability:	
Foods to be omitted:	Substitutions:
Please list foods and information regarding any needed texture changes (chopped, ground, pureed, etc.):	
Please provide any other information regarding the diet:	

Part 3. For Participants with special Dietary needs that are NOT A DISABILITY-Recognized Medical Authority must complete	
Describe the medical or other special dietary need that restricts the participant's diet:	
Foods to be omitted:	Substitutions:

Physician/Medical Authority's Signature Date

Printed Name and Title Telephone

Small Purchase Procurement

(Comparison Shopping for Grocery and Retail)

To meet the procurement requirements for small purchases, such as those items purchased at a grocery or retail store, the State Agency requires that you complete comparison shopping for six of your most frequently purchased items at least once a year. You will select at least three separate, but similar retail stores, and compare the costs of these items within those stores. You are required to select the store that has the lowest price, unless other circumstances, such as proximity of the store or consistency of quality, impact your decision. This needs to be documented on the Small Purchase Procurement Form.

CACFP Instructions for Completing the Small Purchase Procurement Form

1. Input date of procurement.
2. Choose 6 most commonly purchased items.
3. List 3 grocery stores in the area.
4. Fill in prices for the 6 items at each of the 3 stores.
5. Decide where items will be purchased.
6. Explain why store was chosen (location, options, etc.) if it didn’t offer lowest price.
7. File in the CACFP folder system.

Procurement Documentation for Small Purchase Comparison Shopping

DATE:_____

Food	**Name of Store 1:** _____	**Name of Store 2:** _____	**Name of Store 3:** _____	**Reason for Selection if not lowest price**
1.	**$**	**$**	**$**	
2.	**$**	**$**	**$**	
3.	**$**	**$**	**$**	
4.	**$**	**$**	**$**	
5.	**$**	**$**	**$**	
6.	**$**	**$**	**$**	

**7 CFR 226.22*

Instructions for Completing Food Supply Vendor Procurement:
Invitation to Quote, Procurement Form, and Procurement Log

Procurement is required by FNS regulation (7 C.F.R. §226.22). As with all other Federal funds, the primary objective of these procedures is to ensure **maximum open and free competition**. Although the program regulations do not specifically limit the term of CACFP procurement contracts, **the State Agency will only allow contract terms of one year.**

Those institutions and Sponsoring Organizations, who use food supply vendors such as Gordon Food, US Foods, or Sysco, must conduct procurement. Use the instructions and forms included in this handbook to assist you in conducting your food supply vendor procurement. Per State Agency policy, this procurement must be conducted within the first four weeks of the fiscal year.

Instructions

1. Fill out the Food Supply Vendor Contract with the items that you wish the vendors to bid on. Make three copies. (Form A)

2. Obtain the names, addresses, and email addresses of at least three food supply vendors.

3. Fill out the prototype *Invitation to Bid* letter with the necessary information (a modifiable document can be located on our website) (Form B)

4. Mail or email a Food Supply Vendor Contract and an Invitation to Bid to each of the food supply vendors with a date when bids should be returned**. Institutions must ensure that all potential food supply vendors receive the same information.**

5. When Food Supply/Vendor Contracts are returned to you, compile the bids; complete the procurement log, (Form C) and document which food supplier was selected. Sign the Food Supply Contract of the vendor you have chosen and send the selected vendor a copy of the signed contract. If the lowest price is not the reason for selecting a prospective bidder, you must document why the alternate food supply vendor was chosen.

6. Keep all contracts, the procurement log, and any correspondence with the food suppliers concerning the bid in your CACFP folder**.** Procurement records must be kept for three years after the close of the fiscal year.

Invitation to Bid (Form B)

Date

Contact Name
Address
City, State
Zip

Subject: Invitation to Quote Price of Goods

Dear *(Contact Name),*

We are interested in purchasing *(describe goods.)*

Using the attached procurement form, please quote your ordinary unit price for supplying these goods together with your discount for volume purchases.

Please include the following information:
A) Sales tax
B) Delivery charges when applicable
C) Terms of payment

All price quotations must be firm and be good for a period of one year unless otherwise stated.

Please have quotes back to me by *(date.)*

Sincerely,

Your Name
Your Title
Your Phone Number
Your Email

Food Supply Vendor Contract (Form A)

Please quote your ordinary unit price for supplying these goods as indicated in the attached letter. Sign and submit this back to the contact by _____.

Food Supply Vendor Name:			
Items to be Purchased	Quantity Expected to Buy	Unit Price	Extended Price (Quantity x Unit Price)
TOTAL			$

I_____(name of vendor), agree to supply the above named items at the price quoted. Delivery costs and sales tax are included with this quote.

Terms of payment are _____
This contract may be voided by either party at any time.

_____Signature of Vendor Representative _____Date

_____Signature of Sponsor or Institution Representative _____Date
(Sponsor or Institution Representative Signs AFTER bid has been accepted)

Procurement Log (Form C)

The Procurement Log is to be used to document all competitive price quotations of food supply vendors during the procurement procedure. The institution must contact at least three known suppliers of the food, services, and/or supplies needed and obtain competitive price quotations.
Attached to this document is a "Procurement Log" that may be used or may guide you in developing your own form. Below is a sample of how this form can be used.

Items to be Purchased	Quantity Expected to Buy	Vendor #1: XYZ Company		Vendor #2: ABC Company		Vendor #3: LMN Company	
		Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)
Peaches, diced 6/10 cans	25 cs.	$20.19	$504.75	$18.87	$471.75	$22.40	$560.00
Pears, sliced 6/10 cans	10 cs.	$20.94	$209.40	$23.01	$230.10	$23.26	$232.60
Pineapple, chunks 6/10 cans	15 cs.	$25.98	$389.70	$28.03	$420.45	$24.89	$373.35
Total			$1,103.85		$1,122.30		$1,165.95
Vendor Selected		☐		☑		☐	
Date and Method of Contact		September 27 Faxed in price quotes (quote sheets must be attached).		September 28 Price given per phone. Will confirm in writing.		September 28 Visited store and obtained prices (price sheets must be attached).	
Additional Notes:		Best price but will need to drive 15 miles to pick up product. Estimate that this will raise costs by 10%, making this a more costly alternative than Vendor #2.		Slightly higher price, but 5 minute drive from site.			
Signature of person completing this form: *Ima Sample*						Date: *10/30/xx*	

Although this example only compares three items, school and non-school institutions are expected to compare all the food, services, and/or supplies they plan to purchase.

PROCUREMENT LOG (Form C)

Items to be Purchased	Quantity Expected to Buy	Vendor #1		Vendor #2		Vendor #3	
		Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)	Unit Price	Extended Price (Quantity x Unit Price)
TOTAL			$		$		$
Vendor Selected		☐		☐		☐	
Date and Method of Contact* *Selected vendor must be sent a copy of the signed contract.							
Additional Notes:							
Signature of person completing this form:						Date:	

RECORD OF MEALS SERVED

The Record of Meals Served Form (17-9)/Form (17-10) is the official source of documentation used to verify meal counts.

All institutions must maintain an accurate daily count of meals served to participants broken down by age categories. **The count must be taken during the meal service and it must total the actual number of meals served. The meal count shall not be taken from the Daily Attendance Records, sign-in sheets, licensed capacity or enrollment.** Institutions may claim reimbursement only for meals served to participants who are enrolled in the program, have attended at least part of a day, and have a **current, completed, signed and dated CACFP Adult Enrollment Form/Income Application on file.**

The Record of Meals Served Form also provides an area to record total daily attendance each day. Daily attendance figures are pulled from Daily Attendance record and recorded under, "Total Daily Attendance".

After the last meal service on the last serving day of the month, institutions shall record the amount of milk that was not served, in the space provided at the bottom of the next month's Record of Meals Served. This amount will represent milk to be carried over to the Milk Reconciliation Form in the upcoming month.

Q. Do I have to maintain a daily count at each meal service if I have attendance records?

A. Yes. The Daily Attendance Record is not the same as the "Record of Meals Served." In some cases, participants may be present at the center, but the individual may not participate during the meal service. Therefore, reimbursement is calculated based on meals actually served, not attendance records.

Q. What are the limitations on number of meals served at child and adult day care centers?

A. Institutions are eligible to claim reimbursement for either two meals and one snack per participant per day or one meal and two snacks per participant per day.

Instructions for completing CACFP Record of Meals Served (17-9) form

1. Fill in the Center/Site Name.

2. Fill in Month/Year and record any carryover milk from the previous month at the bottom of the page.

3. Place number of meals served next to the appropriate date.

4. For each meal service, list the number of adults that were served meals under the PA (Program Adults) column. This includes staff and/or Caretakers. This column doesn't need to be totaled at the end of the month and is **not** included in the monthly claim for reimbursement.

5. At the end of the day, place total number of participants in attendance under the Total Daily Attendance column. *Reminder, the total number of meals served should never exceed the Total Daily Attendance.*

6. At the end of the month, total all columns for the month and use the information for the monthly claim (number of meals served for each meal service and total attendance for the month).

Form 17-9
7CFR226.15(e)(4)
Revised FY2015-2016

Record of Meals Served
Child and Adult Food Program
Kentucky Department of Education
School and Community Nutrition

Adult Day Care Only

Name of Center: _____ **Month:** _____

Record of Meals Served to Participants

Date	Breakfast	PA	AM Supplement	PA	Lunch	PA	PM Supplement	PA	Supper	PA	Total Daily Attend.
1											
2											
3											
4											
5											
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											
Total	0		0		0		0		0		0

PA=Program Adults

Milk on hand after last meal service of the previous month: _____ Gallons

Instructions for completing the Adult 2015-2016 CACFP Enrollment Form/Income Application

1. **Participant Information:**
   - Please **print** the name(s) of the participant(s) (Last Name, First Name) on the lines below. Please ensure the names listed on the Enrollment Form/Income Application match the names on the Daily Attendance Form.
   - Fill in participant's hours of care and meals normally eaten at the center. If the parent/guardian works multiple shifts and the participant may attend the center on an irregular schedule then mark, "Yes" for the question, "Caretaker/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no", otherwise mark, "No".
   - **Program Benefits**-If the participant receives funding from **SNAP**, **SSI** or **Medicaid** please list the entire case number in the box provided, then **skip Section 2** and **sign Section 3**.

2. **Household Members and Monthly Income**
   - Please list any other members of the household (Adults, Children) not listed above and their **Monthly** income.

3. **Signature and Social Security Number**
   - Please read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, then sign, give the last 4 digits of your social security number and date. If you do not have a Social Security Number, please check the corresponding box.

Sponsor Section

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/SSI/Medicaid** or **Income Household**. If **Income Household** is used to determine eligibility, total incomes and Household Size from Section 2 and place the numbers on the appropriate blanks.
2. If the participant is receiving **SNAP, SSI or Medicaid** the participant is automatically eligible as **Free**. If the participant is not receiving any outside support then the household income must be used in order to determine eligibility (Delete???). Once eligibility has been determined using the Income **Eligibility Guidelines**, mark **Free, Reduced** or **Paid** Meals.
3. Once eligibility has been determined, sign and date the form and then record the participant's name (Last, First) and their eligibility (Free, Reduced, Paid) on the Membership Roster.

Revised FY2015-2016

ADULT ENROLLMENT FORM/INCOME APPLICATION

1. Participant Information: (To be completed by Caretaker/Guardian)

If an adult participant is a member of a SNAP, SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application as described in paragraph (a)(1)(iii) of this section;

If your participant receives assistance from the items below, please complete and skip to section 3.

Participant's Last Name	Participant's First Name	Normal Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)	Snap, SSI or Medicaid *
		-	M T W Th F Sa Su	B AM L PM S LN	
		-	M T W Th F Sa Su	B AM L PM S LN	
		-	M T W Th F Sa Su	B AM L PM S LN	
		-	M T W Th F Sa Su	B AM L PM S LN	
		-	M T W Th F Sa Su	B AM L PM S LN	

*Caretaker/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no

2. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Last, First	GROSS MONTHLY Income From Work (Before Deductions	MONTHLY Income From Welfare Payments, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income
1.	$	$	$	$
2.	$	$	$	$
3.	$	$	$	$
4.	$	$	$	$
5.	$	$	$	$

3. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X_____
Signature of Adult Household Member

X_____ ☐ No Social Security Number X_____
Last four digits Social Security Number* Date

FOR SCHOOL USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:

☐ Free Meals ☐ SNAP/SSI/Medicaid

☐ Reduced Price Meals ☐ Income Household

☐ Paid

Total Household Monthly Income:_____

Household Size_____

_____
Signature of Determining Official

_____
Date

7 CFR 245.11 (a)(5) "USDA is an equal opportunity provider and employer."

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

INCOME ELIGIBILITY GUIDELINES
For Adult Day Care Centers
(FOR INTERNAL/OFFICE USE ONLY)

The eligibility scale is for determining participant's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps), SSI or Medicaid. Participants from households with total gross incomes at or below the following levels may be eligible for free or reduced-price reimbursement rates.

INCOME ELIGIBILITY SCALE

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2015-June 30, 2016				
Household Size	**Free Meals**		**Reduced Price Meals**	
	Monthly	***Yearly***	***Monthly***	***Yearly***
1	**$1,276**	$15,301	**$1,815**	$21,775
2	**$1,726**	$20,709	**$2,456**	$29,471
3	**$2,177**	$26,117	**$3,098**	$37,167
4	**$2,628**	$31,525	**$3,739**	$44,863
5	**$3,078**	$36,933	**$4,380**	$52,559
6	**$3,529**	$42,341	**$5,022**	$60,255
7	**$3,980**	$47,749	**$5,663**	$67,951
8	**$4,430**	$53,157	**$6,304**	$75,647
For each additional family member add:	**+$451**	+$5,408	**+$642**	+$7,696

* The term "household" means a group of related or unrelated individuals who are not residents of an institution or boarding house but who are living as one economic unit, sharing housing and all significant income and expenses.

Note: Participants that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- SSI
- Medicaid

INCOME APPLICATION
FOR
FREE AND REDUCED PRICE MEALS

Institutions participating in the CACFP must obtain information regarding "free and reduced price meal eligibility" for each participant being claimed as free or reduced. **The eligibility information is confidential for each participant and must be kept on file. The information is considered valid for one calendar year from the date of the parent/guardian/client signature.** The State Agency recommends that sponsoring organizations obtain income information as a part of the enrollment process.

Applications must be correctly and completely executed by the participant or guardian/caretaker. Institutions must correctly classify enrolled participants in one of the following categories based on information obtained from the income application: free, reduced, or paid. All Enrollment Form/Income Applications must be reviewed for completeness by the institution. **The determining official must sign and date for the application to be deemed complete.**

The State Agency will review Enrollment Form/Income Applications to ensure that the applications have been completed and the participants are correctly classified. If verification reveals that the application has inaccurately been classified or that numbers of enrolled participants have been incorrectly reported, the State Agency will require a corrected claim. A deficiency finding from a compliance review will result in the recovery of any overpayments. As a result, a follow up, on-site review may be scheduled to ensure that the problem has been corrected.

Q. What does a completed application require?

A. If the participant **is** from a family receiving SNAP, SSI or Medicaid, the completed application must include the participant's name, SNAP, SSI or Medicaid number and must be signed and dated by the parent/guardian.

Or

B. If the participant is from a family **not** receiving Supplemental Nutrition Assistance Program (SNAP), SSI or Medicaid, the completed application must include the participant's name, list of all household members, last four digits of the social security number of the head of household, and income by source. The application must be signed and dated by the parent/guardian.

Please ensure that any SNAP/SSI/Medicaid numbers reported are the actual case numbers, not the amount received or the SNAP EBT number.

Q. If the family is unable to complete the Enrollment Form/Income Application due to a physical or mental disability, illiteracy, or language barrier, can the sponsor complete it?

A. In such a case, the institution may complete the application and the parent/guardian and/or client should make an "X" to indicate that the sponsor has completed the application on their behalf. The staff member must initial and date the Enrollment Form/Income Application and indicate why the parent/guardian/client could not complete the form without assistance.

Q. What should be done if the family refuses to complete the Enrollment Form/Income Application?

A. If the Enrollment information is completed and the form signed and dated, the participant will be classified as “paid”. If no form is returned, the participant is not eligible for meal reimbursement.

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservation (FDPIR) case number for the Participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the program.

Adult Day Care
Revised FY 2015-2016

Dear Participant or Guardian/Caretaker:
The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or aged 60 or older. By completing the attached income application, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals.

Please help the center comply with the requirements of the CACFP by completing, signing and returning the attached form as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to your participants in our program. The completed form will be placed in our files and treated as confidential information. All participants in our program receive their meals free of charge, but the determination of eligibility category affects the amount of federal funding received by the center.

1. **Do I need to fill out an Enrollment Form/Income Application form for each adult in day care?** Complete and submit one Enrollment Form/Income Application form for all adults in your household only if they are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: _____.
2. **Who can get free meals?** Adults in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI) or Medicaid benefits can get free meals. Adults in households participating in WIC may be eligible for free meals.
3. **Who can get reduced price meals?** Adults can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart shown on this application. Adults in households participating in WIC may be eligible for reduced price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or the adult in your care do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must only include the adult in your care, his or her spouse, and his or her dependents who share income and expenses.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the adult day care will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current SNAP, SSI, or Medicaid case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What should I do if the adult meal participant no longer receives SNAP, Social Security Income (SSI) or Medicaid?** If you provided a SNAP case number or an SSI or Medicaid assistance number to establish an adult's eligibility for free meals, you must notify the appropriate institution officials during the year of any termination in the adult's certification to participate in the SNAP, SSI, or Medicaid Programs.

We are in the military. Do we include our housing allowance as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Initiative Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability.
If you have other questions or need help, please call _____

Adult Day Care Sponsors
The participant in the adult day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2015-June 30, 2016		
Household Size	**Reduced Price Meals**	
	Monthly	***Yearly***
1	**$1,815**	$21,775
2	**$2,456**	$29,471
3	**$3,098**	$37,167
4	**$3,739**	$44,863
5	**$4,380**	$52,559
6	**$5,022**	$60,255
7	**$5,663**	$67,951
8	**$6,304**	$75,647
For each additional family member add:	**$642**	$7,696

Non-discrimination Statement: "The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.
Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer."

_____ _____
Sponsor Representative Phone Number.

If you have questions about the CACFP and its administration, you may contact Deanna Tackett, Division Director, at 502/564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 500 Mero Street, 23rd Floor Capital Plaza Tower, Frankfort, KY 40601.

**7 CFR 226.23(e)(4)*

ATTENDANCE RECORDS

All institutions are required to maintain daily attendance records in order to document an enrolled participant's attendance in the center. (A copy of the Attendance Record Form is on the following page). Daily attendance must be totaled every day and recorded on the Record of Meals Served (17-9) form in the Total Daily Attendance (TDA) column.

However, a computer-generated attendance record is also acceptable. Institutions may design their own form, but it must contain, at a minimum, the information contained on the State Agency form. **Forms designed by the sponsor must be submitted to the State Agency <u>prior</u> to use.**

Both the participant's first and last name must be included on the attendance record. **The name must be the same name that appears on the CACFP Adult Enrollment form/Income application, and the Membership Roster.** Please be aware that **sign-in sheets are a licensing requirement, not a CACFP requirement. Sign-in sheets do not** replace attendance records. Participants who attend the center for any part of the day is considered present that day. For sponsoring organizations, participants who attend more than one center on the same day can be counted only once in attendance.

Failure to maintain daily attendance records or maintenance of inadequate daily attendance records will result in the recovery of CACFP reimbursement. Daily attendance records must be maintained on file for three years plus the current fiscal year.

CACFP Instructions for Completing the Daily Attendance Record

Fill in the Month/Year and Sponsor Information.

1. Using the Membership Roster, record the names of the participants.
2. Take attendance and total columns daily.
3. Place daily attendance totals from the attendance record form on the Record of Meals Served (17-9) form under the column that says, "Total Daily Attend".

**Do not use the Daily Attendance Totals for Meal Count Submissions.*

DAILY ATTENDANCE RECORD

Month/Year _____ **Sponsor** _____

PARTICIPANT NAME (Last, First)	Days of the Month																														
	1	**2**	**3**	**4**	**5**	**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**
DAILY TOTALS																															

Each day's totals must be recorded on the Record of Meal Served (Form 17-9) in the Total Daily Attendance Column at the end of each day.

**7 CFR 226.15(e)(4) and 226.17a(O)(1)*

MEMBERSHIP ROSTER OF PARTICIPANTS

Institutions must be able to identify each month's total number of participants.

Each institution under a sponsoring organization must maintain a separate Membership Roster.

The Membership Roster must include the following:

- A date that the participant's enrollment form (EF) was signed.
- A date that the participants income application was signed.
  The names of all participants enrolled and in attendance at the beginning of each new federal fiscal year (October 1) must be recorded on the Membership Roster. Names are added as new participants join the program. Additional pages may be attached as necessary. The Membership Roster may be completed by hand, or kept as an electronic document. If an electronic document is kept, a paper copy must be printed off at the end of each month and placed in the monthly folder.
- Institutions must ensure that participants' eligibility classification is correctly recorded under the Eligibility portion of the Membership Roster (Free, Reduced or Paid).
- The Membership Roster should accurately reflect the number of those enrolled at the center for each month.
- Membership reported monthly is determined from the actual attendance records. If a participant has been in attendance one day or a portion of that day **and has a current, complete Enrollment Form/Income Application**, they are counted in the sponsor's membership for the month. An F, R, or P is recorded in the participant's monthly attendance column.
- The Membership Roster must be cross-referenced monthly with attendance records, income applications and enrollment forms to ensure that only those participants in attendance with a current and complete enrollment form each month are claimed in the membership counts.
- After membership is calculated for the month, the Membership Roster is copied and placed in the next month's folder. If an electronic Membership Roster is kept, a paper copy must be printed off and kept in the monthly folder.

CACFP Instructions for completing the Membership Roster

1. Fill in the information regarding the Center, Month/Year and Sponsor.
2. Organize Enrollment Form/Income Applications in alphabetical order by last name. (Some centers chose to use multiple Membership Roster forms and separate their forms by classrooms, age ranges, and by the letter their last name begins with).
3. Place Participant's Name under the Participant Name (Last, First) column. Remember to use their full name (no nicknames) as it appears on the Enrollment Form/Income Application.
4. Ensure Enrollment Form/Income Application is complete and then input the date the enrollment form was signed by the parent under the appropriate column.
5. Ensure Enrollment Form/Income Application is complete and record participant's eligibility (Free (F), Reduced (R) or Paid (P) under the Eligibility column.
6. Using the Daily Attendance Record at the end of the month, determine if the participant was in attendance for at least 1 day during the month. If the participant was in attendance, record the participant's eligibility under the proper month.
7. Total the number of Free (F) Reduced (R) and Paid (P) participants that were in attendance for the month and record each total at the bottom of the page next to the appropriate letter.
8. Free (F) Reduced (R) and Paid (P) Totals for participants in attendance for the month will be used in order to file the monthly claim.
9. If a participant withdraws during the month, place the date of withdrawal under the appropriate column.
10. Remember to perform an Edit Check to ensure all participants were in attendance and all totals are correct prior to filing the claim.

Membership Roster *Revised FY2014-2015*

Center _____ **Month/Year** 20__

Sponsor _____

Date Enrollment Form Signed	Date Income Application Signed	Eligibility	Participant Name (Last,First)	October	November	December	January	February	March	April	May	June	July	August	September	Participant's Date of Withdrawal
			Totals:													
F=Free			If a participant qualifies for attendance for the month, place either a F, R or P under the appropriate column **F**													
R=Reduced			**R**													
P=Paid			**P**													

**CFR 226.15 (e)(3)*

PROGRAM COSTS DOCUMENTATION

Every institution that participates in the CACFP must demonstrate the operation of a non-profit food service program. **As provided by USDA's Financial Management-Child and Adult Care Food Program Food and Nutrition Service (FNS) Instruction 796-2, Revision 4, all institutions must operate a non-profit food service in which all CACFP meal payments are expended for allowable costs. This means that ALL of the money you receive in CACFP reimbursement MUST be used ONLY in the food service operation. All CACFP records must be maintained on file for three years plus the current year**.

The following are examples only and are not intended to be a complete guide as to how CACFP funds may or may not be spent. Refer to the FNS Instruction 796-2, Rev. 3 or contact the State Agency if you have questions about allowable expenses.

Food and Milk Documentation

Allowable Costs: price of purchased foods referenced to menus, invoices, a food service management company or caterer.

Not Allowable: value of donated foods; cost of food lost as a result of fire, water, spoilage or other contamination in excess of $100; fast food, personal groceries or items such as cigarettes, soda, dog food, etc.

Minimum Records that Support Cost of Food & Milk Used

a. Invoices, bills, receipts (all food receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the food was purchased);
b. Canceled checks;
c. Food inventory records;
d. Records of cash discounts and other credits when they are not shown on purchase orders and/or invoices;
e. Menus;
f. Invoices from the food management company, caterer or school (reported as cost of food used);
g. Daily delivery tickets that include components served, as well as the name of the catering source, date, number of meals ordered and number of meals delivered. These also must be signed and dated by vendor staff delivering meals and sponsor staff receiving meals.

These tickets should be compared to the monthly invoice received from the vendor to ensure that the sponsor was charged for the correct number of meals ordered.

Non Food Cost Documentation

Allowable Costs: Examples are: paper goods (napkins, straws, cups, etc.), cleaning supplies for kitchen and dining room.

Not Allowable: Examples are: general day care supplies or arts/crafts projects, games, videos, laundry and general cleaning supplies not used in the food service area.

Minimum Records that Support Nonfood Supplies and Expendable Equipment

a. Invoices, bills, receipts, (all receipts used to document costs to the CACFP must be original, dated, itemized, and include the name of the store where the non-food was purchased);
b. Canceled checks;
c. Bank statements.

Note: Canceled checks and bank statements will be used only to verify payment of original receipts, and cannot be used as the only source of documentation.

Q. How much can you claim for non-food items; the total amount or half?

A. If all the non-food items were used as part of the meal service (i.e. paper products, plastic silverware, kitchen cleaning supplies, eating area cleaning supplies, etc.) then the total amount can be claimed. If only a portion of the product purchased is used for the food program (i.e. trash bags, paper towels), then only half of the cost could be claimed. Non-food items purchased for day care use only (i.e. toilet paper, Kleenex) cannot be included in program costs.

Q. Can I claim tax on non-food items?

A. Yes, claim tax on the non-food item under "Non-Food" on the Record of Expenditures, Form 17-8.

Program Labor Costs

Program Labor Costs for Food Service are limited to wages and fringe benefits paid by the sponsor to employees directly involved with the food service program. If the sponsor is reimbursed for an employee's wages from some other source, it cannot be claimed as a cost to the Program.

Allowable Direct Costs: wages paid for preparing and serving food; wages paid to personnel who assist participants at mealtime; wages paid for on-site preparation of records required for the food program. Program Labor duties include cooking, serving, menu planning, grocery shopping and cleaning of kitchen and dining room.

Not Allowable: administrative costs, donated labor, salaries of staff who do not perform CACFP duties; wages paid from sources other than the sponsoring organization.

Minimum Records that Support Program Labor Costs

a. Staff who work full-time on CACFP duties (cooks) will document their wages and benefits by copies of their pay stubs in the monthly folder.
b. Personnel Activity Reports (PAR) – are maintained by employees to establish the amount of time per day spent on the food program when the employee has other duties. These must be signed and dated by employee at the end of the month. The PAR must be signed and dated by the employee's supervisor. The PAR must be maintained in the monthly folders.

Program Administrative Costs

Program Administrative Costs include expenditures incurred by a sponsoring organization that relate to planning, organizing, and managing the food service program.

Allowable Direct Costs: wages paid for completing the application packet, approving income applications, conducting monitor reviews, training center personnel regarding CACFP requirements, time spent compiling the monthly Claim for Reimbursement, cost of computer equipment used to administer CACFP and attending State Agency training (training time may only be claimed for the month in which it occurs).

Not Allowable: volunteer labor, wages paid from sources other than sponsoring organization, costs incurred to comply with licensing standards.

Minimum Records that Support Administrative Costs

a. Payroll records (bank statements, canceled checks, pay stubs, etc.).
b. Personnel Activity Reports - daily time sheet that establishes the amount of time each employee spends on food program responsibilities when the employee has other duties. They must be signed and dated by the employee.
c. Mileage documentation.
d. Rental agreements and invoices for office equipment or office space.
e. Invoices and canceled checks for any costs claimed as an administrative expense.

CACFP Instructions for Completing the Personnel Activity Report (PAR)

Employee Section: (To be completed daily by the employee)

1. Print Name and the Month/Year of PAR on designated lines.
2. Place number of hours worked beside the appropriate date. Designate hours worked for Administrative and Program Labor by writing the number of hours under the appropriate column.
3. List any non CACFP hours worked under the, "Non CACFP Hours Worked" column.
4. Total the columns for each row and place the total under the, "Total Hours Worked" for each day claimed.
5. At the end of the month, sign and date the form, verifying the information provided is correct.

Sponsor Section: (To be completed by Director/Authorized Representative at the end of the month)

A. Hourly Paid Staff

1. Using the total for administrative hours from the table; insert the administrative hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total administrative CACFP Salary).

Administrative hours should only be used if sponsor is approved for administrative costs in the CNIPS budget

2. Using the total for program labor hours from the table; insert the program labor hours and multiply them by the hourly wage of the employee. Place total in blank provided (Total program labor CACFP salary).

B. Salaried Staff

1. Using the total for administrative hours worked on CACFP from the table; insert the administrative hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total admin. CACFP salary).

   *Administrative hours should only be used if sponsor is approved for administrative costs in the CNIPS budget**

2. Using the total for program labor hours worked on CACFP from the table; insert the program labor hours worked and divide by the total hours worked. Multiply total by 100 and place percentage in blank provided (%) Then, multiply the total salary for the month by the percentage found above. Place total in blank provided (Total program labor CACFP salary).
3. Once totals have been verified, sign and date form.

PERSONNEL ACTIVITY REPORT

Employee Name: _____ Month/Year: _____

TO BE COMPLETED BY EMPLOYEE:

INSTRUCTIONS: This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on administrative and program labor activities related to the CACFP. Examples of CACFP administrative activities include, but are not limited to: monitoring, record keeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This form will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non CACFP Hours Worked	Total Hours Worked	Date	Hours Worked On CACFP		Non CACFP Hours Worked	Total Hours Worked
	Admin	Program Labor				Admin	Program Labor		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL				

I certify that this is an accurate record of the number of hours worked on the CACFP.

_____ _____

Employee Signature **Date**

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (**HOURLY PAID STAFF**)

1. Total administrative hours worked on CACFP _____ x _____ (hourly wage) = $_____ (Total administrative CACFP salary)
2. Total program labor hours worked on CACFP _____ x _____ (hourly wage) = $_____ (Total program labor CACFP salary)

B. (**SALARIED STAFF**)

3. Total administrative hours worked on CACFP _____ ÷ Total hours worked _____ = _____%
   Total Salary for month $_____ x _____% = $_____ (Total admin. CACFP salary)
4. Total program labor hours worked on CACFP _____ ÷ Total hours worked _____ = _____%
   Total Salary for month $_____ x _____% = $_____ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

5. **Signature of Center Director/Authorized Representative _____ Date_____**

7 CFR 226.15(e)

RECORD OF CACFP PROGRAM EXPENDITURES FOR THE MONTH FORM 17-8

The Record of CACFP Program Expenditures for the Month (Form 17-8) is the form that institutions use to record all of the expenses that are used to justify the reimburement for the month. Institutions will keep this form, along with all receipts and the menu record, in the corresponding monthly folder. Every month, institutions will use the calculations from their monthly 17-8 form to record their program costs on the Justification for Reimbursement form. Programs will use the Justification for Reimbursement Form to record their quarterly costs in the ACQR (Actual Cost Quarterly Report) in CNIPS.

Q. Do I have to fill this out as I go along through the month, or can I complete it after the month is finished?

A. Either way is acceptable, as long as the form is complete before the claim for the month is submitted.

Q. Why do I have to record the quantity of milk I purchased on this form?

A. This will aid you in completing your milk reconciliation for the month. The milk reconciliation determines whether or not enough milk has been purchased to meet meal pattern requirements for all meals in which milk was served.

CACFP Instruction for Completing the Record of Expenditures (17-8) Form

1. Fill in the Month, Sponsoring Organization, Center and CNIPS Number.
2. As purchases are made, record the date, name of store/Food Management Company, Food, Quantity of Milk purchased (in gallons) and any Non Food Expenses (chronological order).
3. At the end of the month, record information such as the employee's name from any Personnel Activity Reports at the bottom of the form above the totals row and record expenses for payroll under the Program Labor column.
4. If claiming program administrative costs, at the end of the month record information such as the employee's name from Program Administrative Costs on the Personnel Activity Report. Then at the bottom of the form above the totals row, record expenses for payroll under the Program Administrative Cost column.
5. Total all columns and input information in the Justification for CACFP Reimbursement Form which will later be used to complete the Actual Cost Quarterly Report (ACQR).
6. Place completed form in the monthly CACFP folder.

Kentucky Department of Education
School and Community Nutrition
Form **17-8**

Month	

RECORD OF FOOD PROGRAM EXPENDITURES FOR THE MONTH

SPONSORING ORGANIZATION		CENTER	
CNIPS NUMBER			

Date	Name of Store, Vendor, Food Management Company or Program Labor	Food	Quantity of Milk; Gallons and/or Pints	Non Food	Program Labor	Program Admin. Cost
Totals						

**FNS 796-2(IV) and 7 CFR 226.15 (e)(6)*

CACFP Instructions for Completing the Justification for Reimbursement Form

1. Using the Record of Expenditures Form (17-8) for the month, input totals for Food, Non-Food, Program Labor and Administrative Costs.

2. Total expenditures for the month and place in column labeled, "Total Expenditures By Month".

3. Input Reimbursement Amount using the amount of CACFP Reimbursement received for the month.

4. Subtract the Total Expenditures by month by the Reimbursement Amount and place total under the, "Difference" column. In order to operate a non-profit food program, it is recommended that monthly expenditures exceed the reimbursement amount for the month.

5. Divide Food by Reimbursement Amount and multiply answer by 100. Place answer under, "% Spent on Food".

6. At the end of each quarter (Oct.-Dec, Jan-Mar, Apr-June, July-Sept), total all columns and use the information from the form to assist in completing the Actual Costs Quarterly Report (ACQR).

Justification for CACFP Reimbursement

Month	Food	Non-Food	Program Labor	Administrative	Total Expenditures By Month	Reimbursement Amount	Difference	*% Spent On Food
Oct.								
Nov.								
Dec.								
Total								
Jan.								
Feb.								
Mar.								
Total								
Apr.								
May								
June								
Total								
July								
Aug.								
Sept.								
Total								
Total for The year								

**FNS 796-2(IV) and 7 CFR 226.15(e)(6)*

**** Food Expenses divided by Reimbursement = % Spent on Food***

ACQR (Actual Costs Quarterly Reporting)

CACFP regulation 796-2 Revision 3 requires that all institutions show fiscal integrity and accountability for all funds received from the Child and Adult Care Food Program. All expenses incurred as program expenses must be approved and funds must be used for authorized program expenses only.

To meet this regulation, the State Agency requires that all institutions report their actual costs on a quarterly basis. Found in CNIPS at https://cnips.education.ky.gov/cnips/ the quarterly report or ACQR is to be completed by January 31st for the first quarter, April 30th for the second quarter, July 31st for the third quarter, and October 31st for fourth quarter. The State Agency will review the costs each quarter to ensure that institutions are being fiscally responsible with CACFP funds. If during a review of the quarterly costs, it is determined that the institution is not using all of the funds received as is required by regulation, a plan of correction will need to be submitted.

Training Presentations are available on the CACFP KY Website

Pre-Approval Site Request Sheet

Sponsoring Organizations wanting to set up additional sites are required to fill out a Pre-Approval Site Request and submit it to the State agency along with the Pre-Approval Visit Form on or before the 25th of the previous month requesting to claim. Any Site Requests submitted after the 25th will be presented to the Application Review Team (ART) for review at the next month's meeting.

All submitted Site Requests will be reviewed by the Application Review Team (ART) and institutions will be informed of the acceptance.

Once the Site Request has been accepted, the State agency will establish a Site Application on CNIPS for the institution to complete.

Institutions must then complete the Site Request and Submit for Approval.

If acceptable, the State Agency will approve the Site Application and the Site may then begin to claim the approved meals.

PRE-APPROVAL VISIT
TO BE CONDUCTED BY SPONSOR

1. Center Name_____ CNIPS #_____

   Address_____

   _____

   Telephone_____Director_____

   Type of Center ___ Child Care ___ Outside School Hours

   ___ Head Start___ Homeless___ ADC___ Title XIX (ADC)

2. Licensed Capacity_____ Expiration Date ____/____/_____

3. Total number of participants enrolled _____Number in attendance _____

4. Indicate type of meals to be claimed for reimbursement.

	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late Night Snack
Time of Meal Service						
Estimated Number to be Served						

5. If claiming more than 2 meals and 1 snack OR 2 snacks and 1 meal, explain procedure to ensure correct meal count. Must use State Agency 17-10).

   _____

   _____

6. How will meals be provided?_____ Self-Preparation _____Contract _____Central Kitchen _____Other

7. Has center staff been trained according to USDA meal pattern requirements? _____Yes _____ No

8. Is an enrollment form on file for each participant? _____ Yes _____ No

9. Will family size and income information be obtained for each participant? _____Yes _____No

10. Have record keeping requirements been explained and discussed with the center director? _____Yes _____No

11. Date that Center's Staff received Civil Rights Training? _____

12. List names of personnel responsible for CACFP Administration and Food Service. Include specific duties assigned to each.

Administration	**Duties**
Food Service	**Duties**

13. Has racial/ethnic information been collected on the area to be served? _____Yes _____No

_____ ___/___/___ _____ ____/___/____
Signature of Center Director Date Authorized Sponsor Representative Date

Kentucky Department of Education

Division of School and Community Nutrition

Pre-Approval Site Request

Site Number

For State Use Only

CNIPS #					
Name of Site:					
Site Address:				Phone #:	
City:		State		Zip:	
Contact Name:					
Sponsor Name:					
County:					

Please return to School and Community Nutrition, 500 Mero Street, 23rd Floor, Capital Plaza Tower, Frankfort, KY 40601 or fax to 502-564-5519 or email to your assigned approval consultant.

Upon receipt by SCN, your site will be assigned a Site Number and entered into the Application/Agreement system where it will be available for completion of a Site/School Information Sheet.

The site number will be returned to you so that you can access the Site/School Request form through the online Application/Agreement.

Monitor Reviews

Monitoring sponsored centers for compliance with CACFP regulations is an important responsibility of Sponsoring Organizations. Sponsoring Organizations can also use monitor reviews to provide technical assistance when needed. Sponsoring Organizations of Affiliated and Unaffiliated Centers must conduct **at least three monitor reviews on each site each year. Two of the three monitor reviews per site must be unannounced and there can be no more than six months between any two monitor reviews.**

A meal service must be observed during at least one of the monitor reviews conducted during the year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

Kentucky Department of Education
Child and Adult Care Food Program
ADULT MONITOR REVIEW FORM
Sponsoring Organizations of Affiliated and Unaffiliated Centers

INSTRUCTIONS FOR COMPLETING MONITOR REVIEW FORM

For all sponsoring organizations, at least two of the three monitor reviews per site must be unannounced. A meal service must be observed during at least one of the monitor reviews conducted in the past year. In accordance with USDA FNS Policy Memo CACFP 16-2011, sponsoring organizations must ensure that the timing of unannounced reviews is unpredictable. For example, unannounced reviews that always occur during the third week of January, third week of May, and third week of September are predictable. The review schedule should be varied enough that facilities staff are unable to anticipate the date/timing of the review.

SECTION 1. GENERAL

Date of Review:		**Name of Reviewer**				
Drop In:		**Announced:**	☐	**Unannounced:**	☐	
Name of Center:						
Address:						
Director:						
Phone Number:						
1.	Is the center at/within licensed capacity, age limits, and provider/participation ratio at the time of review?			☐ Yes	☐ No	
2.	If no, explain:	sdfgsdfgsdfgsdfgsdfgsdfg				
3.	Total Number of Participants Enrolled:					
4.	Center License Expiration Date:					
5.	Total Number of Operating Weeks Per Year					
6.	Hours Daily					
7.	Does the center operate in shifts?			☐ Yes	☐ No	
	If Yes, list shift times		Shift 1		to	
			Shift 2		to	
			Shift 3		to	

SECTION 2. MEAL INFORMATION

8.	Are meals claimed only for enrolled participants who have a current CACFP enrollment form?	☐ Yes	☐ No
9.	Approved Meal Types:		
	Breakfast	☐ Yes	☐ No
	AM Snack	☐ Yes	☐ No
	Lunch	☐ Yes	☐ No
	PM Snack	☐ Yes	☐ No
	Supper	☐ Yes	☐ No
	LN Snack	☐ Yes	☐ No

10. Record the following information on approved meals and record applicable meal times:

Meals to be Served Daily	Time Meal Service Begins	Estimate Number Served Daily	Check Meal Observed Today
Breakfast			☐
AM Snack			☐
Lunch			☐
PM Snack			☐
Supper			☐
At-Risk Snack			☐
Late Night Snack			☐

11.	If claiming a fourth meal, is there a system in place to ensure that center does not claim more than two meals and one snack OR two snacks and one meal per day per participant? [The State Agency 17-10 Form must be completed at the conclusion of each meal service, and then meal counts consolidated on the Record of Meals Served Form (17-9)]	☐ Yes	☐ No
12.	Describe how the center obtains daily meal counts for meals served:		
13.	Is an adequate supply of food available?	☐ Yes	☐ No
14.	List stores and food vendors from which site purchases food:		

15. Check the method by which meals are prepared:

☐	Preparation at meal service site	☐	Prepared central kitchen
☐	Food Service Mgmt Co.	☐	Under contract with local school system
☐	Combination of above list or Other (explain):		

Note: If site is self-prep, go to question 21.

16.	Has the site conducted the appropriate procurement for obtaining a Food Service Management Company?	☐ Yes	☐ No
17.	Does the site have a current contract with the Food Service Management Company who was awarded the procurement	☐ Yes	☐ No
18.	Is the Food Service Management Company on the CACFP KY Registered Caterer List?	☐ Yes	☐ No
19.	Is the Food Service Management Company in compliance with the signed contract?	☐ Yes	☐ No
20.	Does the site have completed delivery tickets on file?	☐ Yes	☐ No

21. List the meal counts for each of the preceding five serving days for the meal types for which you are **approved**:

	Date	Total Daily Attendance	Breakfast	Am Supplement	Lunch	PM Supplement	Supper	LN Supplement
Day 1								
Day 2								
Day 3								
Day 4								
Day 5								
	5 Day Total							
	5 Day Avg.							
Current Day								

Note: To determine the average, total each meal type column and divide by 5, then round up.

22.	What was the meal count for the meal you **observed** on the day of the monitor review?		
23.	Do the meal counts for the prior five days for <u>all</u> meals claimed appear reasonable when compared to each approved meal service's averages?	☐ Yes	☐ No
24.	If No, explain:		
25.	Does the director or program contact demonstrate familiarity with the types and quantities of food required for each type of meal service?	☐ Yes	☐ No
26.	Does the cook demonstrate familiarity with the types and quantities of food required for each type of meal service?	☐ Yes	☐ No

SECTION 3. OBSERVATION OF MEAL SERVICE

27.	Mark **meal observed** and record applicable meal times:						
		☐	☐	☐	☐	☐	☐
		Breakfast	AM Snack	Lunch	PM Snack	Supper	LN Snack
	Scheduled Meal Service Time						
	Meal Service Time Observed						

28.	Record the Food Items and Serving Sizes for the Meal Observed:	
	Meal Components	Food Item	Serving Size
	Milk		
	Meat/Meat Alternate		
	Fruit/Vegetable		
	Fruit/Vegetable		
	Grain		
	Grain		
	Other:		
	Note: The Adult Day Care Meal Pattern requires two bread servings at breakfast, lunch, and supper.	

SECTION 4. MONITORING AND TRAINING

29.	List date and any problems from last Monitor Review conducted:			
	Date:		Problems:	

30.	Have these problems been corrected?		☐ Yes	☐ No
31.	If No, explain:			
32.	Have all center personnel been trained in CACFP regulations each year?		☐ Yes	☐ No
33.	Date(s) of In-Service Training:			
34.	What topics were discussed?			

SECTION 5. HEALTH/SAFETY/SANITATION

35.	Was the food permit posted?					☐ Yes	☐ No	☐ N/A
36.	Food Permit Expiration Date:							
37.	List the date of the latest health inspection:	Date:				Rating:		
38.	Were any deficiencies identified?					☐ Yes	☐ No	☐ N/A
39.	Have identified deficiencies been corrected?					☐ Yes	☐ No	☐ N/A
40.	Were the refrigeration units and freezers clean and maintained at required temperatures?					☐ Yes	☐ No	☐ N/A
	Note: Refrigerator temperatures must be maintained between 33 and 42 degrees. Freezer unit temperatures must be maintained between 0 and -10 degrees. Temperatures listed are per the Food Code, published by the Food and Drug Administration. If the temperatures are not within these ranges, then the answer should be NO and adjustments should be made.							
41.	Was food properly stored in the refrigeration units and in dry storage areas?					☐ Yes	☐ No	☐ N/A
42.	Are thermometers available in all refrigerator and freezer units?					☐ Yes	☐ No	
43.	List temperatures for Refrigerators and Freezers: (**Refer to Question 42 regarding proper temperatures**)							
	Refrigerators							
	Freezers							
44.	Is there evidence of rodent or insect infestation?					☐ Yes	☐ No	
45.	If Yes, what measures are being taken to eliminate this problem?							
46.	Are cleaning supplies, polishes, insecticides and other toxic materials safely stored in an area separate from food?					☐ Yes	☐ No	☐ N/A
47.	List location:							
48.	Did participants and center staff wash their hands before meal service?					☐ Yes	☐ No	
49.	Were tables/high chairs sanitized?					☐ Yes	☐ No	☐ N/A
50.	Is kitchen area kept clean at all times?					☐ Yes	☐ No	☐ N/A
51.	Are sanitary procedures followed in all aspects of food service?					☐ Yes	☐ No	
52.	Are safety procedures followed when thawing frozen foods?					☐ Yes	☐ No	☐ N/A
53.	What method(s) are used to thaw frozen perishable foods?							
54.	Are dishes sanitized?					☐ Yes	☐ No	☐ N/A
55.	What method(s) are used to sanitize dishes?							

SECTION 6. SPACE, FACILITIES AND EQUIPMENT					
56.	Is the storage adequate for dry food items, refrigerators and freezers?		☐ Yes	☐ No	
	Dry Food Items		☐ Yes	☐ No	
	Refrigerators		☐ Yes	☐ No	
	Freezers		☐ Yes	☐ No	
57.	Is dining space adequate for the number of participants enrolled?		☐ Yes	☐ No	
58.	Is adequate food preparation and service equipment available?		☐ Yes	☐ No	
SECTION 7. RECORD KEEPING					
59.	Does the center keep a record of total daily attendance?		☐ Yes	☐ No	
60.	Are current fiscal year CACFP enrollment forms maintained on each participant?		☐ Yes	☐ No	☐ N/A
61.	Does the center keep a daily record of meals served to participants by type of meal service?		☐ Yes	☐ No	
62.	Is the Record of Meals Served Form (17-9/17-10) current and up-to-date?		☐ Yes	☐ No	
63.	Are free and reduced price applications on file?		☐ Yes	☐ No	☐ N/A
64.	If Yes, where:				
65.	Do free and reduced price applications **year-to-date** correspond to the master roster?		☐ Yes	☐ No	☐ N/A
66.	Free, Reduced and Paid Numbers from the latest claim submitted:				
	Free				
	Reduced				
	Paid				
67.	Are appropriate records kept to document all costs?		☐ Yes	☐ No	
68.	Are daily Menu Records available and up-to-date at the center for all approved meals claimed for the current month?		☐ Yes	☐ No	
69.	If No, explain:				
70.	Name and position of person planning menus:				
	Name:				
	Position:				
71.	How far in advance are menus planned?				
72.	What problems with required components have been noted on the menus?				
73.	Are medical statements on file for all substitutions related to medical or special dietary needs?		☐ Yes	☐ No	☐ N/A
	If No, explain:				
74.	Are parent statements on file for all substitutions related to religious beliefs?		☐ Yes	☐ No	☐ N/A
75.	(Unaffiliated Centers Only) Does the center keep at least twelve months of supporting documentation for claims		☐ Yes	☐ No	☐ N/A

SECTION 8. CIVIL RIGHTS COMPLIANCE

76.	Was the "…And Justice for All" poster visibly displayed to the general public?		☐ Yes	☐ No
77.	Is the Civil Right Grievance Report Form available to staff at all times?		☐ Yes	☐ No
78.	Does the training documentation form list "Civil Rights" as a training topic?		☐ Yes	☐ No
79.	Has Civil Rights Data been collected on this site during the past year?		☐ Yes	☐ No

If "NO" complete the Data Collection Chart Below:

*Line one is percentage data collected from the Ethnic/Racial Profile of the Area the Center is located.

*Line two is the actual number collected from the participants in the Center.

http://education.ky.gov/federal/SCN/Pages/CACFP-Resources.aspx

	Ethnicity		Race				
	Hispanic	Not Hispanic	Black or African American	White	Pacific Islander	American Indian or Alaskan Native	Asian
1							
2							

SECTION 9. HOUSEHOLD CONTACTS

In the review of documentation and/or this monitor review, have any of the following occurred:

80.	A. Do inconsistencies exist between attendance records and meal count records for which there is no reasonable explanation?		☐ Yes	☐ No
	B. Have there been recent unsuccessful monitor review attempts for this center?		☐ Yes	☐ No
	C. Do income applications (if applicable) and enrollment forms for participants appear to have been altered in writing, with white out, or with correction tape?		☐ Yes	☐ No
81.	According to the answers above, are household contacts required for this center?		☐ Yes	☐ No

82. If Yes, what method does the sponsor plan to use to conduct the household contacts?

Mail Survey		Telephone Survey	

83.	How many household contacts must be conducted?	
84.	Was corrective action necessary as a result of household contacts?	☐ Yes ☐ No

85. If Yes, what form of corrective action was taken?

Follow-Up Review	☐	Sponsor Provided Technical Assistance	☐	
Site was termed Seriously Deficient	☐	Suspended	☐	Propose to Terminate and Disqualify ☐

SECTION 10. SUMMARY OF FINDINGS

Provide a summary of monitor review findings. A section has also been provided for you to list the center's strengths that you observed. If a follow-up review is necessary, it must be documented on a separate monitor review form. **Serious problems indicating imminent health and safety issues must have a follow-up immediately—within 24 hours.** Items that trigger a household contact must have a follow-up review within 60 days. All other problems identified should have a follow-up review within 30 days.

Strengths:	

SUMMARY OF FINDINGS

Review Item #	Corrective Action (CA) Needed	CA Due Date	Follow-Up Visit Due Date

Signature and Title of Reviewer _____ Date _____

Signature of Center Director/Supervisor _____ Date _____

Signature of Sponsoring Organization Representative _____ Date _____

TO DO LIST FOR NEW INSTITUTIONS

Upon return to your center/office, please complete the following:

- Complete the on line CNIPS application and submit to the State Agency.
- Distribute **current year** Enrollment Form/Income Applications to guardians/caretakers and or participants. Collect and classify participants as "free, reduced, or paid" and file in the CACFP folder system.
- During the **first month** of participation in the CACFP, complete the Daily Attendance and Membership Roster for enrolled participants.
- Conduct In-Service Training within **four weeks** of attendance at State Agency Training.
- Complete Catering Procurement immediately following New Sponsor Training.
- Complete the Small Purchase Procurement and/or Food Supply Vendor Procurement requirements within the first **four weeks** of attendance at the State Agency Training.
- Submit your News Release to a media source and a grassroots organization. File original in the CACFP folder system.
- Display your "And Justice for All" poster in a prominent place.

Maintain the following records beginning the first day of participation:

a. Daily Attendance
b. Membership Roster
b. Record of Meals Served (Form 17-9)
c. Menu Records
d. Receipts, Invoices, Bills that document food and non-food costs
e. Personnel Activity Report(s)

Please note that this list is not inclusive of all documentation that must be maintained!!!

TO DO LIST FOR RENEWING CACFP INSTITUTIONS

Upon return to your center/office, please complete the following for **each new fiscal year**:

- Update the online CNIPS application and submit to the State agency.

- Distribute **current year** Enrollment Form/Income Applications to guardians/caretakers, and or clients. Collect and classify participants as "free, reduced, or paid." Collect and file in the CACFP folder system. **(It is highly recommended that these forms be collected in October of each fiscal year.)**

- Conduct In-Service Training within **four weeks** of attendance at the State Agency Training.

- During the **first month** of participation in the CACFP, complete the Daily Attendance and Membership Roster for enrolled participants (complete in October).

- For Sponsoring Organizations, conduct the first Monitor Review within the first **four weeks** of the new fiscal year.

- Complete Catering Procurement prior to start of new fiscal year.

- Complete the Small Purchase Procurement and/or Food Supply Vendor Procurement requirements within the first **four weeks** of each new fiscal year (conduct in October).

- Maintain the following records beginning the first day of each new fiscal year:

a. Daily Attendance
b. Membership Roster
c. Record of Meals Served (Form 17-9 and if applicable, Form 17-10)
d. Menu Records
e. Receipts, Invoices, Bills that document food and non-food costs
f. Personnel Activity Report(s)

Please note that this list is not inclusive of all documentation that must be maintained!!!

CACFP APPEALS PROCEDURE

Section 1. Actions that May be Appealed (Child and Adult Food Care Program) (7 CFR § 226.6(k) .

(1) An institution including an independent center or sponsoring organization on behalf of a facility under its jurisdiction, and responsible principals and responsible individuals, may appeal the following adverse actions pursuant to 7 CFR § 226.6(k)(2):

(a) Denial of a new or renewing institution's application for participation;
(b) Denial of an application submitted by a sponsoring organization on behalf of a facility;
(c) Notice of proposed termination of an institution;
(d) Suspension of an institution's participation;
(e) Denial of an institution's application for start-up payments or expansion payments;
(f) Denial of an advance payment;
(g) Denial of all or part of a claim for reimbursement;
(h) Notice of proposed disqualification of a responsible principal or a responsible individual;
(i) Recovery of all or part of an advance in excess of the claim for the applicable period;
(j) Decision by the Kentucky Department of Education, Division of School and Community Nutrition (division) not to forward to Food and Nutrition Service (FNS) an exception request by an institution for payment of a late claim, or a request for an upward adjustment to a claim;
(k) Demand for the remittance of an overpayment; or
(l) Any other action of the division affecting the participation of an institution in the program or the institution's claim for reimbursement.

(2) Adverse actions not subject to appeal include the following adverse actions pursuant to 7 CFR § 226.6(k) (3):

(a) FNS decisions on claim deadline exceptions and requests for upward adjustments to a claim;
(b) Determination of serious deficiency;
(c) Division's determination that corrective action is inadequate;
(d) Disqualification and placement on the division's list and National disqualified list;
(e) Termination;
(f) Decision regarding removal from National disqualified list by the division or FNS;
(g) Division's refusal to consider an application submitted by an institution or facility on the National disqualified list.

Section 2. Notice of Action. ((7 CFR § 226.6(k)(5))

(1) The division must provide written Notice of Action to an institution's executive director and chairman of the board of directors, and the responsible principals and responsible individuals.

(2) The Notice of Action shall give notice of the adverse action being taken or proposed, the basis for the action, and the procedures under which the institution and the responsible parties or responsible individuals may request an administrative review of the action.

(3) The Notice of Action may be sent by certified mail, return receipt requested, e-mail or by facsimile.

(4) The Notice of Action shall state that the appeal shall be made within the timeframe set forth in Section 4 of this policy and the appeal shall meet the requirements set forth in Section 3 of this policy.

Section 3. Filing An Appeal.

(1) A program sponsor, responsible principal, or responsible individual aggrieved by an adverse action of the division may appeal the adverse action by filing a timely request for an appeal. The request shall be filed with the Office of Guiding Support Services, Department of Education, 500 Mero Street, Capital Tower Plaza, First Floor, Frankfort, Kentucky 40601.

(2) If the institution or responsible principals and responsible individuals want a hearing the institution of responsible principals and/or individuals must specifically request it in the written request for appeal otherwise the administrative review official will consider the appeal based on written information only.

Section 4. Appeal Timelines.

(1) The request for appeal shall be written and shall be postmarked or received no later than 15 days after the date the notice of adverse action is received.

(2) The division shall acknowledge receipt of the request for an appeal within ten (10) days of its receipt of the request.

(3) Any information on which the division's action was based shall be available for inspection by the institution and the responsible principal and responsible individual from the date of receipt of the request for an appeal.

Section 5. Appeal Procedures.

(1) The division shall forward any request for appeal to the Director of Administrative Hearings Branch, Office of the Attorney General for the Commonwealth of Kentucky to designate an administrative review official. The request for appeal shall be accompanied by a copy of the notice of adverse action sent by the division.

(2) The administrative review official must be independent and impartial. This means that he/she must not have been involved in the action that is the subject of the administrative review, or have a direct personal or financial interest in the outcome of the administrative review.

(3) During the appeal process, the institution, responsible principal, or responsible individual shall:
   (a) Self-represent;
   (b) Be represented by legal counsel; or
   (c) Be represented by another person.

(4) The division's action shall remain in effect during the appeal process. However, participating sponsors and sites may continue to operate the Program during an appeal, and if the appeal results in overturning the division's decision, reimbursement shall be paid for eligible meals served during the appeal process. However, such continued operation shall not be allowed during the pendency of the appeal if the division's action is based on imminent danger to the health or safety of children.

(5) The institution and the responsible principals and responsible individuals may refute the findings contained in the Notice of Action in person or by submitting written documentation to the

administrative review official. In order to be considered, written documentation must be submitted to the administrative review official not later than 30 days after receipt of the Notice of Action.

(6) If a hearing is requested:

(a) Except as provided in subsection (8) of this section, the institution, the responsible principal and responsible individual, and the division shall be provided with at least ten (10) days advance notice of the time and place of the hearing;

(b) If the institution's representative or the responsible principal and responsible individual or their representative fail to appear at the scheduled hearing, the right to a personal appearance before the designated hearing officer shall be waived unless the designated hearing officer agrees to reschedule the hearing; and

(c) A representative of the state agency shall be allowed to attend the hearing to respond to the testimony of the institution and the responsible principal and responsible individual and to answer questions posed by the designated hearing officer.

(7) The designated administrative review official shall be make a determination based solely on the information provided by the state agency, the institution, and the responsible principal and responsible individual and based on federal and state laws, administrative regulations, and policies and procedures governing the program.

(8) Within sixty (60) days of the division's receipt of the request for an appeal, or ten (10) days if the matter under appeal is a suspension of participation based on false or fraudulent claims, the designated administrative review official shall inform the division, the institution's executive director and chairman of the board of directors, and the responsible principal and responsible individual of the outcome of the appeal.

(9) The determination by the administrative review official is the final administrative determination to be afforded to the appellant.

CACFP REFERENCE SHEET

Monthly Membership-Information Needed for Claim			
Enrollment/Income Forms • Completed and signed annually by Parent/Guardian or Client • May have multiple participants on one form • Days and hours normally in care and meals received are noted • Sponsor use only section completed and signed by director	***Attendance Records*** • Completed daily • Name matches participant's name on Enrollment Form • Totaled daily • Used to cross-reference membership and calculate total daily attendance	***Membership Roster*** • Completed monthly • Name matches participant's name on Enrollment Form • Numbers totaled at the end of the month are reported on the monthly claim	
Meal Counts-Information Needed for Claim			
Menus • Must meet meal pattern guidelines • Current month posted • Food must be creditable • Copies placed in monthly folder	***Menus, Continued*** • All menus must be maintained • Substitutions must be noted on all menus before the meal service	***Total Daily Attendance*** • Recorded on 17-9 daily • Meals served cannot be greater than the number of participants in attendance	***17-9 Record of Meals Served*** • Completed during the meal service • Number of meals served must be totaled daily and monthly • Total meals at the end of the month are reported on the monthly claim
Costs/Documentation of-Information Needed for ACQR			

Food and Non-Food
• Receipts
  • Originals only
  • Program related items only
  • Purchases related to menu items
• Invoices from caterers, if applicable
• Delivery Tickets, if applicable
	Program Labor
	• Personnel Activity Report
	• Completed daily by employee
	• Signed by employee
	• Pay Stubs are used for full time food service staff
		17-8 Record of Program Expenditures
		• Completed monthly
		• Food costs recorded from receipts
		• Amount of milk purchased is recorded using receipts
		• Program Labor recorded
		• Non- food costs recorded from receipts
			Small Purchase Procurement
			• Completed yearly; within first 4 weeks of fiscal year
			• 6 most commonly used items
			• 3 price comparisons
			
			Food Supply Vendor Procurement
			• Completed yearly; within first 4 weeks of fiscal year
			• All vendor purchased items
			• 3 vendor comparisons
			
			Catering Procurement
			• See Catering Guidance

Civil Rights			
Public Notification System • And Justice for All • News Release • Non Discrimination Statement	***Data Collection*** • Completed annually • Includes Ethnic and Racial Data	***Grievance Procedures*** • Documents kept in accessible location • Move complaint forward in a timely manner (3 days)	***Training*** • Must include Civil Rights to all people involved with food service • Required prior to start of any program duties • Performed annually and as needed for new staff • Documented and filed in appropriate folder
Monitor Reviews			
• Only necessary for sponsors with multiple sites • Completed within first 4 weeks of participation in the program • Must complete at least 3 per year per site • No more than a 6 month lapse between reviews			