Child and Adult Care Food Program (CACFP)

Training Packet and Handbook

Independent Institutions and Sponsoring Organization of Affiliated and Unaffiliated Centers
FY 2014

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Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides funds to institutions and sponsoring organizations that provide nutritious meals to participants enrolled in child care centers, day care homes, homeless shelters, and adult day care centers.

Your institution is eligible to participate in this program if you are:

- A public or private nonprofit organization, including sponsoring organizations of unaffiliated centers, head start, and at-risk sites.
- A private for-profit center in which 25% of the participants have been documented as low income,
- A homeless/domestic violence/emergency shelter operated by a public or not-for-profit organization that provides support to homeless children in temporary residential settings, or
- The center may qualify according to other program regulations.

Child care centers and adult day care centers can participate in the Child and Adult Care Food Program either independently or through a sponsoring organization that accepts full administrative and financial responsibility for the program. Day care homes must participate through a sponsoring organization; they cannot participate in the Child and Adult Care Food Program independently.

Enrollees in eligible child care centers can receive CACFP benefits if they are:

- Age 12 years or under; or
- Children of migrant workers age 15 or under; or
- Mentally/physically disabled persons, as defined by the State, at any age if the majority of enrollees are age 18 or under; or
- Children enrolled in At Risk After School Programs
- Temporary residents of homeless shelters 18 years of age or younger, and residents of any age who have disabilities.

Note: All criteria listed above may not apply to your organization.

BUILDING FOR THE FUTURE

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks(two of the four groups)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or Bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers**: Licensed or approved public or private non-profit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes**: Licensed or approved private homes.
- **Afterschool Care Programs**: Centers in low-income areas provide free snacks to school age children and youth.
- **Homeless Shelters**: Emergency shelters provide food services to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas.

Contact Information If you have questions about CACFP, please contact the office of School and Community Nutrition at (502) 564-5625.

Questions or Concerns??? Call USDA at 1-800-424-9121.

USDA is an equal opportunity provider and employer.

FEDERAL REQUIREMENTS

Federal regulations at 7 CFR Part 226 require 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 ORGANIZATION 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. **All monthly records and supporting documentation must 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.** Institutions should assign responsibility for maintaining daily records to specific staff.

Records to support reimbursement must be maintained on file for a minimum of 3 years plus the current year. **Failure to maintain any of the following records will result in the repayment of meal reimbursement: [7 CFR 226.10(d)]**

1. Enrollment Forms
2. Master Roster
3. Attendance Records
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

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 required to have the following labeled folders for each fiscal year:

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

2. Income Applications/Enrollment Form

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. Attendance Records
   c. Copy of Master Roster
   d. CACFP Menu Records (Participant and Infant)
   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)
      - Food and non-food bills, receipts, invoices (must be original, dated and itemized, and include the store and/or vendor name.)
      - Personnel Activity Report Form and/or Paycheck Stub
   g. Catering Delivery Tickets

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 parents or guardians of participants, 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 parents, income scale and application form sent home to the parents or guardians of each participant enrolled.)
- 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.

**** EXAMPLE OF THE NEWS RELEASE FOLLOWS ON THE NEXT PAGE ****

NEWS RELEASE – CHILD 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.
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."

Participants eligible for free and/or reduced price meals must have a complete application with documentation of eligibility information which may include a SNAP or K-TAP case number, or names of household members and income information.

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

Participating Center **Address**

_____

_____

_____

REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines to be effective from July 1, 2013 through June 30, 2014 Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.					
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65.879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	7,437	620	310	287	144

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: _____

PNS continued

b. "And Justice For All" poster

- This poster contains the nondiscrimination 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.
- Only original posters may be displayed.

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

c. Non-Discrimination Statement

- The statement in its entirety is required on all 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.

**** 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/cnd/frp/prp.process.htm

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.

**** Below 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 nearest 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		Race			
	Hispanic	**Not Hispanic**	**Black or African American**	**White**	**American Indian or Alaskan Native**	**Asian or Pacific Islander**
1.	%	%	%	%	%	%
2.	#	#	#	#	#	#

3. Training

- Institutions and sponsoring organizations must offer civil rights training to all people 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 nondiscrimination 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 in the food service program provided by the _____Institution/Sponsoring Organization.

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 Nutrition and Health Services 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

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

Civil Rights Grievance Report Form

Information on person filing grievance:

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**

INSTITUTION OR SPONSORING ORGANIZATION IN-SERVICE TRAINING DOCUMENTATION

Child care center and Adult day care center institutions and sponsoring organizations must conduct staff training regarding Child and Adult Care Food Program requirements within **four** weeks of attendance at State Agency training. New institutions and sponsoring organizations *must conduct staff training within the first four weeks of program participation.* Documentation of the training must be recorded on the REGISTRATION FORM. The State Agency recommends discussing the following topics during staff training:

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 Form 17-9).
4. For those institutions approved for more than 3 meal services, 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 child 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 (Participant and Infant),
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.

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:
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

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

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

Trainer's Signature_____Date_____

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). 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 children being claimed during the meal service.

Additionally, food substitutions can be made for participants who are unable to consume regular program meals because of **medical** or other special dietary needs. In such cases, a statement from a recognized medical authority must be provided on behalf of the participant. The medical 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** required to purchase and prepare the alternate foods for authorized medical reasons.

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 parents/guardian 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.
As stated in USDA FNS Policy Memo CACFP 21-2011-REVISED, "in the case of children who cannot consume fluid milk due to medical or other special dietary needs, other than a disability, non-dairy beverages may be served in lieu of fluid milk. Non-dairy beverages **must** be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk as outlined in the National School Lunch Program (NSLP) regulations at 7 CFR 210.10 (m)(3)." In such cases, parents or guardians shall request the substitutions in writing and are not required to provide a medical statement. The written request must identify the reason for the substitution. **Such substitutions are at the option and expense of the facility.**

Q. Do I have to serve water during meals?

A. In accordance with FNS Policy Memo CACFP 20-2011, child care centers, family day care homes, at-risk afterschool programs and shelters participating in CACFP shall make potable water available to children throughout the day, including meal times. Water should be made available to children upon request, but does not have to be available to children self-serve.
Q. If my staff has difficulty calculating amounts of food to prepare, what do I do?

A. Consider the use of cycle menus and calculate how much the cook needs to prepare based on attendance. **It is the responsibility of the center/sponsor to ensure that meals meet minimum requirements as to components and portion size per participant.** In addition, the institution or sponsoring organization should provide additional training to the cook in the use of the Food Buying Guide and the Food Crediting Guide. An online Food Buying Guide calculator is also available at: http://fbg.nfsmi.org/

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

If there are no 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 Children

This chart lists the amounts and types of food to be served to children one year and older.

Meal Components	Ages 1-2	Ages 3-5	Ages 6-12
Breakfast:			
• milk, fluid[1]	½ cup	¾ cup	1 cup
• juice or fruit or vegetable	¼ cup	½ cup	½ cup
• bread or bread alternate	½ slice	½ slice	1 slice
or cornbread, biscuits, rolls, muffins, etc	½ serving	½ serving	1 serving
including cereal cold, dry	¼ cup or 1/3 ounce	1/3 cup or ½ ounce	¾ cup or 1 ounce
or cereal hot, cooked	¼ cup	¼ cup	½ cup
Supplement (Snack (select 2 out of 4 components)			
• milk[1], fluid	½ cup	½ cup	1 cup
• juice or fruit or vegetable	½ cup	½ cup	¾ cup
• meat or meat alternate	½ ounce	½ ounce	1 ounce
egg (large)	½	½	½
• bread or bread alternate	½ slice	½ slice	1 slice
including cereal, cold, dry	¼ cup or 1/3 ounce	1/3 cup or ½ ounce	¾ cup or 1 ounce
or cereal hot, cooked	¼ cup	¼ cup	½ cup
Lunch or Supper			
• milk[1], fluid	½ cup	¾ cup	1 cup
• meat or poultry or fish	1 ounce	1 ½ ounces	2 ounces
or egg (large)	½	¾	1
or cheese	1 ounce	1 ½ ounces	2 ounces
or cooked dry beans or peas	¼ cup	3/8 cup	½ cup
or peanut butter and other "butters"	2 Tbsp.	3 Tbsp.	4 Tbsp.
nuts and seeds[2]	½ ounce	¾ ounce	1 ounce
or yogurt	4 ounces	6 ounces	8 ounces
• vegetables and/or fruits[3] (2 or more total)	¼ cup	½ cup	¾ cup
• bread or bread alternate[4]	½ serving or ½ slice	½ serving or ½ slice	1 serving or 1 slice

[1] Milk includes whole milk, 1% low fat milk, 2% reduced fat milk, fat free milk, cultured buttermilk, or flavored milk made from these types of fluid milk which meet State or local standards.

[2] For lunch and supper no more than 50% of the requirement may be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to meet the requirement. For crediting purposes 1 oz of nuts or seeds = 1 oz of cooked lean meat, poultry or fish.

[3] Serve two or more kinds of fruits and/or vegetables. Full strength vegetable or fruit juice may be counted to meet no more than one half of this requirement for lunch and supper.

[4] Bread alternate may also include an equivalent serving of such items as a roll, biscuit, muffin, cooked enriched or whole grain rice, macaroni, noodles or other pasta products.

	Age: 1 and 2 years	3 through 5 years	6 through 12 years
BREAKFAST			
Fluid milk	½ cup	¾ cup	1 cup
100% Juice or fruit or vegetable	¼ cup	½ cup	½ cup
Bread or bread alternate	½ slice*	½ slice*	1 slice*
or cold dry cereal	¼ cup (or ⅓ oz.)	⅓ cup (or ½ oz.)	¾ cup (or 1 oz.)
or cooked cereal	¼ cup	¼ cup	½ cup
SNACK Select two of the following four components**			
Fluid milk	½ cup	½ cup	1 cup
100% Juice or fruit or vegetable	½ cup	½ cup	¾ cup
Meat or meat alternate	½ ounce	½ ounce	1 ounce
Bread, bread alternate, or cereal	½ slice*	½ slice*	1 slice*
LUNCH/SUPPER			
Fluid milk	½ cup	¾ cup	1 cup
Meat or poultry or fish	1 ounce	1½ ounce	2 ounces
or cheese	1 ounce	1½ ounce	2 ounces
or cottage cheese, cheese food, or cheese spread	2 ounces (¼ cup)	3 ounces (⅜ cup)	4 ounces (½ cup)
or egg	1	1	1
or cooked dry beans or peas	¼ cup	⅜ cup	½ cup
or peanut butter, soynut butter or nut or seed butters.	2T.	3T.	4T.
or peanuts, soynuts, tree nuts or seeds	½ oz. = 50%	¾ oz. = 50%	1 oz. = 50%
or yogurt***	½ cup (4 oz.)	¾ cup (6 oz.)	1 cup (8 oz.)
Vegetables &/or fruits (2 or more)	¼ cup Total	½ cup Total	¾ cup Total
Bread or bread alternate	½ slice*	½ slice*	1 slice*

* or an equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour, or a serving of cooked enriched or whole-grain rice or macaroni or other pasta products.

** for snack, juice may not be served when milk is served as the only other component.

*** or any equivalent quantity of any combination of the above meat/meat alternates.

This institution is an equal opportunity provider.

Child Care Center/Sponsor

WEEKLY MENU RECORD

Site_____

Name of Center/Sponsor

Month_____ Week_____ Year 20_____

Menu Item	Menu	Menu	Menu	Menu	Menu
Breakfast	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date
Milk					
Fruit/Veg./Juice					
Bread/Grains					
(Must serve 3 components)					
A.M. Supplement					
Milk					
Meat/Meat Alternate					
Fruit/Veg./Juice					
Bread/Grains					
(Must serve 2 components)					
Lunch					
Milk					
Meat/Meat Alternate					
Fruit/Veg.					
Fruit/Veg.					
Bread/Grains					
(Must serve 5 items)					
P.M. Supplement					
Milk					
Meat/Meat Alternate					
Fruit/Veg./Juice					
Bread/Grains					
(Must serve 2 components)					
Supper					
Milk					
Meat/Meat Alternate					
Fruit/Veg.					
Fruit/Veg.					
Bread/Grains					
(Must serve 5 items)					

INFANT DAILY MENU RECORD

The Infant Daily Menu Record is required for all programs serving infant meals.

- One type of formula must be provided by the institution.
- Institutions cannot **require** parents/caregivers to supply infant formula or food.
- At least one component of meals served to 8-12 month old infants needs to be purchased/provided by the institution.
- Infant feeding times vary depending on the age and development of the child.
- Infant Menu Records need to be kept every day.
- Infants on breast milk or formula may be claimed as long as the child care center staff is feeding the child.
- Only iron fortified infant cereal is creditable.
- Meat sticks or "finger sticks" (which look like miniature hot dogs) are not reimbursable as a meat/meat alternate in the Infant Meal Pattern because they could present a choking risk
- Combination dinners (jarred turkey and rice, etc.) are not creditable.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are not creditable for infants under 12 months of age.

As you know, infant meal patterns vary according to the age of the infants. You should ensure that each age group is receiving all required components. You do not need to break out the components for the different age groups under the menu column, but you must be specific when listing all food components served to all age groups. **Infants 6 wks up to 1 year must be listed on the Infant Daily Menu Record**. If for some reason children over 1 year of age are still consuming infant foods or formula their meals must be recorded on Infant Daily Menu Record.

Infant Daily Menu Record must have a detailed description. The type of cereal, type of fruit or vegetable and iron fortified formula/breast milk must be listed.

Refer to the infant food chart for required components for each meal.

Child and Adult Care Food Program
Meal Pattern Requirements for Infants

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula[1] or breast milk[2, 3]	4-6 fluid ounces formula[1] or breast milk[2, 3]	4-6 fluid ounces formula[1] or breast milk[2, 3]
4 months through 7 months	4-8 fluid ounces formula[1] or breast milk[2, 3] 0-3 tablespoons infant cereal[1, 4]	4-8 fluid ounces formula[1] or breast milk[2, 3] 0-3 tablespoons infant cereal[1, 4] 0-3 tablespoons fruit and/or vegetable [4]	4-8 fluid ounces formula[1] or breast milk[2, 3]
8 months up to first birthday	6-8 fluid ounces formula[1] or breast milk[2, 3] 2-4 tablespoons infant cereal[1] 1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula[1] or breast milk[2, 3] 2-4 tablespoons infant cereal[1] **and/or** 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas **or** ½-2 ounces cheese, **or** 1-4 tablespoons cottage cheese, cheese food or cheese spread. 1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula[1] or breast milk[2, 3] or fruit juice[5] 0-1/2 slice bread[4, 6] or 0-2 crackers[4, 6]

[1] Infant formula and dry infant cereal shall be iron-fortified.

[2] It is recommended that breast milk be served in place of formula from birth through 11 months.

[3] For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

[4] A serving of this component shall be optional.

[5] Fruit juice shall be full-strength.

[6] Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

Center Name: Date:

Circle or Complete "Other" blank to specify the food component served.				Total # of Meals Served
Infant Menu				
Meal	O Through 3 Months	4 Through 7 Months	8 Through 11 Months	
Breakfast	4-6 Fluid Oz. Iron Fortified Infant Formula or Breast Milk Number of Infants Served: _____	4-8 Fluid Oz. Iron Fortified Infant Formula or Breast Milk When Developmentally Ready: 0-3 Tbsp. Iron Fortified Infant Cereal Number of Infants Served: _____	6-8 Fluid Oz. Iron Fortified Infant Formula or Breast Milk 2-4 Tbsp. Iron Fortified Cereal 1-4 Tbsp. Vegetable or Fruit: Bananas, Peaches, Pears, Applesauce or Other: _____ Number of Infants Served: _____	
Lunch	4-6 Fluid Oz. Iron Fortified Infant Formula or Breast Milk Number of Infants Served: _____	4-8 Fluid Oz. Iron Fortified Infant Formula or Breast Milk When Developmentally Ready: 0-3 Tbsp. Iron Fortified Infant Cereal 0-3 Tbsp. Vegetable or Fruit: Green Beans, Squash, Sweet Potatoes, Carrots, Bananas, Peaches, Pears, Applesauce or Other:_____ Number of Infants Served: _____	6-8 Fluid Oz. Iron Fortified Infant Formula or Breast Milk 2-4 Tbsp. Iron Fortified Cereal **OR** 1-4 Tbsp. Meat or Meat Alternate: Chicken, Beef, Turkey, Beans, Cheese or 1-4 Tbsp. Vegetable or Fruit: Green Beans, Peas, Squash, Sweet Potatoes, Carrots, Bananas, Peaches, Pears, Applesauce or Other:_____ Number of Infants Served: _____	
PM Snack	4-6 Fluid Oz. Iron Fortified Infant Formula or Breast Milk Number of Infants Served: _____	4-6 Fluid Oz. Iron Fortified Infant Formula or Breast Milk Number of Infants Served: _____	2-4 Fluid Oz. Iron Fortified Infant Formula or Breast Milk or 100% Fruit Juice When Developmentally Ready: 0-1/2 slice of Bread or 0-2 Crackers Number of Infants Served: _____	

Total # of meals served at the end of the day need to be recorded on the center's 17-9

**Fresh and Frozen Vegetables must be cooked or steamed and diced or mashed prior to serving to infant. Canned Vegetables may need to be diced or mashed depending on skill level of infant. All Fruits need to be soft, diced and/or mashed prior to serving. Meat items including chicken, beef must be diced, crumbled or mashed prior to serving.

Milk Reconciliation

Revised FY 2012

Sponsor Name_____

Month/Year_____

	Breakfast			AM Snack			Lunch			PM Snack			Supper			LN Snack			Amount Purchased Gallons	
Date	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	1-2	3-5	6-12	Record Carry Over →	
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=																			Total (b)	(a)

(a)_____Total oz. purchased (b)_____Total oz. required

(a) - (b) = (c) _____(c) divided by 128 = _____ Total gallons above/below amount needed

Meals Disallowed? ___ Yes ___ No

Number of Meals Disallowed:_____

Breakfast _____
AM Supplement _____
Lunch _____
PM Supplement_____
Supper _____
LN Snack_____
Total _____

Medical Referral Form for Modified Meals

The center must secure this information for participants who require modified diets.

Date_____

Participant's Name_____ Birth Date_____

Food Allergies/Intolerances: _____
_____

Special diet/dietary restrictions/modified meals requested:
_____
_____
_____

Note to Physician:

The center has been requested to serve this participant modified meals in the Child and Adult Care Food Program (CACFP). To ensure, that in so doing, the participant's medical requirements are being met appropriately, we request that you complete this form.

Are there foods that should not be served to this participant?

_____Yes _____No

If yes, list foods that should not be served:

_____
_____
_____

If yes, also list suggestions for alternative foods that may be served to this participant:

_____
_____
_____

Additional Recommendations and/or Requirements:

_____
_____
_____

Signature of Physician_____Date_____

Office Address _____Phone _____

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 comparison shop 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 impacts your decision. This needs to be documented on the Small Purchase Procurement Form.

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.	$	$	$	

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

Object: 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 sales tax and delivery charges when applicable.

Please also indicate

A) Your 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 _____.

Items to be Purchased	Quantity Expected to Buy	Food Supply Vendor Name:	
		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 obt prices (price sheets r 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.			

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.

Signature of person completing this form:	Date:
Ima Sample	*10/30/12*

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 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 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, complete signed and dated CACFP enrollment form on file.**

The Record of Meals Served Form also provides an area to record total daily attendance each day. The total daily attendance will be compiled on this form as well.

After the last meal service on the last serving day of the month, institutions shall record the amount of milk that was not served or expired, in the space provided at the bottom of each month's Record of Meals Served (Form 17-9). 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**. Attendance records are 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.

Kentucky Department of Education
School and Community Nutrition
Section 17
Form 17-9

Record of Meals Served

Month/Year _____

	Breakfast				Total Break fast	A M Supplement				Total A.M. Snacks	Lunch				Total Lunches	P M Supplement				Total P.M. Snacks	Supper				Total Suppers	Total Daily Attend
Date	Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		Infant	1-2	3-5	6-12		
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30																										
31																										
Total																										

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

Revised 2013

FY 2014

Name of Site _____

CACFP ENROLLMENT FORM
(ONE ENROLLMENT FORM PER CHILD)

Section 1	**Name of Participant** **(Last name, First name)**	Date of Birth (mm/dd/yyyy)

Section 2 Name of Parent/Guardian		
Home Address:		
Home #:	Cell #:	Work #:

Section 3

Please indicate the typical hours and days of care that this participant will attend:

Days in Care	Usual Hours in Care	Usual Meals to be Received While in Care	
❑ Monday	to		
❑ Tuesday	to		
❑ Wednesday	to	❑ Breakfast	❑ PM Snack
❑ Thursday	to	❑ AM Snack	❑ Supper
❑ Friday	to	❑ Lunch	❑ Evening Snack
❑ Saturday	to		
❑ Sunday	to		
❑Non-school days/holidays	to		

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

Do you supply any food to the center for the participant's meals due to medical or religious reasons?
If Yes, please list foods supplied:

_____

Section 4_

Parent/Guardian Signature **Date**

"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."

INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for formula served to your baby while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern (attached to this addendum) developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Talk with your health care provider and let us know whether you want to use breast milk or a formula while in child care. We also need to know when you will introduce solid foods. You may choose for us to provide the formula, or you may provide the formula for your infant.

_____

(Name of Daycare Center)

currently provides the following formula(s): _____

Breast milk and formula that you provide should be labeled with your child's name, the contents of the bottle (breast milk or brand of formula), and the date the formula was prepared or the date of collection for breast milk.

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

_____

Sponsor Representative **Phone Number** **Date**

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____ **Infant Birthdate**____/_____/_____

Check all that apply:

_____**Parent** will breast-feed the infant at the day care center

_____**Parent** will provide expressed breast milk

_____**Parent** will provide iron fortified formula/breast milk and **Center** will provide additional baby food

_____**Parent** will provide iron fortified formula/breast milk and additional baby food.

_____**Center** will furnish all iron fortified infant formula

_____**Center** will furnish all iron fortified infant formula and additional baby food

_____ _____

Parent/Guardian and/or Client Signature **Date**

Child and Adult Care Food Program
Meal Pattern Requirements for Infants

Age	Breakfast	Lunch and Supper	Snack
Birth through 3 months	4-6 fluid ounces formula[1] or breast milk[2, 3]	4-6 fluid ounces formula[1] or breast milk[2, 3]	4-6 fluid ounces formula[1] or breast milk[2, 3]
4 months through 7 months	4-8 fluid ounces formula[1] or breast milk[2, 3] 0-3 tablespoons infant cereal[1, 4]	4-8 fluid ounces formula[1] or breast milk[2, 3] 0-3 tablespoons infant cereal[1, 4] 0-3 tablespoons fruit and/or vegetable [4]	4-8 fluid ounces formula[1] or breast milk[2, 3]
8 months up to first birthday	6-8 fluid ounces formula[1] or breast milk[2, 3] 2-4 tablespoons infant cereal[1] 1-4 tablespoons fruit and/or vegetable	6-8 fluid ounces formula[1] or breast milk[2, 3] 2-4 tablespoons infant cereal[1] **and/or** 1-4 tablespoons meat, fish, poultry, egg yolk, or cooked dry beans or peas **or** ½-2 ounces cheese, **or** 1-4 tablespoons cottage cheese, cheese food or cheese spread. 1-4 tablespoons fruit and/or vegetable	2-4 fluid ounces formula[1] or breast milk[2, 3] or fruit juice[5] 0-1/2 slice bread[4, 6] or 0-2 crackers[4, 6]

[1] Infant formula and dry infant cereal shall be iron-fortified.

[2] It is recommended that breast milk be served in place of formula from birth through 11 months.

[3] For some breastfed infants who regularly consume less than the minimum amount of breast milk per feeding, a serving of less than the minimum amount of breast milk may be offered, with additional breast milk if the infant is still hungry.

[4] A serving of this component shall be optional.

[5] Fruit juice shall be full-strength.

[6] Bread and bread alternates shall be made from whole-grain or enriched meal or flour.

INCOME ELIGIBILITY GUIDELINES
For Child Care Centers
Effective from July 1, 2013, through June 30, 2014

(FOR INTERNAL/OFFICE USE ONLY)

The eligibility scale is for determining participating children's eligibility category for federal meal reimbursement if they are not recipients of SNAP (Formerly food stamps) or K-TAP. 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

HOUSEHOLD SIZE*	GROSS INCOME OF HOUSEHOLD									
	WEEKLY		EVERY TWO WEEKS		TWICE PER MONTH		MONTHLY		ANNUAL	
	FREE	*REDUCED*	*FREE*	*REDUCED*	*FREE*	*REDUCED*	*FREE*	*REDUCED*	*FREE*	*REDUCED*
1	$ 288	$ 409	$ 575	$ 818	$ 623	$ 886	$ 1,245	$ 1,772	$ 14,937	$ 21,257
2	388	552	776	1,104	841	1,196	1,681	2,392	20,163	28,694
3	489	695	977	1,390	1,058	1,506	2,116	3,011	25,389	36,131
4	589	838	1,178	1,676	1,276	1,816	2,552	3,631	30,615	43,568
5	690	981	1,379	1,962	1,494	2,126	2,987	4,251	35,841	51,005
6	790	1,124	1,580	2,248	1,712	2,436	3,423	4,871	41,067	58,442
7	891	1,267	1,781	2,534	1,929	2,745	3,858	5,490	46,293	65,879
8	991	1,410	1,982	2,820	2,147	3,055	4,294	6,110	51,519	73,316
FOR EACH ADDITIONAL FAMILY MEMBER ADD:	$ 101	$ 144	$ 201	$ 287	$ 218	$ 310	$ 436	$ 620	$ 5,226	$ 7,437

* 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: Children that are recipients of the following programs are automatically eligible for the free reimbursement rate:

- SNAP (formerly known as Food Stamps)
- Kentucky Transitional Assistance Program (K-TAP)
- Foster Care Program
- Head Start or Even Start
- Kinship

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 for each participant claimed as free or reduced must be kept on file and 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's parents or guardian. Institutions must correctly classify enrolled participants in one of the following categories based on information obtained from the income application: free, reduced-price, or paid. All income applications must be reviewed for completeness by the institution. **The determining official must sign and date in order for the application to be deemed complete.**

The State Agency will review 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 verification review will result in the recovery of any overpayments. As a result, follow up on-site reviews 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 **not** receiving Supplemental Nutrition Assistance Program (SNAP) or Kentucky Transitional Assistance Program(K-TAP), the completed application must include the participant's name, birth date, 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.

or

B. If the participant **is** from a family receiving SNAP or K-TAP, the completed application must include the participant's name, birth date, SNAP or K-TAP number and must be signed and dated by the parent/guardian.

Please ensure that any SNAP/K-TAP 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 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 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 income application?

A. The participant will be classified as "paid."

Q. How should a foster child or child in court appointed Kinship Care be classified?

A. These children are automatically classified as Free, indicated by the completed income

application.

Q. If the child receives benefits (subsidized child care), does an income application have to be completed by the child's parent/guardian or is the child categorically eligible for free meals?

A. An income application must be completed by the parent/guardian of the child receiving benefits. Receipt of subsidy funds does not automatically qualify the child for free/reduced meals.

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 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.

***Note: For participants of Child Nutrition Programs, Section 9 (d)(1)of the National School Lunch Act requires that, unless the child's SNAP or K-TAP case number is provided, the last four digits of the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number must be provided. Provision of a social security number is not mandatory, but if the last four digits of the social security number are not provided or an indication is made that the adult household member signing the statements does not have one, the statement cannot be approved. The last four digits may be used to identify the household member in carrying out efforts to verify the correctness of information on the statement.**

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parent or guardians of children enrolled at either a child care center or a family day care home. _____ offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care.

Please help us comply with the requirements of the CACFP by completing the attached income application as soon as possible. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

The completed form will be placed in our files and treated as confidential information. All children 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. If your household's income is equal to or less than the amounts indicated for your household's size on the chart below, the center will receive a higher level of reimbursement.

1. **Do I need to fill out an income application for each of my children in day care?** Complete and submit one CACFP income application form for all children in your household only if they are enrolled in the same center or home. 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 reduced priced meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, attached with this application.
3. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the center.
4. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.
5. **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. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) or K-TAP 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 eligibility standards.
6. **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.
7. **What if I have foster children?** In certain cases, foster children are eligible for free or reduced-price meals regardless of the income of the household with whom they reside. Fill out a separate application for each foster child in your care. However, if the foster children are siblings, each child may be listed on the same form. <u>If this is a foster child, please indicate with a check mark on the application. Enter the foster child(ren's) personal use income (print "0" if the child has no income)</u>. Complete the form by proceeding to Part 4 and Part 5.
8. **The Kinship Care Program** operates under similar guidelines as that of foster care but the children are placed with family members. Under the Kinship Care Program, the state has custody of the child(ren) until permanent placement takes place (about 2 years later).
9. **We are in the military; do we include our housing and supplemental allowances 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. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, nation origin, sex, age or disability.

If you have questions or need help, call _____ at _____.

REDUCED INCOME ELIGIBILITY GUIDELINES – 185% Guidelines to be effective from July 1, 2013 through June 30, 2014 Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.					
HOUSEHOLD SIZE	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	21,257	1,772	886	818	409
2	28,694	2,392	1,196	1,104	552
3	36,131	3,011	1,506	1,390	695
4	43,568	3,631	1,816	1,676	838
5	51,005	4,251	2,126	1,962	981
6	58,442	4,871	2,436	2,248	1,124
7	65.879	5,490	2,745	2,534	1,267
8	73,316	6,110	3,055	2,820	1,410
For each additional family member, add	7,437	620	310	287	144

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 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.

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, Frankfort, KY 40601.

KY Child and Adult Care Food Program Income Application

2013-2014 Child Care Centers

Complete this form in order for this center to qualify for reimbursement for meals served to your child(ren).

1. **CHILD INFORMATION** (print) 2. **PROGRAM BENEFITS**

If kinship or foster care, check here. And indicate amount

	Name of Child	Birthdate	SNAP#	K-TAP#	☐
1.	_____	_____	_____	_____	☐_____
2.	_____	_____	_____	_____	☐_____
3.	_____	_____	_____	_____	☐_____

3. **HOUSEHOLD MEMBERS AND MONTHLY INCOME**: If you gave a SNAP or K-TAP case number, go to Part 4.

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above LAST FIRST	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income from Pensions Retirement Social Security	Any Other MONTHLY Income
1. _____	$_____	$_____	$_____	$_____
2. _____	$_____	$_____	$_____	$_____
3. _____	$_____	$_____	$_____	$_____
4. _____	$_____	$_____	$_____	$_____
5. _____	$_____	$_____	$_____	$_____

4. 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_____ X_____

Last four digits Social Security Number* **Date**

Printed Name _____Home Telephone No. _____Work Telephone No._____

Street/Apt.No._____City/State/Zip_____

5. Participant's ethnic and racial identities (optional) Mark one ethnic identity: ____Hispanic or Latino ____ Not Hispanic or Latino
Mark one or more racial identities: _____ Asian _____White ____Black or African American ____American Indian or Alaska Native
____ Native Hawaiian or Other Pacific Islander

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

MONTHLY INCOME CONVERSION – WEEKLY X 52 **EVERY 2 WEEKS X 26** **TWICE A MONTH X 24**

☐ SNAP/K-TAP Household

☐ Foster/Kinship Care

☐ Income Household:

Total Household Monthly Income: _____

Household Size: _____

Application approved for:

☐ Free Meals

☐ Reduced Price Meals

☐ Paid

_____ _____ _____ _____

Signature of Determining Official Date W/D Date Re-enter Date

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 for approval <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 enrollment form, the income application, and the master 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 are 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 attendance records or maintenance of inadequate attendance records will result in the recovery of CACFP reimbursement. Attendance records must be maintained on file for three years plus the current fiscal year.

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.

MASTER ROSTER OF PARTICIPANTS

One **continuous** Master Roster must be maintained each fiscal year. Institutions must be able to identify each month's total number of participants.

Each institution under a sponsoring organization <u>must</u> maintain a separate, continuous Master Roster.

The Master Roster must include the following:

- A date that the participants enrollment form (EF) was signed.
- A date that the participants income application was signed IF the participant is being claimed as free or reduced.
- 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 Master Roster. Names are added as new participants join the program. Additional pages may be attached as necessary. (A copy of the Master Roster Form is on the following page. The Master 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.
- Institutions must ensure that participants' eligibility classification is correctly recorded under the Eligibility portion of the Master Roster (Free, Reduced or Paid).
- The Master 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**, they are counted in the sponsor's membership for the month. An F, R, or P is recorded in the participants monthly attendance column.
- The Master 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 Master Roster is moved to the next months' folder. If an electronic Master Roster is kept, a paper copy must be printed off and kept in the monthly folder.

.

Master Roster

Sponsor _____ **Fiscal Year** 20__

Center _____

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			**F**													
R=Reduced			**R**													
P=Paid			**P**													

If a participant qualifies for attendance for the month, place either a F, R or P under the appropriate column

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 3, 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 and invoices from 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 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 (Participant and Infant);
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, 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; toys, 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 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 placing copies of their check stubs in the monthly folder.
b. Personnel Activity Reports (PAR) – daily time sheets 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. Page two of the PAR must be signed and dated by the employee's supervisor. Both pages of the PAR's 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.

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**

Employee Name:_____Month/Year_____

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (**HOURLY PAID STAFF**)
Total administrative hours worked on CACFP _____ x _____ (hourly wage) = $_____ (Total administrative CACFP salary)

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

B. (**SALARIED STAFF**)
Total administrative hours worked on CACFP _____ ÷ Total hours worked _____ = _____%
Total Salary for month $_____ x _____% = $_____ (Total admin. CACFP salary)

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.

Signature of Center Director/Authorized Representative _____ Date_____

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.

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

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/Pints	Non Food	Program Labor	Program Admin. Cost
Totals						

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								

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 budgeted 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 15 for the first quarter, April 15 for the second quarter, July 15 for the third quarter, and October 15 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.****

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
Division of School and Community Nutrition
Child and Adult Care Food Program

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: _____

3. Total Number of Participants Enrolled:_____

4. Center License Expiration Date:_____

5. Total Number of Operating Weeks Per Year: _____

6. Hours Daily _____ a.m. to _____ p.m

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?
   a. ☐Yes ☐ No

9. Approved Meal Types:
   ☐ Breakfast ☐ A.M. Snack ☐ Lunch ☐ P.M. Snack ☐ Supper ☐ Late Night Snack

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. Are meals no less than two hours but no more than three hours apart? ☐ Yes ☐ No

12. 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

13. Describe how the center obtains daily meal counts for meals served:
    _____
    _____

14. Is an adequate supply of food available? ☐ Yes ☐ No

15. List stores and food vendors from which site purchases food:_____
    _____

---

16. 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.

17. Has the site conducted the appropriate procurement for obtaining a Food Service Management Company?
    ☐ Yes ☐ No

18. Does the site have a current contract with the Food Service Management Company who was awarded the procurement bid? ☐ Yes ☐ No

19. Is the Food Service Management Company on the CACFP KY Registered Caterer List?
    ☐ Yes ☐ No

20. Is the Food Service Management Company in compliance with the signed contract?
    ☐ Yes ☐ No

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

5 Day Reconciliation

Verified Enrollment: License Capacity:

	Date:		Date:		Date:		Date:		Date:			Date:	
Meal Services	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	TDA	Meal Count	Total 5 Day Meal Ct	Avg 5 Day Meal Ct	Current Day
Breakfast													
AM Snack													
Lunch													
PM Snack													
Supper													
LN Snack													

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 all 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 4 OBSERVATION OF MEAL SERVICE

27. Circle **meal observed** and record applicable meal times:

	Breakfast	A.M. Snack	Lunch	P.M. Snack	Supper	L. N. Snack
Scheduled Meal Service Time						
Meal Service Time Observed						

28. Record the Food Items, Serving Sizes, and Amounts Prepared for the Meal Observed:

Meal Components	Food Item	Serving Size
Milk		
Meat/Meat Alternate		
Fruit/Vegetable		
Fruit/Vegetable		
Bread/Bread Alternate		
Bread/Bread Alternate		
Other		

Note: The Adult Day Care Meal Pattern requires two bread servings at breakfast, lunch, and supper.

29. **Record the food items served for infant meals**:

Infants List Food Items Served (Be Specific)			
Meal Components	**Birth Through 3 Months**	**4 Through 7 Months**	**8 Through 11 Months**
Iron-Fortified Formula/Breast Milk/ Whole Milk			
Infant Cereal			
Fruit/Vegetable			
Fruit/Vegetable			
Meat/Meat Alternate			
Bread Component			

Note: If infant participates in meal served from the kitchen (table food), please include the foods served.

SECTION 5 MONITORING AND TRAINING

30. List date and any problems from last Monitor Review conducted:
_____
_____

31. Have these problems been corrected? ☐ Yes ☐ No

32. If No, explain: _____
_____

33. Have all center personnel been trained in CACFP regulations each year? ☐ Yes ☐ No

34. Date(s) of In-Service Training _____

35. What topics were discussed?
_____
_____

SECTION 6 HEALTH/SAFETY/SANITATION

36. Was the food permit posted? ☐ Yes ☐ No ☐ Not Applicable

37. Food Permit Expiration Date: _____

38. List the date of the latest health inspection: _____ Rating: _____

39. Were any deficiencies identified? ☐ Yes ☐ No ☐ Not Applicable

40. Have identified deficiencies been corrected? ☐ Yes ☐ No ☐ Not Applicable

41. Were the refrigeration units and freezers clean and maintained at required temperatures?
☐ Yes ☐ No ☐ Not Applicable
Note: Refrigerator temperatures must be maintained between 33 and 38 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.

42. Was food properly stored in the refrigeration units and in dry storage areas?
☐ Yes ☐ No ☐ Not Applicable

43. Are thermometers available in all refrigerator and freezer units?
☐ Yes ☐ No ☐ Not Applicable

44. List temperatures for Refrigerators and Freezers: (**Refer to Question 45 regarding proper temperatures**)
Refrigerators _____ _____ _____ _____
Freezers _____ _____ _____ _____

45. Is there evidence of rodent or insect infestation? ☐ Yes ☐ No

46. If Yes, what measures are being taken to eliminate this problem?
_____

47. Are cleaning supplies, polishes, insecticides and other toxic materials safely stored in an area separate from food? ☐ Yes ☐ No ☐ Not Applicable

48. List location: _____

49. Did participants and center staff wash their hands before meal service? ☐ Yes ☐ No

50. Were tables/high chairs sanitized? ☐ Yes ☐ No ☐ Not Applicable

51. Is kitchen area kept clean at all times? ☐ Yes ☐ No ☐ Not Applicable

52. Are sanitary procedures followed in all aspects of food service? ☐ Yes ☐ No

53. Are safety procedures followed when thawing frozen foods?
☐ Yes ☐ No ☐ Not Applicable

54. What method(s) are used to thaw frozen perishable foods?_____
_____

55. Are dishes sanitized? ☐ Yes ☐ No ☐ Not Applicable

56. What method(s) are used to sanitize dishes? _____
_____

SECTION 7 SPACE, FACILITIES AND EQUIPMENT

57. Is the storage adequate for dry food items, refrigerators and freezers?
☐ Dry Food Items ☐ Refrigerators ☐ Freezers
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

58. Is dining space adequate for the number of participants enrolled? ☐ Yes ☐ No

59. Is adequate food preparation and service equipment available? ☐ Yes ☐ No

SECTION 8 RECORD KEEPING

60. Does the center keep a record of total daily attendance? ☐ Yes ☐ No

61. Are current fiscal year CACFP enrollment forms maintained on each participant?
☐ Yes ☐ No Not Applicable

62. Does the center keep a daily record of meals served to participants by type of meal service?
☐ Yes ☐ No

63. Is the Record of Meals Served Form (17-9/17-10) current and up-to-date? ☐ Yes ☐ No

64. Are free and reduced price applications on file? ☐ Yes ☐ No Not Applicable

65. If Yes, where: _____

66. Do free and reduced price applications **year-to-date** correspond to the master roster?
☐ Yes ☐ No Not Applicable

67. No. of Free _____ No. of Reduced _____ No. of Paid _____ Total_____
(**For the latest claim submitted**)

68. Are appropriate records kept to document all costs? ☐ Yes ☐ No

69. Are daily Menu Records available and up-to-date at the center for all approved meals claimed for the current month? ☐ Yes ☐ No

70. If No, explain: _____

71. Name and position of person planning menus:
_____

72. How far in advance are menus planned? _____

73. What problems with required components have been noted on the menus?
_____
_____

74. Are medical statements on file for all substitutions related to medical or special dietary needs? ☐ Yes ☐ No ☐ Not Applicable
If No, explain: _____
_____

75. Are parent statements on file for all substitutions related to religious beliefs?
☐ Yes ☐ No ☐ Not Applicable
If No, explain: _____
_____

76. (Unaffiliated Centers Only) Does the center keep at least twelve months of supporting documentation for claims submitted? ☐ Yes ☐ No
Where is this documentation being held?_____

SECTION 8 CIVIL RIGHTS COMPLIANCE

77. Was the "…And Justice for All" poster visibly displayed to the general public?
 Yes No

78. Was the "Building for the Future" poster visibly displayed to the general public?
 Yes No Not Applicable (ADC only)

79. Is the Civil Right Grievance Report Form available to staff at all time?
 Yes No

80. Does the training documentation form list "Civil Rights" as a training topic?
 Yes No

81. 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.

	Ethnicity		Race			
	Hispanic	**Not Hispanic**	**Black or African American**	**White**	**American Indian or Alaskan Native**	**Asian Or Pacific Islander**
1.	%	%	%	%	%	%
2.	#	#	#	#	#	#

SECTION 9 HOUSEHOLD CONTACTS

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

83. According to the answers above, are household contacts required for this center?
 Yes No

84. If Yes, what method does the sponsor plan to use to conduct the household contacts?
Mail Survey? Yes No
Telephone Survey? Yes No

85. How many household contacts must be conducted? _____

86. Was corrective action necessary as a result of household contacts? ☐ Yes ☐ No

87. If Yes, what form of corrective action was taken?
Follow-Up Review ☐ Yes ☐ No
Sponsor provided technical assistance ☐ Yes ☐ No
Site was termed seriously deficient ☐ Yes ☐ No
Suspended ☐ Yes ☐ No
Propose to Terminate and Disqualify ☐ Yes ☐ No

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.

_____

_____

_____

SUMMARY OF FINDINGS			
Review Item #	Corrective Action (CA) Needed	C.A. 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

Note: All other monitor review forms obsolete.

TO DO LIST FOR NEW INSTITUTIONS

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

- Complete and mail the **original** Permanent Agreement and Location of Records form by the assigned date. Make a copy for your files.

- Complete the on line CNIPS application and submit to the State Agency.

- Distribute **current year** Income Applications to parents/guardians, and or clients. Collect and classify participants as "free, reduced, or paid."

- Distribute **current year CACFP enrollment forms** to parents, guardians and/or clients. Collect and file with income application.

- During the **first month** of participation in the CACFP, complete the Master Roster of enrolled participants in the same order as your enrollment forms and income applications are filed.

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

- Complete the 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.

- Display your "And Justice for All" poster and your "Building for the Future" poster in a prominent place.

Maintain the following records beginning the first day of participation:

a. Daily Attendance Records
b. Record of Meals Served (Form 17-9)
c. Menu Records (Participant and Infant)
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 on line CNIPS application.

- Distribute **current year** Income Applications to parents/guardians, and or clients. Collect and classify participants as "free, reduced, or paid." **(it is highly recommended that these forms be collected in October of each fiscal year.)**

- Distribute **current year CACFP enrollment forms** to parents, guardians and/or clients. Collect and file with income application.

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

- During the **first month** of participation in the CACFP, complete the Master Roster of enrolled participants (complete in October)

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

- Complete the 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 Records
  b. Record of Meals Served (Form 17-9)/(Form 17-10)
  c. Menu Records (Participant and Infant)
  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!!!

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)

(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 food service company, 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, responsible individual or food service management company 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 "at a glance"

Monthly Membership-Information Needed for Claim			
Enrollment Forms • One participant per sheet • Signed yearly by parent/Guardian or Client • Days and hours normally in care and meals normally received while in care noted. *Pg. 31	***Income Applications*** • Filled out and signed by parent/Guardian or Client • May have multiple participants on one sheet • Must be completed annually • For office use only section filled out and signed by director *Pg. 35	***Attendance Records*** • Completed Daily • Name matches Participant's name on enrollment form • Totaled Daily • Used to calculate membership and Total Daily Attendance *Pg. 37	***Master Roster*** • Ongoing • Names are not removed • Completed Monthly • Name matches Participant's name on enrollment form • Numbers totaled at the end of the month are reported on the monthly claim. *Pg. 39
Meal Counts-Information Needed for Claim			
Menus • Must meet meal pattern guidelines • Current month posted • Food must be creditable • Copies placed in monthly folder *Pg. 19	***Menus, Continued*** *Infant and Regular Participant must be kept • Substitutions must be noted 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 • Numbers totaled at the end of the month are reported on the monthly claim. *Pg. 30
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
  • TBD
• Delivery Tickets
  TBD
	Program Labor Pg. 43
	• Personnel Activity Report
	• Filled out Daily by employee
	• Signed by employee
	• Pay Stubs
	• Used for full time food service staff only
	Personnel Activity Report is not necessary for these individuals
		17-8 Record of Program Expenditures Pg. 46
		• Completed Monthly
		• Amount of milk purchased is recorded
		• Totals from receipts correspond to receipts
		• Program Labor recorded
		• Non- food items recorded
			Procurement
			• Completed Yearly
			• Six most commonly used items.
			• 3 price comparisons
			*Pg. 22

Civil Rights			
Public Notification System • And Justice for All*Pg. 9 • Posted in Prominent Location • News Release *Pg. 8 • Sent to one media source and one grassroots organization • Filed in News Release Folder • Not required to pay for service • Non Discrimination Statement *Pg. 10 • Must be in it's entirety. • Included in all literature and websites. • Building for the future • Posted in Prominent Location	***Data Collection*** *Pg. 10 • Completed Annually • Includes Ethnic and Racial Data	***Grievance Procedures*** *Pg. 12 • Documents kept in accessible location • Move complaint forward in a timely manner	***Training*** *Pg. 16 • Must include Civil Rights to all people involved. • Required prior to start of any program duties. • Performed annually • Documented and filed in appropriate folder.
Monitor Reviews			
Only necessary for sponsors with multiple sites. Pg. 49 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.			

*Denotes Page number to refer to for further information.***_To be completed In October*Pg. 57:_ Procurement, News Release, Income applications, enrollment forms, training, Data Collection forms, renew application, continue using program forms and documents for new fiscal year.**