



# Annual CACFP Training

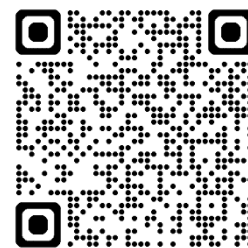
Daycare Centers

FY 2024

# CACFP Resources

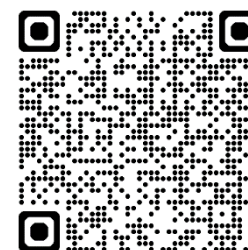
Food For Kids, Inc Website- <https://foodforkidsnevada.org/>

- Under resources- Sugar Calculator, CN Labeled Products, Important Forms and Documents
- Comprehensive Childcare Handbook and Resource Manual (located under Important Forms and Documents)
- Civil Rights Complaint Procedure



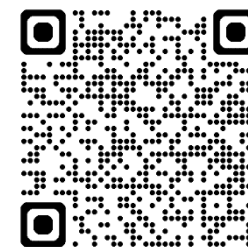
USDA Food Buying Guide- <https://foodbuyingguide.fns.usda.gov/Home/Home>

- Search food items to see if they are creditable, calculate servings, find whole grain options, and lots more!



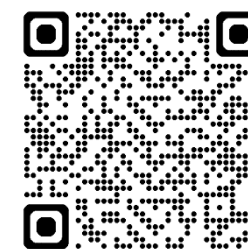
USDA CACFP Training Tools- <https://www.fns.usda.gov/tn/cacfp/trainers-tools>

- Includes training worksheets, posters, slide decks
- Crediting Handbook
- Let's Make a Snack and It's Breakfast Time meal planners
- Mealtimes with Toddlers and Feeding Infants Guides



National CACFP Association (NCA) Website- <https://www.cacfp.org/>

- Training materials and resources
- Action Center (<https://www.cacfp.org/action-center/>) to send letters to Congressional officials expressing support for current initiatives related to CACFP



# Agenda

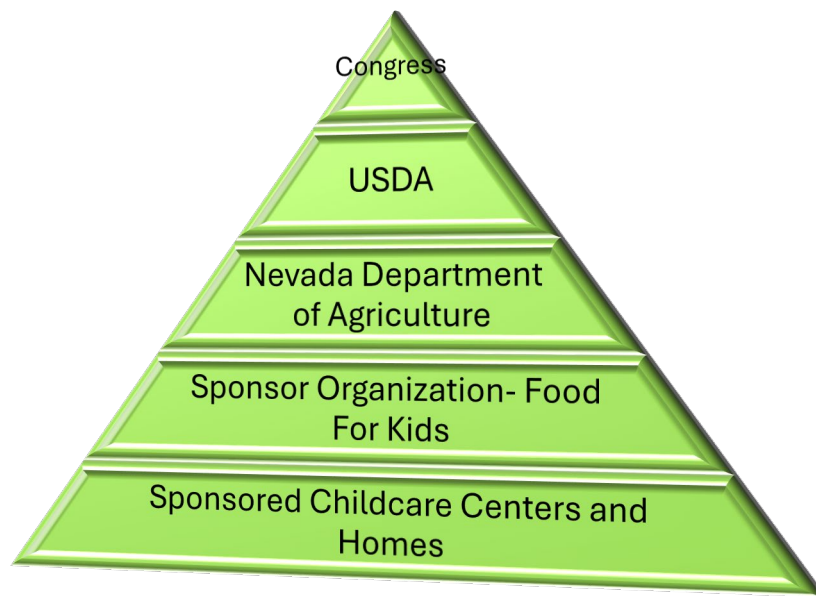
- Overview of CACFP
- Meal Patterns, Meal Service, and Child Nutrition
- Compliance and Record Keeping
- Claims Submission and Reimbursement
- Monitoring Visits and Serious Deficiency Process
- Civil Rights Requirements
- All the Questions!

## Food For Kids Mission Statement

Every child is entitled to the best nurturing possible so that the spirit, creativity, and potentiality of every young child will be advanced.

Every child and adult care giver is entitled to dependable and timely service from our program.

# CACFP Overview

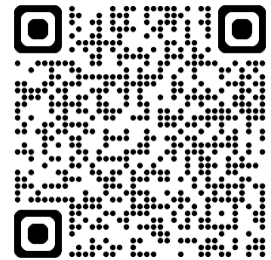


- Congress- Passes laws to implement CACFP and responds to concerns levied by constituents
- USDA- Federal agency in charge of overseeing CACFP; disburses funding; published regulation and resources for the implementation of CACFP
- NV Department of Agriculture- State Agency- Implements and monitors CACFP at the state level; can pass stricter guidance than what is already published by USDA

- Food For Kids (Sponsor Organization)- Ensures compliance with federal and state requirements, conducts monitoring visits, maintains records, provides training and technical assistance, submits claims for reimbursement to the state, disburses funding to sponsored childcare centers and homes
- Sponsored Sites- Serve healthy meals that meet the meal pattern requirements, maintain records, submit claims to sponsor, and spend reimbursement on qualified purchases

## Affecting Change in CACFP Policy

- Express concerns to sponsor (FFK!) and we can advocate for policy change on your behalf
- Visit the NCA Action Center to view pending legislation and send a letter to your representatives expressing support
  - Pending Legislation:
    - Additional Meal for providers open more than 8 hours per day
    - Increased reimbursement and eliminating tiering in childcare homes



NCA Action Center

## Upcoming Policy Changes in CACFP

- October 1, 2025- Changes sugar limits in cereal and yogurt from total sugars to added sugars
  - Cereals- no more than 6 g added sugars per dry oz
  - Yogurt- no more than 12 g added sugars per 6 oz
- October 1, 2025- either a licensed healthcare professional or registered dietician can write a medical statement for participants with disabilities
- Effective July 1, 2024- Nuts/seeds can credit for the full meat/meat alternates component

# CACFP Meal Pattern Requirements

## Milk

- Required component at Breakfast, Lunch, and Dinner for all age groups
  - Optional component at snack
- Milk audit in CX/Kidkare is a useful tool to keep track of your milk inventory
- Milk shortages are automatic disallows for the whole meal
- Milk Substitute
  - Medical statement signed by **parent**- sufficient if the milk substitute is nutritionally equivalent to cow's milk (soy milk only-see list of approved soy milk on FFK's website)
  - Medical statement signed by **doctor**- needed for all other milk substitutes (such as oat milk, almond milk, etc). Needs to specify disability, foods to be omitted, and appropriate substitutes



Age Group	Creditable Milk
Newborn- <1 year old	Breastmilk* and iron fortified infant formula
Between 12-13 months- transition period	Can continue to feed mixture of iron fortified infant formula and whole milk during transition
12 mo-24 mo	Unflavored whole milk
Between 24-25 months- transition period	2% milk CAN be used to help child transition from WM to LF/Skim
2-5 years old	Unflavored skim or low fat (1%) milk
6 years through adulthood	Unflavored skim or 1% milk Flavored skim or 1 % milk (max 1x per week )

## Vegetables

- Veggies are an important source of vitamins and minerals as well as dietary fiber
- At least one serving of vegetables must be served at lunch and dinner
- Can serve at breakfast if not serving a fruit
- Raw leafy veggies credit for half the amount served and cooked leafy veggies credit for the entire amount served
- Dried vegetables credit for twice the amount served



## Fruit

- Fruits are an important part of a balanced diet and provide many nutrients
- Fruits are served at lunch and supper
- Can serve at breakfast instead of vegetable
- Fruits are an optional for snack
- May substitute a second different vegetable instead of a fruit at lunch and supper
- Can serve fruit or vegetables, or a combination, and credit as 1 component **at breakfast only**



## Grains

- Grains are a great source of vitamins, minerals, carbohydrates, and fiber
- You must serve at least 1 grain per day that is whole grain rich even if only one meal/snack is served that contains a grain



- Best practice is to serve 2 whole grain items per day
- Determining WGR:
  - 1) The Rule of Three
    - Look at the nutrition label
    - first ingredient needs to be whole grain
    - second and third ingredients need to be either whole grain, enriched, bran, or germ
  - 2) Nevada WIC Shopping Guide
  - 3) Documentation- a CN label showing that whole grains are the primary main ingredient in the food item
  - 4) FDA Whole Grain Health Claims on the package
 

“Diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may reduce the risk of heart disease and certain cancers” **OR**

“Diets rich in whole grain foods and other plant foods, and low in saturated fat and cholesterol, may help reduce the risk of heart disease”
  - 5) Labels- if a bread or pasta says “whole wheat” in the name, it is WGR

#### Meats and Meat Alternates

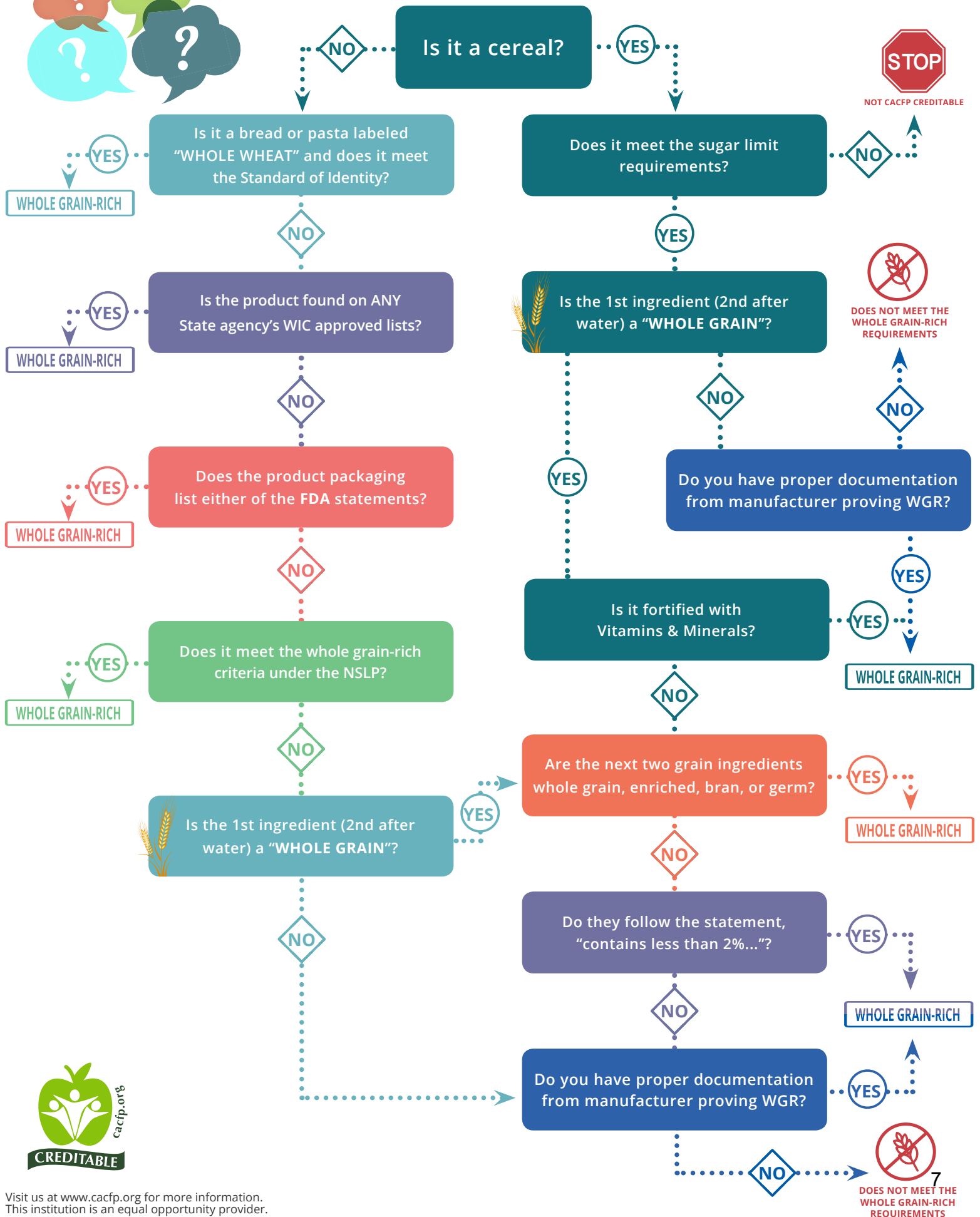


- Required component at lunch and dinner
- Can serve instead of grains component at breakfast up to 3 times per week
- Best to choose lean meats lower in saturated fat and salt as a best practice
- Ounce equivalents- unit of measurement for Meat/MA
  - For lean meats, poultry, and fish →
    - Ounce eq = Ounces served
  - CN labels/product formulation statements will list the ounce equivalents of creditable meat in a serving of a product
  - For all other M/MA, reference the serving size tables provided by NCA

#### Sugar Limits- Yogurt and Cereal

- Yogurt and cereal are both subject to sugar limits in the CACFP
- A lot of cereals marketed as healthy have a lot of sugar!
- Identifying yogurts/cereals that meet the limits can be done by:
  - Using WIC Shopping Guide
  - Using the calculator on the FFK Website (Resources → Sugar Calculator)

# Wondering if your food is **WHOLE GRAIN-RICH**?



# Grains Measuring Chart for the Child and Adult Care Food Program



## Grain Item and Size

## Age Group and Meal

**1- through 5-year-olds**  
at Breakfast, Lunch,  
Supper, Snack

**6- through 18-year-olds**  
at Breakfast, Lunch,  
Supper, Snack  
**Adults** at Snack only

**Adults** at Breakfast,  
Lunch, Supper

**Serve at Least**  
**½ oz. eq.**, which equals  
about...

**Serve at Least**  
**1 oz. eq.**, which equals  
about...

**Serve at Least**  
**2 oz. eq.**, which  
equals about...

**Bagel** (entire bagel)  
at least 56 grams\*

¼ bagel or 14 grams

½ bagel or 28 grams

1 bagel or 56 grams

**Bagel, Mini** (entire bagel)  
at least 28 grams\*

½ bagel or 14 grams

1 bagel or 28 grams

2 bagels or 56 grams

**Biscuit** at least 28 grams\*

½ biscuit or 14 grams

1 biscuit or 28 grams

2 biscuits or 56 grams

**Bread** (whole grain-rich or  
enriched) at least 28 grams\*

½ slice or 14 grams

1 slice or 28 grams

2 slices or 56 grams

**Bun or Roll** (entire bun  
or roll) at least 28 grams\*

½ bun/roll or 14 grams

1 bun/roll or 28 grams

2 buns/rolls or 56 grams

**Cereal Grains** (barley,  
bulgur, quinoa, etc.)

¼ cup cooked or  
14 grams dry

½ cup cooked or  
28 grams dry

1 cup cooked or  
56 grams dry

**Cereal, Ready-to-Eat:**  
**Flakes or Rounds**

½ cup or 14 grams

1 cup or 28 grams

2 cups or 56 grams

**Cereal, Ready-to-Eat:**  
**Granola**

⅓ cup or 14 grams

¼ cup or 28 grams

½ cup or 56 grams

**Cereal, Ready-to-Eat:**  
**Puffed**

¾ cup or 14 grams

1 ¼ cup or 28 grams

2 ½ cups or 56 grams

**Corn Muffin**  
at least 34 grams\*

½ muffin or 17 grams

1 muffin or 34 grams

2 muffins or 68 grams

**Cracker, Animal**  
(about 1 ½" by 1")\*\*

8 crackers or 14 grams

15 crackers or 28 grams

30 crackers (~1 cup)  
or 56 grams

**Cracker, Bear-Shaped,  
Sweet** (about 1" by ½")\*\*

12 crackers (~¼ cup)  
or 14 grams

24 crackers (~½ cup)  
or 28 grams

48 crackers (~1 cup)  
or 56 grams

**Cracker, Cheese, Square,  
Savory** (about 1" by 1")\*\*

10 crackers or 11 grams

20 crackers (~⅓ cup)  
or 22 grams

40 crackers (~⅔ cup)  
or 44 grams

**Cracker, Fish-Shaped  
or Similar, Savory**  
(about ¾" by ½")\*\*

21 crackers (~¼ cup)  
or 11 grams

41 crackers (~½ cup)  
or 22 grams

81 crackers (~1 cup)  
or 44 grams



\*Check that the item you want to serve weighs this amount, or more. See "Using the Nutrition Facts Label" on page 5 for more information.

\*\*Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.



# Grains Measuring Chart for the Child and Adult Care Food Program



## Grain Item and Size

## Age Group and Meal

**1- through 5-year-olds**  
at Breakfast, Lunch,  
Supper, Snack

**6- through 18-year-olds**  
at Breakfast, Lunch,  
Supper, Snack  
**Adults** at Snack only

**Adults** at Breakfast,  
Lunch, Supper

**Serve at Least**  
**½ oz. eq.**, which equals  
about...

**Serve at Least**  
**1 oz. eq.**, which equals  
about...

**Serve at Least**  
**2 oz. eq.**, which equals  
about...

**Cracker, Graham**  
(about 5" by 2 ½")\*\*

1 cracker or 14 grams

2 crackers or 28 grams

4 crackers or 56 grams

**Cracker, Round, Savory**  
(about 1 ¾" across)\*\*

4 crackers or 11 grams

7 crackers or 22 grams

14 crackers or 44 grams

**Cracker, Saltine**  
(about 2" by 2")\*\*

4 crackers or 11 grams

8 crackers or 22 grams

16 crackers or 44 grams

**Cracker, Thin Wheat,  
Square, Savory**  
(about 1 ¼" by 1 ¼")\*\*

6 crackers or 11 grams

12 crackers or 22 grams

23 crackers or 44 grams

**Cracker, Woven Whole-  
Wheat, Square, Savory**  
(about 1 ½" by 1 ½")\*\*

3 crackers or 11 grams

5 crackers or 22 grams

10 crackers or 44 grams

**Croissant**  
at least 34 grams\*

½ croissant or 17 grams

1 croissant or 34 grams

2 croissants or 68 grams

**English Muffin** (top and  
bottom) at least 56 grams\*

¼ muffin or 14 grams

½ muffin or 28 grams

1 muffin or 56 grams

**French Toast Stick**  
at least 18 grams\*

2 sticks or 35 grams

4 sticks or 69 grams

8 sticks or 138 grams

**Grits**

¼ cup cooked or  
14 grams dry

½ cup cooked or  
28 grams dry

1 cup cooked or  
56 grams dry

**Melba Toast**  
(about 3 ½" by 1 ½")\*\*

2 pieces or 11 grams

5 pieces or 22 grams

8 pieces or 44 grams

**Muffin and Quick Bread**  
(banana, etc.)  
at least 55 grams\*

½ muffin/slice or  
28 grams

1 muffin/slice or  
55 grams

2 muffins/slices or  
110 grams

**Oatmeal**

¼ cup cooked or  
14 grams dry

½ cup cooked or  
28 grams dry

1 cup cooked or  
56 grams dry

**Pancake**  
at least 34 grams\*

½ pancake or 17 grams

1 pancake or 34 grams

2 pancakes or 68 grams



\*Check that the item you want to serve weighs this amount, or more. See "Using the Nutrition Facts Label" on page 5 for more information.

\*\*Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.

# Grains Measuring Chart for the Child and Adult Care Food Program

 <b>Grain Item and Size</b>	<b>Age Group and Meal</b>		
	<b>1- through 5-year-olds</b> at Breakfast, Lunch, Supper, Snack  <b>Serve at Least</b> ½ oz. eq., which equals about...	<b>6- through 18-year-olds</b> at Breakfast, Lunch, Supper, Snack  <b>Adults</b> at Snack only  <b>Serve at Least</b> 1 oz. eq., which equals about...	<b>Adults</b> at Breakfast, Lunch, Supper  <b>Serve at Least</b> 2 oz. eq., which equals about...
<b>Pasta</b> (whole grain-rich or enriched, all shapes)	¼ cup cooked or 14 grams dry	½ cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
<b>Pita Bread/Round</b> (whole grain-rich or enriched) at least 56 grams*	¼ pita or 14 grams	½ pita or 28 grams	1 pita or 56 grams
<b>Popcorn</b>	1 ½ cups or 14 grams	3 cups or 28 grams	6 cups or 56 grams
<b>Pretzel, Hard, Mini-Twist</b> (about 1 ¼" by 1 ½")**	7 twists (~⅓ cup) or 11 grams	14 twists (~⅔ cup) or 22 grams	27 twists (~1 cup) or 44 grams
<b>Pretzel, Hard, Thin Stick</b> (about 2 ½" long)**	16 sticks or 11 grams	31 sticks or 22 grams	62 sticks or 44 grams
<b>Pretzel, Soft</b> at least 56 grams*	¼ pretzel or 14 grams	½ pretzel or 28 grams	1 pretzel or 56 grams
<b>Rice</b> (all types)	¼ cup cooked or 14 grams dry	½ cup cooked or 28 grams dry	1 cup cooked or 56 grams dry
<b>Rice Cake</b> at least 8 grams*	1 ½ cakes or 11 grams	3 cakes or 22 grams	5 ½ cakes or 44 grams
<b>Rice Cake, Mini</b> (about 1 ¾" across)**	7 cakes or 11 grams	13 cakes or 22 grams	25 cakes or 44 grams
<b>Taco or Tostada Shell, Hard</b> at least 14 grams*	1 shell or 14 grams	2 shells or 28 grams	4 shells or 56 grams
<b>Tortilla, Soft, Corn</b> (about 5 ½")**	¾ tortilla or 14 grams	1 ¼ tortillas or 28 grams	2 ½ tortillas or 56 grams
<b>Tortilla, Soft, Flour</b> (about 6")**	½ tortilla or 14 grams	1 tortilla or 28 grams	2 tortillas or 56 grams
<b>Tortilla, Soft, Flour</b> (about 8")**	¼ tortilla or 14 grams	½ tortilla or 28 grams	1 tortilla or 56 grams
<b>Waffle</b> at least 34 grams*	½ waffle or 17 grams	1 waffle or 34 grams	2 waffles or 68 grams

**!** \*Check that the item you want to serve weighs this amount, or more. See "Using the Nutrition Facts Label" on page 5 for more information.

\*\*Check that the item you want to serve is about this size or larger. See "Grains Measuring Tools" on page 6 for more information.

# Serving Meats and Meat Alternates at Breakfast

Breakfasts in the Child and Adult Care Food Program (CACFP) include milk, vegetables and/or fruits, and grains. You can also serve meats and/or meat alternates instead of grains at breakfast up to 3 times per week. This option gives you more choices for menu planning.

Here's how to include meats or meat alternates as part of a reimbursable breakfast:

- Substitute 1 **ounce equivalent** of meats/meat alternates for 1 ounce equivalent of grains.

**Ounce equivalents** are a way to measure amounts of food. In the CACFP, 1 ounce equivalent of a meat or meat alternate is equal to 2 tablespoons of peanut butter, ½ of a large egg, or 1 ounce of lean meat, poultry, or fish. If you want to serve meats/meat alternates at breakfast more than 3 days a week, you must offer them as additional foods, which do not count toward a reimbursable breakfast.



## A Closer Look at Menu Planning

If you plan to offer a meat or meat alternate at breakfast in place of grains, it must replace the entire required amount of grains. The table below shows the minimum amount of a meat or meat alternate you would need to serve in place of grains at breakfast.

	Ages 1 - 2 years and 3 - 5 years	Ages 6 - 12 years and 13 - 18 years	Adults
<b>Minimum amount of meats/meat alternates required when served instead of grains at breakfast</b>	½ ounce equivalent	1 ounce equivalent	2 ounce equivalents
<b>Meats/Meat Alternates:</b>	<b>is equal to:</b>	<b>is equal to:</b>	<b>is equal to:</b>
<b>Beans or peas (cooked)</b>	⅛ cup	¼ cup	½ cup
<b>Natural or processed cheese</b>	½ ounce	1 ounce	2 ounces
<b>Cottage or ricotta cheese</b>	⅛ cup (1 ounce)	¼ cup (2 ounces)	½ cup (4 ounces)
<b>Eggs</b>	¼ large egg	½ large egg	1 large egg
<b>Lean meat, poultry, or fish</b>	½ ounce	1 ounce	2 ounces
<b>Peanut butter, soy nut butter, or other nut or seed butters</b>	1 tablespoon	2 tablespoons	4 tablespoons
<b>Tofu (store-bought or commercially prepared)</b>	⅛ cup (1.1 ounces) with at least 2.5 grams of protein	¼ cup (2.2 ounces) with at least 5 grams of protein	½ cup (4.4 ounces) with at least 10 grams of protein
<b>Yogurt (including soy yogurt)</b>	¼ cup of yogurt (2 ounces)	½ cup of yogurt (4 ounces)	1 cup of yogurt (8 ounces)

*Note: When you serve beans and peas as a vegetable, they cannot also count as a meat alternate in the same meal.*



## Serving Meats and Meat Alternates

The CACFP meal pattern lists the required amounts for meats and/or meat alternates as ounce equivalents (oz eq). Ounce equivalents tell you the amount of meat and/or meat alternate in a portion of food. For example, 1 oz eq is equal to half a large egg, 1 ounce (oz) of cooked lean meat, 4 oz of yogurt, or 1 oz of natural cheese.

The table below lists some meats and meat alternates that you can serve in the CACFP. For information on meats or meat alternates that are not listed in the table, please see the *Food Buying Guide for Child Nutrition Programs* (FBG) at [foodbuyingguide.fns.usda.gov](http://foodbuyingguide.fns.usda.gov). The *Food Buying Guide* also shows yields of meats, meat alternates, and other items after cooking. This can help you determine how much of an ingredient to buy to meet minimum serving amounts.

**Minimum Required Amounts at Lunch/Supper**

Meats and/or Meat Alternates	Ages 1 through 2	Ages 3 through 5	Ages 6 through 18	Adults
	1 oz eq is equal to:	1½ oz eq is equal to:	2 oz eq is equal to:	2 oz eq is equal to:
Beans, peas, or lentils	¼ cup (4 tablespoons)	⅜ cup (6 tablespoons)	½ cup (8 tablespoons)	½ cup (8 tablespoons)
Cheese, natural or processed	1 oz	1½ oz	2 oz	2 oz
Cottage or ricotta cheese	¼ cup (2 oz)	⅜ cup (3 oz)	½ cup (4 oz)	½ cup (4 oz)
Eggs (whole)	½ large egg	¾ large egg	1 large egg	1 large egg
Fish (cooked, with skin or skinless)	1 oz	1½ oz	2 oz	2 oz
Lean beef, chicken, pork, or turkey (cooked, with skin or skinless)	1 oz	1½ oz	2 oz	2 oz
Nut and seed butters (e.g., peanut butter, sunflower butter, etc.)	2 tablespoons	3 tablespoons	4 tablespoons	4 tablespoons
Nuts and seeds	½ oz = ½ oz eq*	¾ oz = ¾ oz eq*	1 oz = 1 oz eq*	1 oz = 1 oz eq*
Surimi	3 oz	4.4 oz	6 oz	6 oz
Tempeh**	1 oz	1½ oz	2 oz	2 oz
Tofu (store-bought/ commercially prepared)	¼ cup (2.2 oz) with at least 5 grams of protein	⅜ cup (3.3 oz) with at least 7.5 grams of protein	½ cup (4.4 oz) with at least 10 grams of protein	½ cup (4.4 oz) with at least 10 grams of protein
Yogurt*** (including Greek and soy yogurt)	½ cup of yogurt (4 oz)	¾ cup of yogurt (6 oz)	1 cup of yogurt (8 oz)	1 cup of yogurt (8 oz)

For information on serving meats and meat alternates at breakfast, see Team Nutrition’s “Serving Meats and Meat Alternates at Breakfast” at [fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp](http://fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp).

*\*Nuts and seeds may count toward half (½) of the meats and/or meat alternates requirement at lunch and supper. For a reimbursable meal, they must be served with another meat or meat alternate. For example, chopped nuts and yogurt in a parfait may credit toward the meats and/or meat alternates component. Nut and seed butters may credit toward the entire meats and/or meat alternates component at all CACFP meals and snacks.*

*\*\*Applies to tempeh made with soybeans (or other legumes), tempeh culture, vinegar, seasonings, and herbs only. Tempeh containing other ingredients such as brown rice, seeds, or vegetables will require documentation.*

*\*\*\*Yogurts served in the CACFP must contain no more than 23 grams of sugar per 6 ounces. For more information, see Team Nutrition’s “Choose Yogurts That Are Lower in Sugar” at [fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp](http://fns.usda.gov/tn/meal-pattern-training-worksheets-cacfp).*

## Breakfast Meal Pattern

Component	Ages 1-2	Ages 3-5	Ages 6-18	Adults
Milk	½ c	¾ c	1 c	1 c
Vegetable, Fruit, or both	¼ c	½ c	½ c	½ c
Grain	½ oz eq	½ oz eq	1 oz eq	2 oz eq
Meat/Meat alt*	½ oz eq	½ oz eq	1 oz eq	2 oz eq

\*Meat and meat alternates can be served instead of the grain component at breakfast a maximum of 3 times per week and be creditable

## Lunch/Supper Meal Pattern

Serve all 5 components at Lunch and Supper

Component	Ages 1-2	Ages 3-5	Ages 6-18	Adults
Milk	½ c	¾ c	1 c	1 c
Vegetable	1/8 c	¼ c	½ c	½ c
Fruit	1/8 c	¼ c	¼ c	½ c
Meat/Meat Alternate	1 oz	1.5 oz	2 oz	2 oz
Grain	½ oz eq	½ oz eq	1 oz eq	2 oz eq

## Snack Meal Pattern

Choose a combination of 2 components for each meal

Component	Ages 1-2	Ages 3-5	Ages 6-18	Adults
Milk	½ c	½ c	1 c	1 c
Vegetable	½ c	½ c	¾ c	½ c
Fruit	½ c	½ c	¾ c	½ c
Meat/Meat Alternate	½ oz	½ oz	1 oz	1 oz
Grain	½ oz eq	½ oz eq	1 oz eq	1 oz eq

## Infant Meal Pattern

- Breastmilk or iron-fortified infant formula is required to be served to infants through 1 year of age
  - Breastmilk is creditable as fluid milk past 1 year of age but formula is not without a medical statement
  - If mother breastfeeds her baby on site, that can be claimed as a creditable meal
  - Must offer the full serving of breastmilk or formula or a combination of both to claim the meal
- Serve on demand- watch for hunger cues such as rooting and turning head toward chest and opening mouth wide
- As foods are introduced, communicate regularly with the parents to see what their baby is eating!
- if an infant hasn't been introduced to all the food components listed in the 6-11 month category, that is okay! The serving sizes range from ZERO for a reason.
- Parents can only provide 1 component for the meal to still credit
- Infant feeding form section of enrollment form
- Document meals on an Infant Meal Record

### **Ages birth- 5 months- All meals**

4-6 oz	Breastmilk or formula
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### **Ages 6-11 months- Breakfast, Lunch, and Supper**

Milk	6-8 oz	Breastmilk or formula
Grain/Meat/Meat Alternate	0-1/2 oz eq	Infant Cereal OR
	0-4 tbsp	Meat, fish, poultry, whole egg, or cooked dry beans OR
	0-2 oz	Cheese OR
	0-4 oz	Cottage cheese or yogurt
	0-4 oz	A combination of above
Fruit or vegetable	0-2 tbsp	Vegetable or fruit or a combination of both

### **Ages 6-11 months- Snack**

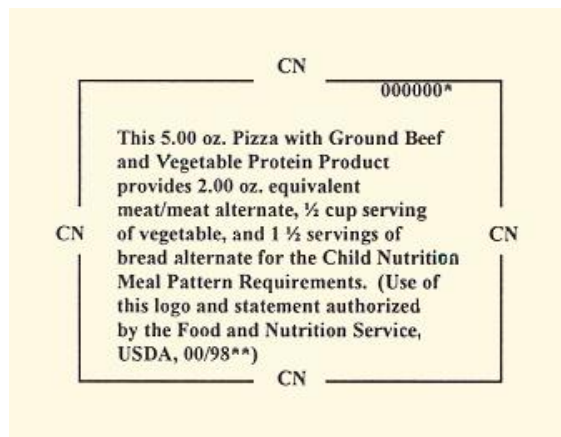
Milk	2-4 oz	Breastmilk or formula
Grain/Meat/Meat Alternate	0-1/2 oz eq	Sliced bread OR
	0-1/4 oz eq	Crackers
	0-1/2 oz	Infant cereal
	0-1/4 oz eq	Ready to eat breakfast cereal
Fruit or vegetable	0-2 tbsp	Vegetable or fruit or a combination of both

## Meal Service

- Must serve meals during your approved mealtimes
- Can only claim meals approved on application
- To change either your meal times or add meals to your application, just reach out to our team
- Can serve either plated meals or do family style meal service
- All participants must wash their hands with soap and water before mealtime
- Point of service meal counts taken- this is in addition to attendance. Can do point of service on paper or in Kidkare

## Child Nutrition (CN) Labels and Product Formulation Statements (PFS)

- Required for all processed, combination foods
- List the amount of creditable component that is found in the food item
- Used to calculate an appropriate serving size so that the minimum serving size can be met for individual components
- Difference between CN and PFS:
  - CN labeled products are subject to meet rules, regulations, and inspections for standardized manufactured food items put forth by the USDA, who approves all CN labels
  - PFS also break down the actual amount of creditable components found in the food, but are not regulated by the USDA
- Where to look for CN Labeled Foods?
  - Our website, [foodforkidsnevada.org](http://foodforkidsnevada.org)!
    - Resources → Child Nutrition (CN)
  - If you want to serve an item not listed, reach out with a picture of the item package so that we can get a CN label **before** you purchase that item



## Food Allergies

- Allergic reactions to food can be life threatening
- Imperative to keep record of known allergens and avoid serving foods to children with allergies
- If a child has an allergic reaction while in your care, call 911 immediately and administer epinephrine (EpiPen) if the child is prescribed one
- EMS should still be called to evaluate the child even if the allergic reaction has a reversal following administration of epinephrine



## Meal Planning Tools in CX and Kidkare

- Meal production records will give you the serving sizes for each age group for each meal planned
  - Based off your menu
  - Generate in CX/Kidkare: Reports → Menus → Menu Production Records
- Weekly Quantities Required Report
  - Based off menu and attendance

- Helps with inventory and shopping lists
- Generate in CX/Kidkare: Reports → Menus → Weekly Quantities Required Report

#### Meal Planning Resources

- USDA Food Buying Guide
  - Download as an app on your smartphone or access online
  - Download a PDF copy
  - Search foods, determine serving sizes, find WGR options, build shopping lists and more
- USDA Training Tools
  - Training worksheets, posters, powerpoints on individual topics
  - Crediting Handbook
  - Let's Make a Snack- Snack Menu Planner
  - It's Breakfast time- Breakfast Menu Planner
  - Feeding Infants Guide




# Compliance Requirements

- Building for the Future Flyer- posted conspicuously
- WIC Flyer- posted
- Civil Rights information must be readily available
  - “And Justice for All” poster- posted in full size
  - Complaint form and log- maintain in a binder, all staff need to know where it is and what to do in case of a complaint
  - Found in FFK Childcare Handbook and Resource Manual on website

## Record Keeping Requirements

### Records to maintain:

- Enrollment packets
- Medical Statement forms
- Menus and Menu Substitution logs
- Infant Meal Records
- Daily Attendance (Sign in and outs)
- Point of Service sheets
- Receipts
- Time Distribution Logs and Financial Backup
- License, Health Permits, and Fire Permits/Inspections



Blank copies of all these important documents can be found on our website under Resources → Important Forms and Documents.

### Enrollment Packets:

- Consist of an enrollment form + meal benefit income eligibility form (MBIE)
  - Siblings will have 1 enrollment form per child plus one shared MBIE
- Generated from CX/Kidkare after you enroll a child into the system
- Completed by the parent/guardian
- Submitted to FFK for us to activate child and determine reimbursement level
- Maintained annually
- Will not be reimbursed for meals served for a pending/expired child- imperative that these are maintained!
- Common Enrollment Packet Errors
  - Missing signatures/dates
  - Missing SSN
  - Income listed as hourly or missing the income frequency
  - Not all household members listed on the form
  - All children, even if not enrolled, need to be listed
  - All adults, even if they do not earn income, need to be listed
  - **The more household members listed the higher the threshold is for the ‘Paid’ level → higher reimbursement!**

Institution Name: FOOD FOR KIDS, INC

Agreement Number:

Facility/Provider Name: Mickey Mouse Happy House 7

### Child and Adult Care Food Program (CACFP) Participant Enrollment Form

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

**\*Parent checks top section for completeness/accuracy\***

Participant's (Child) Name: Delilah Duck Date of Birth: 01/29/2015 Age: 9y 0m

Sex:  Male  Female Date participant enrolled in the facility: 02/13/2024

Food Allergies:  Yes  No If "yes" specify: Allergic to dairy and soy; substitute oat milk

**(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)**

Check Days of Normal Care at facility:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Check meals normally eaten at facility:  Breakfast  AM Snack  Lunch  PM Snack  Supper  Evening Snack

Please list the normal times of arrival and departure (check AM or PM) **Arrive:** 8:00  am  pm **Depart:** 5:00  am  pm

School Times: **Depart:**  am  pm **Return:**  am  pm

**If participant is an infant (0-11 months), please complete this box below. Check all applicable choice(s):**

This institution/ facility offers Name of iron-fortified infant formula offered formula for infants through CACFP. It is our choice  
(To be completed by facility/provider)

whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.

I will not use the formula offered by this facility. Name of different iron-fortified infant formula that parent would like to provide  
If not, which formula will you send for your infant?  
If the formula you provide is a special formula, a medical statement must be submitted.

**Parent can elect to accept formula offered by the center, bring their own iron-fortified formula or expressed breastmilk, or a combination of these options**

I will provide breastmilk for my infant.

My infant is four (4) months old and older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4).  
Must still indicate formula or breastmilk even if infant is ready for baby foods

*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

Parent/Guardian Signature: Parent or Guardian Must Sign here Date: Date Required

Print Name: Daphne Duck **\*Verify all contact info accurate**

Address: 100 Disney St City: Reno State: NV Zip Code: 89503

Home Telephone Number: (555) 555-5555

Work Telephone Number: \_\_\_\_\_ Check Work Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Other (Specify) \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: Center Staff Sign Here Date: Date Required

Date the Participant Withdrew: \_\_\_\_\_ **Fill out when you withdraw a child from the program**

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

# 2023-2024 Child and Adult Care Food Program Meal Benefit Income Eligibility Application

Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL Household Members who are infants, children, and students up to and including age 18 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Read How to Apply for Free and Reduced Price School Meals for more information.

Child's First Name	MI	Child's Last Name	Age	Enrolled?	Foster Child	Homeless, Migrant, Runaway
D e l i a h		D u c k	9y 0m	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D o n a l d		D u c k		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L i t t l e		D u c k		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B i g		D u c k		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

**STEP 3** Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.  
 The "Sources of Income for Children" chart will help you with the Child Income section.  
 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any income fields blank, you are certifying (promising) that there is no income to report.

**List ALL adult HH members+income**

Name of Adult Household Members (First and Last)	Earning from Work		Public Assistance/ Child Support/Alimony		Pensions/Retirement/All Other Income			
	Weekly	Bi-Weekly	2x Month	Monthly	Weekly	Bi-Weekly	2x Month	Monthly
Daphne Duck	\$ 1000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Donald Sr	\$ 0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults) \*  Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member          Check if no SSN

\* Please ensure this number matches total members listed

**STEP 4** Contact information and adult signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that determining officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.\*

100 Disney St  
 Street Address (if available) Apt #

Reno City NV 89503 Zip State

Daphne Duck  
 Printed name of adult signing the form

(555) 555-5555  
 Daytime Phone and Email (optional)

Date Required  
 Today's date

Parent or Guardian Must Sign here

**INSTRUCTIONS**

Sources of Income

Helpful information on different sources of income and whether they should go on the form

**Sources of Income for Children**

**Sources of Income for Adults**

Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self-employment (farm or business) If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

**OPTIONAL** Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced-price meals.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino  
 Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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 your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling

(866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This section will be filled out by FFK staff after receipt of enrollment packet** [program.intake@usda.gov](mailto:program.intake@usda.gov)

**Do not fill out** For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12  
How often?

Total Income   Weekly  Bi-Weekly  2x Month  Monthly  Household Size

Determining Official's Signature  Date  Confirming Official's Signature  Date

Eligibility:  Free  Reduced  Paid

Categorical Eligibility

# Meal Modifications

Documentation included with enrollment

## Disability Related

Allergy or Medical Limitation

Required to provide reasonable accommodation for medical conditions and disabilities for CACFP participants

If Modification Meets Meal Pattern Requirements: **Parent signing medical statement sufficient**

If modification does not meet meal pattern requirements: **Need a medical statement signed by a medical authority**

## Non-Disability Related

Personal Preference, Religious Accommodation, etc.

Modifications are allowed if the substituted components are credible

At center discretion to accommodate; but strongly encouraged

Document meal modification on **enrollment form**

### Medical Statements

- Only needs to be provided for a medical condition
- If child can still participate in CACFP with no changes to the meal pattern requirements, a parent/guardian can fill out this form
- If changes to the meal pattern requirements are required, then a medical professional will need to sign this form
- Submit with a child's enrollment packet

## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. School/Agency Name	2. Site Name	3. Site Telephone Number			
4. Name of Participant		5. Age or Date of Birth			
6. Name of Parent or Guardian		7. Telephone Number			
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to instructions on reverse side of this form.) Schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. <b>A licensed physician, a nurse practitioner (APN) or physician's assistant (PA) must sign this form.</b></p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <b>A licensed physician, registered dietitian, registered nurse, physician's assistant, or nurse practitioner must sign this form.</b></p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a <b>fluid milk substitute</b> that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <b>A licensed physician, registered dietitian, registered nurse, physician's assistant, nurse practitioner or parent or guardian may sign this form.</b></p>					
<p>9. Disability or medical condition requiring a special meal or accommodation:</p> <p style="color: green;">Indicate a diagnosis requiring accomodation- ex; Milk Allergy</p>					
<p>10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:</p>					
<p>11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i></p>					
<p>12. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and suggested substitutions. you may attach a sheet with additional information as needed)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top; padding: 5px;"> <p><b>A. Foods To Be Omitted</b></p> <p style="color: green;"><u>Cow's Milk</u></p> <hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/> <p style="color: green;"><u>Allergy such as peanuts, shellfish etc</u></p> </td> <td style="width: 50%; text-align: center; vertical-align: top; padding: 5px;"> <p><b>B. Suggested Substitutions</b></p> <p style="color: green;"><u>Need to indicate a milk substitute</u></p> <p style="color: green;"><u>Example- almond milk, coconut milk, oat milk, etc</u></p> <p style="color: green;"><u>Parent can sign for nutritionally equivalent milk- Soy or lactaid</u></p> <hr style="border: none; border-top: 1px solid black;"/> <p style="color: green;"><u>No sub needed- parent can sign</u></p> </td> </tr> </table>				<p><b>A. Foods To Be Omitted</b></p> <p style="color: green;"><u>Cow's Milk</u></p> <hr style="border: none; border-top: 1px solid black;"/> <hr style="border: none; border-top: 1px solid black;"/> <p style="color: green;"><u>Allergy such as peanuts, shellfish etc</u></p>	<p><b>B. Suggested Substitutions</b></p> <p style="color: green;"><u>Need to indicate a milk substitute</u></p> <p style="color: green;"><u>Example- almond milk, coconut milk, oat milk, etc</u></p> <p style="color: green;"><u>Parent can sign for nutritionally equivalent milk- Soy or lactaid</u></p> <hr style="border: none; border-top: 1px solid black;"/> <p style="color: green;"><u>No sub needed- parent can sign</u></p>
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<p>13. Indicate texture:</p> <p><input type="checkbox"/> Regular      <input type="checkbox"/> Chopped      <input type="checkbox"/> Ground      <input type="checkbox"/> Pureed</p>					
<p>14. Adaptive Equipment:</p>					
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date		
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date		
Signed by MD, APN, or PA		Dr's phone #			

\* Physician's signature, APN or PA is required for participants with a disability. For participants without a disability, a licensed physician, registered dietitian, registered nurse, physician's assistant or nurse practitioner must sign the form. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability.

## Menus

- Menus are required to be entered into CX/Kidkare
- Post a menu at childcare site
  - Export directly from CX/Kidkare
  - Transfer into a menu template
- Posted menu must say “This institution is an equal opportunity provider” at the bottom
- Whole grain items must be designated with “WG”- at least 1 WG offered per day
- Serving sizes notated- make sure to include different serving sizes for each age group in your care

## Menu Substitutions

- If you run out of an item that you have planned to serve, that is okay!
- Document change on a Menu Substitution log
- Serve the same component and make sure serving size is met

## Infant Meal Records

- Required to maintain an infant meal record for every infant under 1 year of age in your center
- Keep in infant room to be updated throughout the day
- Infants are fed on demand in the CACFP
- Each infant feeding should be recorded on this log

## Daily Attendance- Sign in and out

- Children must be signed **in and out** by their parent or guardian daily
- Either paper or in a system like Procure
- Attendance records need to be available upon request and should back up claiming in Kidkare

## Point of Service Meal Count Sheet

- These are separate from attendance!
- Claiming based off of attendance is not allowed- must document meal service at the time the child is served a meal
- 2 Options-
  - Directly on Kidkare
  - Paper copies and then enter claiming into Kidkare/CX by end of day
- Paper copy- generate in CX/Kidkare
  - Reports → Meals and Attendance → Weekly Attendance and Meal Count Report

## Spending CACFP Reimbursement Money

- Must spend reimbursement on qualified purchases and maintain documentation supporting those purchases
- Can spend money on:
  - Food (Must spend 50% of reimbursement on food)
  - Supplies for CACFP Operations (food service, cleaning)
  - Labor relating to the operations of CACFP (grocery shopping, meal prep, service, etc)
    - Not administrative labor (paperwork, enrolling kids in CX, etc)
- Documentation requirements- Receipts and TDLs
  - Receipts
    - All receipts for CACFP-related purchases must be submitted to us
      - Can include kitchen supplies and creditable food items

- You can have other items on your receipts that are not qualified, such as diapers or tissues, but those individual expenses will be disallowed when we enter your receipt
- Submit via email as a PDF format
  - Make sure scan is clear and entire receipt is visible
- Sent throughout the month
  - Milk audit up to date to manage milk
- View receipt log in CX/KidKare to help track
- If you need to purchase any large items, such as kitchen appliances and equipment- we must go through a bid process prior to purchasing it for you. Please reach out if you need anything and know this process takes time. Receipts for large kitchen equipment can't be accepted if they do not go through the bid process
- Time Distribution Logs (TDLs)
  - TDLs are a record of how an employee's time is split between CACFP and other duties
  - Administrative labor- Time spent on administrative activities in CACFP, such as paperwork
  - Operational labor- Time spent on CACFP operations, such as the preparation or serving of a meal
  - Make sure that TDLs are filled out completely and accurately
  - Financial Back Up for TDLs may be required if we need to add operational labor costs to your claim to show that your entire reimbursement check is being used for CACFP-related expenses
    - If that is the case, we will request financial documents, such as pay stubs, to back up TDLs
    - Financial backup needs to include the following information:
      - Employee name
      - Pay period (pay periods should cover the entire claim month)
      - Amount of compensation
      - Hours worked
    - You can redact social security numbers and bank account information to protect employee privacy





RV 2/4/21

Nevada Child and Adult Care Food Program

Time Distribution Report Log

Month/Year May 2024

Employee Name: Employee Name

Employee Position: Director/Cook/Teacher/etc

Sponsor/Site Name: Childcare Center Name

INSTRUCTIONS: This form is for employees who spend part of their day working on the Food Program. Each month, indicate the number of hours per day spent on administrative and/or operational 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 and attending training related to nutrition and food safety. Examples of CACFP operational 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.

**\*All 4 Time Columns- Admin, Oper, Non-CACFP, and Total- should be filled out\***

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.	Oper.				Admin.	Oper.		
1	2	3	3	8	17	3	2	3	8
2	5	1	2	8	18				0
3	2	3	3	8	19				0
4				0	20	2	1	5	8
5				0	21	3	3	2	8
6	3	3	2	8	22	1	6	1	8
7	2	2	4	8	23	2	2	4	8
8	5	3	0	8	24	0	4	4	8
9	0	4	4	8	25				0
10	2	3	3	8	26				0
11				0	27				0
12				0	28	1	1	6	8
13	1	1	6	8	29	2	2	4	8
14	1	2	5	8	30	1	1	6	8
15	1	3	4	8	31	1	3	4	8
16	2	3	3	8	TOTAL	42	56	78	176

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

*Employee Signature*

Enter Date Signed (end of month usually)

Employee's Signature

Date

**TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE**

A. (HOURLY PAID STAFF) - Example based off of \$20 per hour

Total administrative hours worked on CACFP 42 x \$ 20 (hourly wage) = \$ 840 (Total admin. CACFP salary)

Total operational hours worked on CACFP 56 x \$ 20 (hourly wage) = \$ 1120 (Total oper. CACFP salary)

B. (SALARIED STAFF) - Example based off salary of \$4000 per month

Total administrative hours worked on CACFP 42 ÷ Total hours worked 176 = 23 %

Total Salary for month \$ 4000 x 0.23 % = \$ 920 (Total admin. CACFP salary)

Total operational hours worked on CACFP 56 ÷ Total hours worked 176 = 31 %

Total Salary for month \$ 4000 x 0.31 % = \$ 1240 (Total operational CACFP salary)

Only fill out EITHER Hourly or Salary Section, depending on how this employee is compensated

**DO NOT FILL OUT BOTH**

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

Signature of Center Director/Authorized Representative *Director Signature*

Date: Date Signed

### License, Health Permits, and Fire Permits

- Know the licensing and other requirements for your area
- Up to date licenses submitted to FFK (including provisional licenses)
- If required for your county, will also request:
- Fire Department Inspection
- Fire Permit
- Health Inspection
- Health Permit

### Storage and Maintenance of CACFP Records

- CACFP Records must be kept for 3 years, plus the current operating year
  - Operating year= fiscal year= October 1<sup>st</sup>-September 30<sup>th</sup>
  - So right now you should have FY 2024 records in process that you are adding to, plus historical records from FY 2021, 2022, and 2023 saved. In other words, October 2020-September 2023 should still be on file.
- Can keep either electronic or paper records, or both
- Establish an organizational system to keep records secure and accessible

## Claims Submission and Reimbursement

### Submitting Claims to Sponsor

- Enter claiming daily and maintain records throughout the month
- Must “Submit Claim to Sponsor” in either CX or Kidkare on the 1<sup>st</sup> of each month
- Also due by the first:
  - Final receipts and enrollments
  - Menus
  - Menu Substitution List
  - Updated Medicaid List
  - TDL’s- and then financial backup as requested

### OERs and Correcting Errors

- After we receive each claim, we review for errors and will reach out with an email requesting corrections
- Prompt responses to these emails are imperative, so that we can submit to the state
- After we submit your claim to the state, errors can no longer be fixed
- Some common errors that can be fixed:
  - Missing enrollments
  - Milk Shortages
  - Missing Menu
  - Menu errors (whole grain box, missing item)

### Reimbursement Rates and Process

- State reviews claims from sponsor, and distributes funds to the sponsor
- Sponsor distributes funds down to individual centers
- Timeline for payment to the sponsored center- generally last week of the month following the claim period

- For example- you can usually expect to see payment for May at the end of June
- This can vary with different delays at state/federal level
- Sponsor (FFK) is required to disburse money to you within 5 business days of receiving the funding from the state

### 2024-2025 Reimbursement Rates- Daycare Centers

	Paid	Reduced	Free	Cash in Lieu
Breakfast	\$0.39	\$2.07	\$2.37	N/A
Lunch/Supper	\$0.42	\$4.03	\$4.23	\$0.30
Snack	\$0.11	\$0.60	\$1.21	N/A

In addition to the base rate, also receive \$0.30 Cash in Lieu per Lunch or Supper served with your reimbursement

\*Reimbursement rates for the next year are implemented each July\*

## Monitoring Visits

### Monitoring Process

- FFK conducts monitoring visits to all sponsored providers to evaluate compliance and provide technical assistance
- Unannounced visits at least 3x per year
- Usually observe a meal; sometimes a non-meal review
- Corrective actions and serious deficiencies may result for repeated non-compliance

### What Monitors Look For

- Overall CACFP Compliance
- Attendance for the past 5 days- Compare to children claimed in CX/Kidkare
- Meal service
  - Menu matches items served, point of service conducted, all components are served in correct portion sizes, meal is served at the approved meal service time
- Accurate recordkeeping
- Kitchen and foodservice safety and sanitation
- Any areas where technical assistance may be warranted

### After a Monitoring Visit

- You will receive a copy of the Child Review Form
  - Review, sign, and return to the monitor
  - Ask any questions about things they noted
  - Keep a copy for your reference and records
- If the monitor noticed overclaiming or errors in meal service, meals may be disallowed
- If applicable, you may receive a corrective action notice or serious deficiency notice with instructions on how to proceed

### Corrective Action

- If there are findings during a monitoring review, it may result in a corrective action
- A corrective action is an opportunity to improve CACFP operations
- Received in writing, and you will have to create an action plan to remedy the findings and prevent further non-compliance

- A follow up visit will be conducted to evaluate whether the action plan was followed and problems remedied

#### Serious Deficiencies

- Serious deficiencies may be issued in cases of fraud, serious mismanagement, or recurrent unresolved findings
- Failure to remedy the cause of a serious deficiency can result in termination from the program and placement on the National Disqualified List (NDL)
- Being listed on the NDL prevents individuals from being involved in CACFP program operations for 7 years following the placement

# Thank you for joining us!

If you have any questions, concerns, or feedback following the training, please reach out either by phone at 775-337-9121 or send an email at

[centers@ffknevada.org](mailto:centers@ffknevada.org)

Have a great day!

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A page of lined paper with 30 horizontal lines. The lines are evenly spaced and extend across the width of the page. The page is enclosed in a dashed border.