

***CHILD AND ADULT CARE  
FOOD PROGRAM***

**FAMILY DAY CARE HOME  
2024 Training Manual**

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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:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

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## **LIST OF CHILD NUTRITION AND RELATED ACRONYMS**

ADA	Average Daily Attendance
CA	Corrective Action
CACFP	Child and Adult Care Food Program
CAP	Correction Action Plan
CN	Child Nutrition
CNP	Child Nutrition Programs
DAD	Daily Arrival and Departure
DHS	Department of Human Services
DQ	Disqualified
DROMS	Daily Record of Meals Served
FDCH	Family Day Care Home
FDPIR	Food Distribution Program on Indian Reservations
FNS	Food and Nutrition Service (USDA)
FSIA	Family-Size and Income Application
FY	Fiscal Year
IEP	Individual Educational Plan
NDL	National Disqualified List
OMB	Office and Management and Budget
OSDE	State Department of Education (also known as the State Agency)
RDA	Recommended Dietary Allowance
SA	State Agency (also known as the State Department of Education)
SD	Seriously Deficient
SNAP	Supplemental Nutrition Assistance Program
SO	Sponsoring Organization
SWRO	Southwest Regional Office
TANF	Temporary Assistance to Needy Families
USDA	United States Department of Agriculture
VCA	Viable, Capable, and Accountable
WIC	Special Supplemental Nutrition Program for Women, Infants, and Children



# FAMILY DAY CARE HOME (FDCH) NOTIFICATION OF ADMINISTRATIVE REVIEW (AR)

DATE \_\_\_\_\_

MEMO TO \_\_\_\_\_

AGREEMENT # \_\_\_\_\_

An Unannounced Administrative Review will be conducted at your institution between October 1, 2023, and September 30, 2024. The FDCH program specialist should be available to assist with the review. Records are to be maintained on-site at all times for review purposes. Records to be reviewed from October 1, 2023, to present during this visit include but are not limited to:

1. Sponsor Application/Budget/Management Plan/End of Year (10% Carry-Over) Documentation
2. Sponsor Agreement
3. Sponsor Policies (including provider policies, SD policies and appeal procedures)
4. Proof of Building for the Future fact sheet distribution to parents of enrolled children
5. Women, Infants & Children (WIC) brochure
6. CACFP claims for reimbursements, including claim attachments and claim documentation
7. Documentation of administrative costs
8. Expenditure Worksheets
9. Payment Vouchers/Disbursement Records
10. Payment Notice
11. Documentation of Tiering Documentation (school, census, Snap or Income):
  - a. School eligibility listings for years applicable
  - b. Applicable school boundary documentation
  - c. Census data block group information, where applicable
  - d. Verified income documentation, including Family-size and Income Applications (FSIAs) when applicable
  - e. Provider verification results
  - f. SNAP list including verification
12. Provider records:
  - a. Provider application or renewal/application between Sponsor and FDCH providers
  - b. Permanent agreements/amendments between Sponsor and FDCH providers
  - c. Department of Human Services (DHS) licensing or tribal licensing
  - d. FSIAs for provider claiming own children, when applicable
  - e. Annual CACFP enrollment forms
  - f. Cycle menus, if applicable
  - g. Weekly Meals Served forms
  - h. Infant Meals Served forms, if applicable
  - i. Infant Meal Waiver forms, if applicable
  - j. Daily Arrival and Departure Records
  - k. Daily Record of Meals Served forms
  - l. Child Nutrition (CN) labels/product formulation statements when needed on the menu, labels - cereal, yogurt, whole grain-rich, lunch meat, etc.
  - m. Medical Statements for dietary
  - n. Proof of Provider identification (i.e. color copy of driver's license)
  - o. NDL documentation results
13. Proof of Edit Checks
14. Preapproval visit for all new providers
15. On-Site Monitor Reviews
16. Documentation of Provider and Sponsor Training Records
17. Procurement Documentation including Procurement Plan, Chart of Procedures, and a Written Code of Conduct
18. *...And Justice for All* poster
19. Civil Rights Compliant-Filing form
20. Provider SD Notices, if applicable
21. Dropped Provider Forms including last claim documentation
22. Schedule of Monitoring Reviews
23. Other \_\_\_\_\_

# CHILD NUTRITION CACFP CONTACT INFORMATION

*Program Specialist are available to provide technical assistance to Child Nutrition Programs (CNP) personnel.*

## PROGRAM SPECIALIST:

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**CACFP website: <https://cnp.sde.ok.gov/CACFP/>**

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# BASIC RESPONSIBILITIES

# BASIC RESPONSIBILITIES OUTLINE

## PRIOR TO BEGINNING

1. New sponsors must prove a need to provide benefits to unserved children by submitting a list of 50 providers not participating with a Sponsoring Organization (SO).
2. Complete and submit an application online for approval at <https://cnp.sde.ok.gov/cacfp>.
3. Complete a yearly budget that includes administrative budget numbers.
4. Prove financial viability, administrative capability, and program accountability (see **pages 20-21**).
5. Have tax-exempt status under the Internal Revenue Service (IRS) Code 501(c)(3).
6. Develop Sponsoring Organization (SO) policies, Provider Policies, Appeal Procedures, Seriously Deficient Procedures, and Procurement Plan (includes Code of Conduct, Chart of Procedures, and Protest Procedures.)
7. Develop materials used for outreach purposes and any instructional materials to be given to providers.
8. Comply with the Civil Rights Act of 1964.
9. Have an UEI number with an expiration date.
10. Have access to the NDL website.

## AFTER BEGINNING OPERATION

1. Institutions participating in the Child Nutrition Programs (CNP) authorized under the National School Lunch Act (NSLA) and Child Nutrition Act of 1966 are required to cooperate with United States Department of Agriculture (USDA) officials and contractors conducting evaluations and research. (Reference USDA Policy Memo CACFP-13-2011)
2. Maintain itemized receipts and invoices, as well as payroll records, to support administrative costs incurred. These costs are incurred for administering the food service program. These records must be ***immediately available for review and audit***.
3. When not using Oklahoma State Department of Education (the *State agency*) prototype forms, alternate forms ***MUST*** include all required information on the prototype forms and be approved by CNP prior to use.
4. Maintain all records pertaining to the CACFP for three years following the end of the fiscal year and/or until any pending review or audit is resolved.
5. Conduct preapproval visits **prior** to participation.
6. Provide training to family day care homes (FDCHs) and key staff in Child and Adult Care Food Program (CACFP) responsibilities **prior** to participation.



7. Use the most currently available data in making the determination of an FDCH's eligibility as a Tier I FDCH. If the provider is not area-eligible based on school data or census, verification of the provider's household income or categorical eligibility must be conducted and documented before approval can be made. The determinations will be valid for one fiscal year if based on a provider's household

options.

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10. Be responsible for collecting or providing to the Tier II FDCH Family-Size and Income Applications (FSIAs), for determining the eligibility of children and for maintaining the confidentiality of the information collected.
11. Obtain an FSIA on each area-eligible Tier I provider who wishes to claim meals for their own child. Providers who qualify for free or reduced-price meals may claim for meals served to their own children only when at least one nonresidential child, is in the provider's home, is enrolled, is in attendance, and participating in the meal service.
12. Monitor all homes.
  - a. Sponsors are required to monitor food service operations of providers under their administration. New FDCHs must have their first review during the first four weeks (**28 days**) of operation. It is encouraged that each review include a meal analysis where children are present but is not required and include a five-day reconciliation of records. If the monitor has completed all of the necessary review elements, the monitor may leave. If the monitor comes to review a home at a scheduled meal time and no **child** is present, the monitor can either conduct the review or to verify that the provider missed the meal service. If the provider has been approved for supper, weekend, evening snack, and/or holiday meals, the SO must monitor a "roughly proportional" number of those meal services. If a provider is found to be seriously deficient, an unannounced follow-up review may be conducted. This review does not count toward the three required reviews.

**Note:** Follow up reviews *never* count toward the three required site reviews

There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:

- Conduct one announced and two unannounced\* reviews of program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. At least one of the unannounced reviews must include observation of a meal service. All reviews must be documented and kept on file.
- An SO may do review averaging by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review\* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, its first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient. At

least one of the unannounced reviews must include observation of a meal service. Providers must have at least three reviews per year. If review averaging is selected, the SO must have a written plan with detailed procedures for tracking review. All reviews must be documented and kept on file.

\*Sponsors must ensure that the timing of unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.

- b. All reviews shall include, at a minimum, the evaluation of:
    - CACFP meal pattern
    - Licensing or approval
    - Proof of participation in sponsor training
    - Meal counts
    - Menu and meal records
    - Requirements pertaining to annual CACFP Enrollment forms
    - Determination whether the home has corrected problems noted on previous reviews
    - Five-day reconciliation that includes:
      - Enrollment form
      - Daily Record of Meals Served (DROMS) form
      - Daily Arrival and Departure Record (DAD) form
  - c. Sponsors must have an adequate method to schedule and track monitoring reviews.
13. Conduct annual training sessions discussing all required topics with supporting documentation.
  14. Sponsor shall enter into a written application and agreement with each FDCH participating that specifies the rights and responsibilities of both parties. This agreement shall be developed by the State agency. Any addition to the agreement must be submitted to the State agency for approval.

## APPLICATION AND AGREEMENTS

1. ***Sponsor Application/Budget/Management Plan and Agreement***
  - a. Approved application/agreement for participation is permanent and must be updated **annually and when there are changes prior to monthly claim submission.**
  - b. The application/agreement must be readily available at the SO.
  - c. The SO must implement procedures as approved in the application/agreement.
2. ***Provider Application/Agreement***
  - a. Complete and submit the information required for each provider.
  - b. All provider information must be readily available in the provider's file at the SO.
3. ***Provider Tiering Determinations***
  - a. Tier I Homes—All children left for care in the home are claimed at the Tier I rate of reimbursement.
    - (1) ***School Data Determinations:*** The provider's home is located in an area served by any school site in which 50 percent or more of the total number of children enrolled are certified eligible for free or reduced-price meals. Documentation is available in the provider's file. The determination is valid for five years.
    - (2) ***Census Data Determination:*** The provider's home is located in a geographic area in which 50 percent or more of the children residing in the area are members

of households that meet the poverty guidelines. Documentation is available in the provider's file.

- (3) **FSIA Determinations:** The provider's current household meets the income standards or categorical eligibility (*Supplemental Nutrition Assistance Program [SNAP]*, *Temporary Assistance to Needy Families [TANF]*, or *Food Distribution Program on Indian Reservations [FDPIR]*) for free or reduced-price meals. A completed FSIA is on file. The provider's household income or categorical eligibility has been verified by the SO, and verification documentation is also in the provider's file. The determination is valid for the current fiscal year.
  - (4) A list of providers qualifying for Tier I reimbursement based on SNAP eligibility must be submitted by March 15 of each year to the State agency. The list must include the provider's name and SNAP case number.
- b. Tier II Homes—The provider does not meet the criteria for a Tier I home.
- (1) **Tier II-Higher (II-H) Determinations:** FSIA's are distributed to the parent or guardian of each household by the SO or the Tier II FDCH provider. All children qualify for free or reduced-price meals based on categorical eligibility or income or expanded categorical eligibility. All children are claimed at the Tier I rate of reimbursement. The determination is valid for the current fiscal year.
  - (2) **Tier II-Lower (II-L) Determinations:** No children qualify for free or reduced-price meals. FSIA's may or may not be distributed to the parent or guardian of each household by the SO or the Tier II provider. All children are claimed at the Tier II rate of reimbursement. The determination is valid for the current fiscal year.
  - (3) **Tier II-Mixed (II-M) Determinations:** FSIA's are distributed to the parent or guardian of each household by the SO or the Tier II FDCH provider. Only some of the children qualify for free or reduced-price meals based on categorical eligibility or income or expanded categorical eligibility. Children are claimed at both the Tier I and Tier II rates of reimbursement, depending on whether the parent or guardian of each household qualifies for free or reduced-price meals. The determination is valid for the current fiscal year.
- c. Family-Size and Income Applications
- (1) May be distributed to providers for Tier I home determination or to claim provider's own children.
  - (2) May be distributed to the parent or guardian of each household for individual child determination when the child is enrolled in a Tier II home.
  - (3) Distribute to providers or the parent or guardian of each household a *Letter to Household*, using current fiscal year form.
  - (4) Valid for current fiscal year (obtain annually at the beginning of each fiscal year).
  - (5) Expanded *Categorical Eligibility* section is for the parent or guardian of children in Tier II homes only.
  - (6) Applications submitted by providers for Tier I home determination must be verified. Proof of current income or SNAP, TANF, or FDPIR benefits must be submitted by the provider and must meet free and reduced-price meal guidelines.
  - (7) Applications submitted by providers wanting to claim their own children must meet free and reduced-price meal guidelines; however, verification is not necessary.
  - (8) Foster children listed on an FSIA will always be eligible for Tier I regardless of household income.

#### 4. **Sponsor/Key Staff Training**

- a. The SO must conduct annual staff training prior to performing program duties.
- b. Documentation of dates, locations, required topics with supporting documentation,

and staff participating must be maintained by the SO.

5. **Provider Training**

- a. The SO must conduct annual provider training. It is strongly recommended that training be scheduled throughout the year in various geographic locations.
- b. Providers must participate in at least one training session annually. Providers who do not attend a training session annually must be declared seriously deficient
- c. Documentation of dates, locations, required topics, and providers participating must be maintained by the SO.
- d. Topics at training sessions must include, at a minimum, meal patterns, meal counts, claims submission and claim review process procedures, record keeping requirements, reimbursement system, and civil rights.
- e. The SO must provide certification of training to each provider.

6. **Preapproval Visit**

- a. Use the **Preapproval Visit Form** to document the visit, and submit to the State agency within 10-days of the preapproval visit.
- b. Visit must be conducted on new providers prior to the home's participation in the CACFP.
- c. Complete and maintain in provider's file at the SO.
- d. Effective date may be the first day of the month in which the preapproval visit was conducted, **only if** records were maintained to support the claim.

7. **Monitoring**

- a. Use the **On-Site Monitor Review Form** to document the on-site review.  
**Note: Sponsors may create their own monitor review form. It must contain all required elements and must be approved PRIOR to use.**
- b. Use one of the two required methods to conduct provider reviews.
- c. Required review elements are:
  - (1) CACFP meal pattern
  - (2) Licensing or approval
  - (3) Participating in or attending sponsor training
  - (4) Meal counts
  - (5) Menu and meal records
  - (6) Updated enrollment forms each year
  - (7) Problems noted on previous reviews and corrected
  - (8) Five-day reconciliation
    - \* Enrollment form
    - \* Daily Record of Meals Served form (DROMS)
    - \* Daily Arrival and Departure
- d. The SO must show a photographic identification when visiting any provider.
- e. All visits must be made during the provider's normal operating hours.

## SO FINANCIAL REQUIREMENT RECORDS

As stated in 7 CFR 226.6(b)(1)(xviii) for new institutions and 7 CFR 226.6(b)(2)(vii) for renewing institutions, to be approved for program participation, an institution is required to comply with three performance standards:

- Financial viability and financial management—An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. The institution can demonstrate financial viability through:
  - \* A budget or management plan in compliance with program regulations and that is reasonable, necessary, and allowable.
  - \* Adequate resources for daily operations—able to pay employees and suppliers during periods of program payment interruptions and when fiscal claims have been assessed, if applicable.
  - \* Audits or financial statements.
  
- Administrative capability—An institution must demonstrate the ability to manage operations in compliance with program regulations by ensuring:
  - \* The number of staff and type of qualified staff.
  - \* The number of monitoring staff in relation to the number of facilities.
  - \* Written policies and procedures fulfill program responsibilities and civil rights requirements.
  
- Program accountability—An institution must demonstrate the ability to ensure program accountability through:
  - \* Oversight through an operating governing board.
  - \* Written fiscal accountability systems to assure integrity for all funds, property, expenses, and revenues (i.e., accurate processing of claims), and that all expenses are for program-authorized purposes.
  - \* Record-keeping—maintains records of operations in compliance with program regulations.
  - \* Operations including training, monitoring, classifying, and ensuring administrative costs are within regulatory limits.
  - \* Meal pattern and meal service requirements, licensure, health inspections, record keeping, and claiming only for eligible meals served

In terms of using the budgetary process to determine that institutions are viable, capable, and accountable (VCA), with emphasis on viability as per 7 CFR 226.6(f)(1)(iv), sponsoring organizations must submit an administrative budget with sufficiently detailed information concerning projected CACFP administrative earning and expenses as well as other nonprogram funds to be used in program administration, for the State agency to determine the allowability, necessity, and reasonableness of all proposed expenditures and to assess the sponsoring organization’s capability to manage program funds . . . This means that the State agency must ensure that its application forms capture the kind of information needed to document compliance with financial management requirements. In some cases, the budgets and management plans need to elicit detailed information which documents that the institution has the resources available, whether from program reimbursements or other sources, to operate the CACFP it is proposing in its application.

Given that not all of the resources for use in support of the CACFP have to come from program reimbursements, the State agency must also assess how other income sources are contributing to the overall operation of the CACFP. Other income sources may come in the form of:

- Grants and loans.

- Donations of time and money.
- Other federal finds, if permitted.
- Transfers from a profitmaking subsidiary.

This assessment will assist the State agency in determining an institution’s ability to adjust to changing financial conditions as well as by its financial position. This means that, from year to year, the institution must demonstrate that it can adapt and manage a changing financial environment and keep its expenses and revenues in balance. Therefore, it is essential that the State agency look at all resources available to an institution that will be used for the administration of the CACFP when assessing an institution for approval to operate the CACFP.

1. ***Expenditure Worksheet***

- Reported costs must be approved on the SO’s administrative budget.
- Record all CACFP administrative costs incurred during the month.
- Costs must be supported by documentation (i.e., receipts/invoices, rental agreements, payroll, canceled checks).
- Maintain worksheet on file at SO.

2. ***Edit Checks***

The sponsor must edit each provider’s record to ensure:

- The provider has been approved to serve the meal types being claimed.
- The number of meals claimed does not exceed the number derived by multiplying approved meal types and shift times days of operation times enrollment.
  - Evaluate enrollment and attendance records to ensure that they are current and accurate.
  - Compare total meal counts to the provider’s licensed capacity; meal counts cannot exceed licensed capacity for any day unless the provider is approved for shift care.
  - Compare the provider’s total enrollment to its recorded daily attendance to ensure that the number of participants in attendance does not exceed the number of enrolled participants. If attendance exceeds enrollment for any day or for any shift, determine the source of the error and determine the overclaim, if any.
  - Compare the provider’s total daily attendance (time in/time out documentation) to its meal counts using any five consecutive days (that the provider was open for business) of aggregate meal counts for each approved meal type to ensure that meal counts do not exceed the number of participants in attendance on any day. If meal counts and attendance cannot be reconciled, determine whether the establishment of an overclaim is necessary.
- All children being claimed have current, complete enrollment forms on file at the SO and the FDCH.
- If using electronic software to process claims, the sponsor must ***NOT*** rely solely on the software to perform edit checks.

3. ***Participating Providers/Claim Documentation***—SOs are required to maintain any provider information that has been added or deleted during the claiming month. Sponsors have access to a list of approved providers through the CACFP claiming system.

4. ***Claim for Reimbursement***

- Complete the claim for reimbursement online based on the required records, and submit to the State agency.
- A copy of claim documentation must be readily available for reference and auditing

purposes.

6. **Payment Notice**—This form is located on the CACFP claims website and available for each month claimed.
7. **Payment Voucher/Disbursement Record**
  - a. Indicate the reason for any claim adjustments/meals disallowed.
  - b. Distribute funds to providers within five working days of receipt of reimbursement.
  - c. Sponsor is required to disperse the payment information to each provider. The payment information must include payment amount, date of payment, and any reason the payment amount was adjusted. If using electronic systems, providers are expected to retrieve the document themselves. Notices should be sent by mail or email when it is available.

## OTHER REQUIRED RECORDS

1. **Building for the Future** fact sheet—proof of reproduction and distribution to all participating providers, along with a copy submitted to the State agency with the SO's application
2. Women, Infants, and Children (WIC) brochure—posted in SO office and proof of distribution to all participating providers.
3. Annual organization-wide audit is required for SOs expending \$750,000 or more in federal funds
4. National Disqualification List (NDL) user account. SO must have access to the NDL website along with documentation for each providers response.
5. The SO must obtain a color copy (front-side only) of a government-issued identification for each provider.

Note: If the ID has an expiration date, it is not required to collect a current one.

## SO POLICIES

1. SO must develop its own policies to support its procedures in all areas of CACFP management along with a copy submitted to the State agency for approval. SO policies must have at a minimum what the State agency requires. Any additional requirements must be approved by the State agency **PRIOR** to implementation.
2. Providers must receive annually a copy of the SO policies.
3. There is no restriction on the days of operation if the sponsor has established that it only wants to operate on certain days and the State agency has approved the request. The sponsor must know that if the State agency or USDA decides that they need to review files, etc., on a day the sponsor is officially closed, then the sponsor will have to be able to open its doors to allow the State agency or USDA entrance. The sponsor must be available during the days/hours as approved on the sponsor application.

## CIVIL RIGHTS

1. . . . *And Justice for All* poster displayed at the SO.
2. Civil Rights complaint-filing form on file.

## PROVIDER RECORD KEEPING

1. ***Annual CACFP Enrollment Form***
  - a. Must be completed on all children enrolled.
  - b. Must include normal days, hours, and meals eaten, and be signed by a parent or guardian.
  - c. Documentation must be available for children with special dietary needs and/or milk substitution requests.
2. ***Monthly/Daily Records***
  - a. All required current month's records must be available for review at the provider's home.
  - b. All past records must be in provider's file at the SO.
  - d. Meals may not be claimed over the home's license capacity per shift. Only two shifts of each meal type are allowed.
3. ***Daily Arrival and Departure Record***
  - a. Must be completed daily on each child in attendance.
  - b. Must support meals reported and claimed by the provider.
4. ***Daily Record of Meals Served***
  - a. Must be completed daily on each child participating in a meal service.
  - b. Must be supported by daily arrival and departure records and *Annual CACFP Enrollment Form*.
  - c. DROMS must be signed and dated by the provider at the end of the month of each meal type are allowed.
  - e. Reimbursement is limited to two main meals and one snack or two snacks and one main meal per child per day.
  - f. All meal types claimed must be approved by the SO.
  - g. All meals claimed must be consumed on-site at the SO approved site. SO **MAY** allow providers to serve at an alternate location (i.e. field trip). Approval must be given **prior** to the change.
5. ***Weekly Meals Served***
  - a. Must be completed daily for meals served to children aged 1 through 12.
  - b. Record food items served to the children.
  - c. Meals recorded must meet minimum meal pattern requirements.
6. ***Infant Meals Served***
  - a. Must be completed daily for each meal served to any infant aged birth through 11 months.
  - b. Use one form per infant.
  - c. Record food items served to the infant.
  - d. Meals recorded must meet infant meal pattern requirements.



e. Infant Meal Waiver form must be on file when applicable.

7. **Cycle Menu** (Optional)

SOs may choose to require cycle menus. This is not a decision for the provider(s) to make the SO either require **ALL** providers to have a cycle menu or none. However, a cycle menu can be used as a part of corrective action

- a. Must meet SO guidelines for length of cycle.
- b. Meals must meet minimum meal pattern requirements.
- c. Must be on file for each meal type approved.
- d. A copy must be available for review at the provider's home.
- e. A copy must be in the provider's file at the SO.

8. **Child Nutrition (CN) Labels or Product Formulation Statements, and other Identifying Information**

- a. Must be available, valid, and current for preprocessed or combination food items in which ingredients or quantities are not identifiable.
- b. A copy must be available for review at the provider's home in order for the provider to follow the crediting information.
- c. A copy must be available for review at the SO's office in order for the SO to evaluate the **Weekly Meals Served** form.

9. **Recruitment**

A sponsor **CANNOT** use its own money for rewards for its providers who bring on new providers. While the sponsor may not be using CACFP funds, there is still a conflict of interest issue. The sponsor cannot solicit providers to conduct outreach business for the benefit of the sponsor.

10. **Expansion Funds**

Financial assistance made available to a sponsoring organization for its administrative expenses associated with expanding a food service program to day care homes located in low-income or rural areas. These expansion payments may include administrative expenses associated with outreach and recruitment of unlicensed family or group day care homes and the allowable licensing-related expenses of such homes.

Any sponsor organization applying for expansion funds shall be notified of approval or disapproval by the State agency in writing within 30 calendar days of filing a complete and correct application. If a sponsoring organization submits an incomplete application, the State agency shall notify the sponsoring organization within 15 calendar days of receipt of the application and shall provide technical assistance, if necessary, to the sponsoring organization for the purpose of completing its application.

Receipts and any other documentation will need to be submitted to the State agency, if the expansion funds were granted. Any funds not used for its sole purpose will be returned to the State agency before submitting the next corresponding claim.

A copy of the application may be requested by contacting the State agency.



# PROGRAM INTEGRITY AND FINANCIAL MANAGEMENT

# PROGRAM INTEGRITY

Fiscal integrity and accountability for all funds and property received, held, and disbursed. The integrity and accountability of all expenses incurred that claims will be processed accurately and in a timely manner that funds and property are properly safeguarded and used only for authorized CACFP uses.

## A. All Administrative Reviews (ARs) conducted are *Unannounced*.

1. Records are to be produced within one-hour of the Program Specialist arriving.
2. All records should be properly maintained.
3. All records are to be kept at the address listed on file in the institution's online application and agreement.

## B. Claim Validations

1. Claim data is analyzed three times per year to determine high risk institution. Entities who show as high risk are selected for claim validated.
2. Institutions must send in documentation to the State agency within three business days.
  - The documentation requested is much like what is requested for an Administrative Review (AR)
3. Examples of Criteria for Claim Validation (*not limited to*):
  - Claiming meals every day of the month
  - Claiming all meal types
  - Claiming the same number of meals for every meal (also known as block claiming)
  - Claiming uncommon meal types, such as At-Risk breakfast or lunch
  - Multiple claim revisions

## C. In Good Standing with the State of Oklahoma

1. Institutions are required to be in Good Standing with the State of Oklahoma in order to participate in CACFP. This information is checked every year by OSDE.  
***This is not required for public institutions, schools, tribes, or military.***

Check your status online at <https://www.sos.ok.gov/corp/corpInquiryFind.aspx>

If your organization is not in Good Standing, contact the ***Filing department at (405) 521-3912 select Option 1.***

2. All nonprofit institutions have to have a valid 501(c)3 in order to participate in CACFP. This information is checked every year.

<https://www.irs.gov/charities-non-profits/tax-exempt-organization-search>

# FINANCIAL MANAGEMENT

As stated in the United States Department of Agriculture (USDA) regulation 7 CFR §226.6(b)(1) (xviii) for new institutions and 7 CFR §226.6(b)(2)(vii) for renewing institutions, to be approved for program participation, an institution is required to comply with three Performance Standards:

## A. Financial Viability, Administratively Capable, and Program Accountability

### 1. Financial Viability and Financial Management

An institution must demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. The institution can demonstrate financial viability through:

- A budget or management plan in compliance with program regulations and that is reasonable, necessary, and allowable.
- Adequate resources to pay debts when fiscal claims have been assessed.
- Adequate resources to operate CACFP on a daily basis—able to pay employees and suppliers during periods of program payment interruptions and when fiscal claims have been assessed, if applicable.
- The submitted budget contains costs that are necessary, reasonable, allowable, and documented
- Audits or financial statements - bank statements and credit card statements used for the institution, canceled checks, year to date report, profit/loss statement, or any other financial statement or documents.

### 2. Administrative Capability

An institution must demonstrate the ability to manage operations in compliance with program regulations by ensuring:

- The number of staff and type of qualified staff are adequate.
- The institution has management procedures in place to ensure that CACFP requirements are met.
- The number of monitoring staff in relation to the number of facilities is adequate.
- An organizational chart is needed to show **ALL** of the institutions staff. An example is located for **nonprofit** organizations is on **pages 25-26**. Written policies and procedures fulfill program responsibilities and civil rights requirements.

### 3. Program Accountability—

An institution must demonstrate the ability to ensure program accountability through:

- Oversight through an operating governing board.
- Written fiscal accountability systems to assure integrity for all funds, property, expenses, and revenues (i.e., accurate processing of claims), and that all expenses are for program-authorized purposes.
- Record keeping—maintaining records of operations in compliance with program regulations.
- Operations including training, monitoring, classifying, and ensuring administrative costs are within regulatory limits.

- Meal pattern and meal service requirements, licensure, health inspections, record keeping, and claiming only for eligible meals served.

## B. Financials for the Administrative Review

### 1. For Profit and Nonprofit Status

During the Administrative Review, it is required the institution shows the State agency they are in for profit status as an organization and in nonprofit status with CACFP funds. The following is to help define what the meaning of for profit and nonprofit are in CACFP and what documentation is needed to determine if you are in compliance with USDA regulations.

#### a. For Profit Status

The institution has adequate financial resources to maintain operations, even if there is a disruption in normal income or a delay in CACFP reimbursements. SOs must have a positive net gain/profit – it cannot be operating at a loss. This simply means your institution made money instead of lost money.

##### (1) Documentation needed during the review to determine if For Profit:

- Bank statements used for CACFP funds;
- Credit card statements used for any CACFP transaction(s);
- Year to Date report;
- Profit/loss statement; or
- Any other financial statements or documentation used for CACFP funds whether money was spent, deposited or transferred.

#### b Nonprofit Status

The institution cannot make money on the CACFP program. All the money received in reimbursement and/or more has to be spent on CACFP allowable expenses.

**Example:** If the institution is receiving an average of \$1,000 a month in CACFP reimbursement, the institution should be spending \$1,000 or more a month on food, milk, labor, and other CACFP allowable expenses.

##### (1) Documentation needed during the review to determine if Nonprofit:

- Expenditure/Reimbursement worksheet (*all for the current fiscal year must be available*)
- Food Purchasing forms
- Receipts of allowed CACFP items and goods
- Canceled checks for labor (*cash apps or cash payments not allowed for labor*)
- Items charged off for CACFP are approved in online application budget

#### c. Three Month Operating Balance

The SOs may not spend the entire reimbursement every month. USDA does allow centers to carry over a small percentage of its funds to be used at a later time. The amount that can be carried over is the institutions 3 month operating balance. To figure out this amount, take the total amount of the institution's CACFP expenses

from current month back to October of the same fiscal year, divided by the number of months, and multiply by 3 *At no point in time is the entity allowed to exceed the 3 month operating balance.*

*Example:* The CACFP expenses incurred from October - January is \$4,325.85.  $\$4,325.85$  divided by 4 months (Oct-Jan) =  $\$1,081.46$  x 3 months operating =  $\$3,244.39$  can be used another month.

### C. End of Year Report

Institutions will be required to submit an end of the year report to ensure the institution is in compliance with the nonprofit food service account. This report will be due before and renewal application can be approved for fiscal year 2024.

The end of the year report will be based on the **FEDERAL** fiscal year. This information is indicated in the online application and agreement.

End of the Year Report can be:

- A Profit Loss Statement
- A report from Quick Books or any other accounting software used
- End of the Year report
- Revenue and Expenditure Report
- Documentation from your account

This documentation is used to reconcile your prior fiscal year administrative cost and to determine if your institution will have a carryover.

- D. **10 Percent Carryover:** During any fiscal year, the SO may carry over administrative reimbursement **NOT** to exceed 10 percent of the maximum homes times rate. In order to monitor the use of these funds, the following procedures are implemented by the State agency.

Carryover funds must be utilized on allowable CACFP costs, and it must be used first in the fiscal year.

1. Each sponsor must report to the State agency the amount of administrative funds expended each fiscal year. This **must** be done on a monthly basis in the claim for reimbursement to assist the sponsor in tracking this information. Each sponsor is required to report the total amount of administrative funds spent in the previous fiscal year on the sponsor's new fiscal year application.

Sponsors will not be given access to their October claims until the annual administrative expenditures for the previous fiscal year have been reported and the end-of-year report has been reconciled by the State agency.

2. If administrative expenses reported on a sponsor's application show that the sponsor has more than a 10 percent carryover, the sponsor must return the extra funds. Access to the sponsor's November claim for reimbursement is denied until these monies are received. For a sponsor not wanting to carry over the 10 percent (or less), these funds must be returned before the sponsor being given access to the November claim.
3. If the sponsor wants to carry over the 10 percent funds from the end of one year into

the next, the sponsor must spend the prior fiscal year funds first. **Once these funds are spent, the sponsor must submit receipts for these expenditures to the State agency.** The State agency will validate that the receipts submitted by the sponsor equal or exceed the amount of the 10 percent carryover funds.

4. In the year that the sponsor is scheduled for an administrative review by the State agency, the 10 percent expenditures will be validated, along with all other expenditures for that fiscal year, by reviewing the receipts on-site.

***Declines Administrative Reimbursement:*** Because there are some sponsors that do not (and cannot) use all of the administrative reimbursement (i.e., military bases), each claim for reimbursement will have a statement that reads *Sponsor declines administrative reimbursement for this month*. If a sponsor wishes to decline receiving administrative reimbursement for that month, the sponsor will click the appropriate box and the administrative reimbursement (homes x rates) will not be paid.



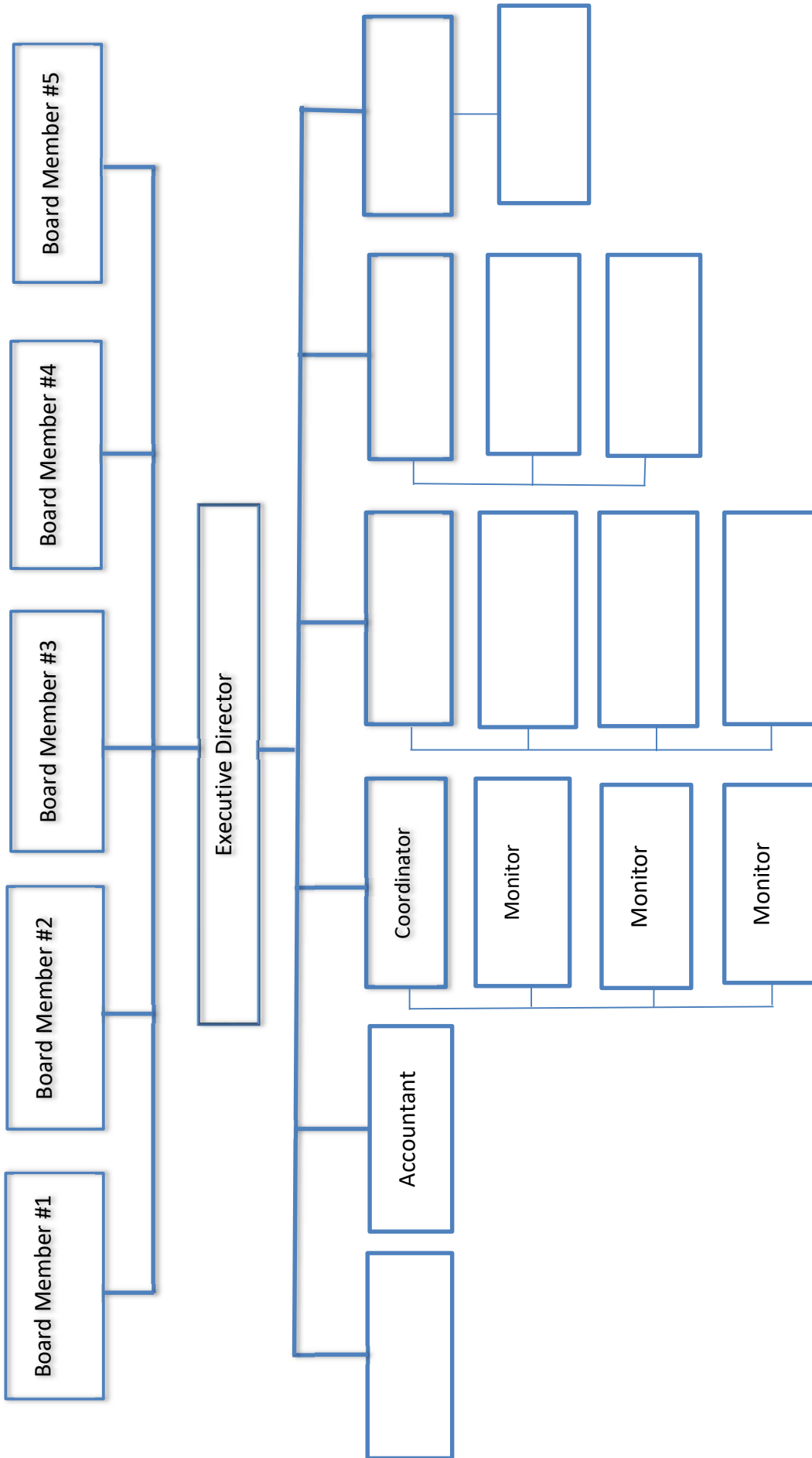
# ORGANIZATION CHART INSTRUCTIONS

An organizational chart shows the internal structure of an organization. The title of the positions are represented in each of these boxes to show the chain of command.

The organizational chart in this section is an example of what should be sent to OSDE. The institution can use the blank forms located in the originals sections or create your own.

***NOTE: It is not required to list names. Titles are the only items needed. This is not required to be submitted to the State Agency every year. It is only required to be sent in if the organization structure has changed.***

# FDCH Organizational Chart Example



# SPONSORING ORGANIZATION POLICIES AND PROCEDURES

NOTE: Sponsors are required to have policies and procedures that, at a minimum, include the following. So's may have additional policies & procedures but it must be approved by the State agency PRIOR to implementation.

# FAMILY DAY CARE HOME SPONSOR REQUIRED POLICIES/PROCEDURES CHECKLIST

Sponsor's Name: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

## Personnel Policies

- \_\_\_\_\_ 1. Hiring Procedures  
*NOTE: Each position must have a job description that contains the following:*
  - *General Description*
  - *Minimum Qualifications*
  - *Examples of Work Performed*
- \_\_\_\_\_ 2. Types of Positions—Organizational Chart
- \_\_\_\_\_ 3. Office Schedule, Notification, Pay Periods, and Holidays
- \_\_\_\_\_ 4. Leave of Absence
- \_\_\_\_\_ 5. Compensation Policy
- \_\_\_\_\_ 6. Termination of Employees
- \_\_\_\_\_ 7. Restricting Outside Employment Policies
- \_\_\_\_\_ 8. Sponsoring Organization Key Staff Training

## Provider Policies

- \_\_\_\_\_ 1. Recruitment of Providers Policy
- \_\_\_\_\_ 2. Unavailable Provider Policy
- \_\_\_\_\_ 3. Meal Disallowance Policy
- \_\_\_\_\_ 4. Mealtime Change Policy
- \_\_\_\_\_ 5. Cycle Menu Policy
- \_\_\_\_\_ 6. Submission of Records Policy
- \_\_\_\_\_ 7. Provider Edit Checks
- \_\_\_\_\_ 8. Annual Provider Training
- \_\_\_\_\_ 9. Serious Deficiency Procedures
- \_\_\_\_\_ 10. Proposed Termination/Disqualification
- \_\_\_\_\_ 11. Appeal Procedures
- \_\_\_\_\_ 12. Suspension/Termination

# PERSONNEL POLICIES

SPONSOR: \_\_\_\_\_

## 1. Hiring Procedures

**What Is Required: All SOs must have a Board of Directors.**

The Board of Directors will approve the job description for the Executive Director position. The Board will interview, evaluate, and approve the best candidate for the Executive Director position when it is vacant.

Individual program directors will prepare or update the job description for each position and review the job descriptions with the Executive Director for final approval prior to staffing a position.

Note: Each position must have a job description that contains:

- General Descriptions
- Minimum Qualifications
- Example of Work Performed

Prior to staffing, the position must be approved by the Board of Directors on recommendation of the Executive Director.

\_\_\_\_\_ will not hire any applicant as a regular full-time employee who is related by blood or marriage to any current employee. Employees who become related by marriage may continue \_\_\_\_\_ employment, but may not work for each other nor supervise each other.

\_\_\_\_\_ openings will be posted for five working days within the agency and then advertised or communicated externally as required to identify qualified candidates for the position. The primary objective in posting and advertising the position is to identify and select the best-qualified individual.

Applicants for \_\_\_\_\_, positions will be interviewed by the immediate supervisor/program director and, if necessary, by the Executive Director. If desired, a team of existing staff members may be involved in the interviewing process. Three references must be obtained on any application prior to a recommendation being made.

Before the position is formally offered to the applicant, the individual to be hired must be approved by the Executive Director on recommendation by the appropriate supervisor.

The starting pay level of the employee will be determined by the Executive Director or the Board of Directors. In all cases, the decision on the pay level will be in accordance with the compensation structure approved by the Board of Directors.

The new employee will receive training to his or her job duties from the immediate supervisor prior to performing program operations.

## 2. Types of Positions—Organizational Chart

**What is Required: The SO must have sufficient staff to be administratively capable.**

Regular full-time employees are those hired to work 40 hours per week. The position is included in the organization's core organizational chart which includes ongoing programs and responsibilities, or the employee has been employed to initiate a new program that will presumably be ongoing as continued funding is available. Regular full-time employees are eligible for all benefits, including retirement plan, flexible spending account program, group health insurance, long-term disability insurance, life insurance, paid holidays, and vacation and personal leave.

Regular part-time employees are those who work on a regular basis at a level less than 40 hours per week. Regular part-time employees working 25 to 39 hours per week are eligible for all benefits on a prorated basis, except for long-term disability. Those working 20 to 24 hours per week are eligible for paid holidays. No benefits are provided to employees working less than 20 hours per week.

## 3. Office Schedule, Notification, Pay Periods, and Holidays

**What Is Required: The sponsor must be available during the days/hours as approved on the sponsor application.**

The \_\_\_\_\_ offices are open from \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_ through \_\_\_\_\_. The supervisor is responsible for scheduling hours of work for assigned personnel either working the normal weekly 40 hours or a predetermined number of reduced hours. Helpline services are on a 24-hour basis, normally divided into 8-hour shifts. Variations in work schedules to accommodate certain needs will be provided with approval of the Executive Director.

Employees check in and out of the reception desk at the main \_\_\_\_\_ office or other area designated by the individual program director. If, for any reason, an employee will not be able to be at work on a given day, the employee is expected to call and inform his or her supervisor and/or the receptionist not later than \_\_\_\_\_ on the day of absence or as prearranged by a supervisor. Employees should check out and check in when attending meetings away from the office and for those which occur outside of regular office hours. If circumstances allow, advance notice for absences is preferred.

The 30-minute lunch period should be taken as scheduled by the supervisor. All lunch periods are normally scheduled between \_\_\_\_\_ and \_\_\_\_\_. Lunch periods may not be added to the beginning or end of a day unless prearranged with a supervisor.

Employees will be paid semimonthly by check or direct deposit. The two pay periods will be the first through the fifteenth and the sixteenth through the last day of the month. Any change requires the approval of the Executive Director. An employee should notify his or her immediate supervisor if the employee believes the amount of the paycheck is incorrect. Since payroll is done before the pay period is finished, any necessary adjustments in pay will be made in the following pay period.

The \_\_\_\_\_ office will be closed:

New Year's Day	Memorial Day
Independence Day	Labor Day
Thanksgiving Day and the following Friday	Two days at Christmas

**4. Leave of Absence**

The \_\_\_\_\_ allows time off with full pay for vacation and/or being ill to all regular employees according to established length of service. During the first 12 months of employment, all regular employees will accrue six days of leave credit. Leave will accrue at the rate of one-half day per month after the employee's second full calendar month of service. A new employee will not be able to take accrued leave until after the sixth month of employment.

During subsequent years of employment, regular employees will earn leave time on the following basis:

<b>Years of Employment</b>	<b>Vacation Days</b>
Less than 5	6
6 - 15	10
16 - 20	15

Leave scheduling will be approved by the Executive Director or assigned supervisor. Employees will be able to carry over five unused days to the next year.

An employee who terminates employment will be paid for unused leave time.

If accrued/earned leave is depleted and the individual still requires additional time away from work, such leave may be taken without pay with the approval of the Executive Director.

Employees called for jury duty will be excused from work during such duty. The jury fee is retained by the employee, and no deduction will be made from the employee's salary for absence during the period of duty nor is the absence charged against leave time. Employees released from jury duty during normal working hours are expected to return to work.

**5. Compensation Policy**

\_\_\_\_\_ maintains a schedule of salaries by position so that all employees are equally compensated. All salary increases must be recommended by the Executive Director for approval by the Board of Directors.

The following criteria are required for compensation adjustments:

- a. Overall outstanding annual performance evaluations.
- b. Reevaluation of job descriptions.
- c. Additional responsibilities assigned.

**6. Termination**

Employees may be terminated from any position at the discretion of the Executive Director.

## 7. Restricting Outside Employment Policies

**What Is Required: Sponsors must develop a policy on outside employment of their CACFP employees. General principals to consider in approving outside employment would include likely schedule conflicts with CACFP responsibilities and duties and ethical or conflict-of-interest issues.**

The \_\_\_\_\_ allows CACFP employees to hold outside employment as long as that employment is not with another agency or program that operates the CACFP. The outside employment must not conflict with regular working schedules set up by the immediate supervisor. CACFP employees must submit in writing a request to hold outside employment. The request must include the days and hours the employee will be working. The request will be reviewed and approved or disapproved by the Executive Director.

## 8. Sponsoring Organization Key Staff Training

**What Is Required: SOs must provide training in CACFP regulations and SO policies and procedures to all key personnel prior to their performing duties.**

SOs must also provide annual training thereafter for key staff/providers covering the following required topics, at a minimum:

- a. Meal Pattern
- b. Meal Counts
- c. Claim Submission and Claim Review Procedures
- d. Record Keeping Requirements
- e. Reimbursement System
- f. Civil Rights

Training methods include conference/meeting style, one-on-one, online, or self-paced curriculum. Online and self-paced curriculum must include documentation, posttraining, and benchmarks, e-mail confirmation, questions and answers, and include sign-in/log-in records.

Documentation of dates, locations, required topics with supporting documentation, and staff participating must be maintained by the SO.



# PROVIDER POLICIES

## 1. Recruitment of Providers Policies

**What Is Required: The SO must not promote regional sponsor competition for providers and cannot *BRIBE* or lure providers to their sponsorships.**

A sponsor CANNOT use its own money for rewards for its providers who bring on new providers. While the sponsor may not be using CACFP funds, there is still a conflict of interest issue. The sponsor cannot solicit providers to conduct outreach business for the benefit of the sponsor.

The \_\_\_\_\_ CACFP recruits new members by working closely with DHS Licensing through on-site contacts by providers and referrals from existing providers. Providers will not be contacted if active in the CACFP system. Providers who are on any other food programs will not be contacted. If a provider wishes to switch food programs at the end of the contract year, the provider initiates the contact. \_\_\_\_\_ never steals, bribes, or lures providers from other sponsors.

## 2. Unavailable Providers

**What Is Required: Sponsors must assure that providers are available at the mealtimes approved on the provider's application.**

\_\_\_\_\_ requires that providers be available during approved mealtimes. The following procedures must be followed:

- If a provider is going to be absent from the home during approved mealtimes, the provider must notify the sponsor.
- Once a monitoring review is scheduled, the provider has the right to cancel that review, but must call the monitor at least 24 hours in advance.
- If the provider cancels a scheduled visit more than once, every review for the remainder of the contract year will be unannounced.
- If the provider does not notify the monitor *in advance* of the cancellation and a review is attempted but cannot be completed, the provider will be declared seriously deficient. The provider will not be reimbursed for the meals. If the provider is not at home at the time of the unannounced follow-up, the provider will be proposed for termination and disqualification.

## 3. Meal Disallowances

**What Is Required: Sponsors must develop a policy to ensure that only meals meeting minimum USDA meal patterns are claimed for reimbursement.**

\_\_\_\_\_ will disallow meals for the following reasons:

- Failure to maintain meal records on a daily basis.
- Recording of meals served in advance.
- Meals served in excess of license capacity.
- Meals not meeting minimum meal requirements.

#### 4. Mealtime Change

**What Is Required: Sponsors are required to implement policies for reporting changes in the day-to-day operations of the provider’s CACFP.**

- If a provider wishes to change meal service times or add or delete a meal service, the provider must notify \_\_\_\_\_ by phone. \_\_\_\_\_ will complete a **Provider Meal Service Information** form and send an approved copy to the provider for his or her records. Providers are required to notify \_\_\_\_\_ of the following information:
  - If any meal **TIME** changes
  - If the provider wants to add or delete a meal service
- If the provider does not notify \_\_\_\_\_ of changes in meal service, the provider may not be reimbursed for any **CHANGED** meals.
- Holidays: \_\_\_\_\_ **MUST** be notified (by phone or in writing) **in advance** if the provider plans to be reimbursed for meals served on the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, and Christmas Day. If \_\_\_\_\_ is not notified **BEFORE** the holiday, the provider will not be reimbursed for that holiday.
- Meal Service Time: There is no restriction on what time lunch may be served; however, Three hours shall elapse between the beginning of one main meal service and the next main meal service. At least two hours shall elapse between the beginning of a main meal and a snack. Meals served outside of the approved times are not eligible for reimbursement.

#### 5. Cycle Menus (Optional)

**What Is Required: Sponsors may establish cycle menu requirements, including number of days. If the SO requires cycle menus, the provider must follow the established cycle menus.**

A 15-day cycle menu must be completed and submitted to the \_\_\_\_\_ office for approval.

- Each meal and snack must meet minimum meal requirements.
- Substitutions are allowed, but the provider must indicate any substitutions in writing. If more than five substitutions are made, a new cycle menu will be required.
- If the provider wishes to make a new cycle menu, it must be submitted to the \_\_\_\_\_ two weeks prior to use. If any changes are made to the cycle menu (permanent changes, not substitutions), the SO must also approve them.

## 6. Submission of Records

**What Is Required: Sponsors must develop policies pertaining to the submission of monthly provider records.**

Monthly records are due by the third of the following month.

Any *LATE* records received after the due date will be processed after all other records have been processed.

## 7. Provider Edit Checks

**What Is Required: Sponsors must verify that the provider is approved for the meal types and times he or she is claiming.**

**What Is Required: Sponsors must ensure that providers are not claiming more than the maximum possible meals:**

- Multiply total license capacity/enrollment by
- Number of approved meal types and shifts by
- Number of operating days

## 8. Annual Provider Training

What Is Required: Sponsors are required to offer training sessions annually (October through September), scheduled at a time and place convenient to all providers. Providers who do not attend training at least annually shall be declared seriously deficient and proposed for termination and disqualification by the sponsor. Training must include the required topics listed below. Sponsors must document and have readily available all training records, including date, location, signatures of providers attending, and topics covered with supporting documentation. Technical assistance given to a provider during a home visit does not qualify as sponsor training unless all training requirements mentioned below are met. SOs must ensure each provider receives certification of training.

Required Minimum Training Topics

- a. Meal Patterns
- b. Meal Counts
- c. Claims Submission and Claim Review Procedures
- d. Record Keeping Requirements
- e. Reimbursement Systems
- f. Civil Rights

## 9. Serious Deficiency Procedures

**What Is Required: A provider is declared seriously deficient by the SO if any of the following areas of noncompliance exist:**

- a. Submission of false information on the Application/Agreement.
- b. Submission of false claims for reimbursement.
- c. Simultaneous participation under more than one SO.

- d. Noncompliance with the Program meal pattern.
- e. Failure to keep required records.
- f. Conduct or conditions that threaten the health or safety of a child in care or the public's health or safety.
- g. A determination that the FDCH has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency or the concealment of such a conviction.
- h. Failure to participate in training.
- i. Any other circumstances related to nonperformance under the SO/FDCH agreement, as specified by the SO or the State agency (including, but not limited to, fully and permanently correcting areas of noncompliance previously cited).

The SO must INITIATE action to terminate the Application/Agreement of an FDCH for cause if the SO determines the FDCH has committed one or more serious deficiency listed above.

***NOTE: Any provider who submits a claim in which adjustments result in a 25 percent or more error rate will be declared seriously deficient (see Payment Voucher/Disbursement Records). SO must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstances related to nonperformance under the SO/day care home agreement.***

## 10. Proposed Termination/Proposed Disqualification

**What Is Required: A Provider must be proposed for termination and disqualification if an inadequate corrective plan or no corrective action plan is submitted to the SO. The notice of proposed termination/proposed disqualification must include the following:**

- A statement that indicates the sponsor is proposing to terminate the provider's agreement for cause.
- A statement that the sponsor is proposing to place the provider on the National Disqualified
- An explanation that the reason for these actions is because the serious deficiency was not corrected.
- A statement that the provider may appeal the proposed termination/proposed disqualification and instructions on how to appeal.
- An indication that the provider will receive program payments during the period of appeal—usually he or she will.
- A statement that indicates that if the provider VOLUNTARILY terminates the agreement after he or she receives the Notice of Serious Deficiency, the sponsor will still proceed with the proposed disqualification.
- The letter must be sent by certified mail, return receipt requested, or an equivalent private delivery service, fax, or e-mail as required by §226.2 in the regulations.

## 11. Appeal Procedures

**What Is Required: Each SO must develop appeal procedures for FDCH providers. These procedures must be distributed to each provider annually.**

- a. The SO must offer an appeal to an FDCH provider only when the intent of the SO is to terminate the provider's agreement for cause or when the intent of the SO is to suspend the provider's participation in the CACFP.
- b. A provider will be notified by letter must be sent by certified mail, return receipt requested, or an equivalent private delivery service, fax, or e-mail as required by §226.2 in the regulations, of the grounds upon which the SO based its action. The notice will inform the provider of his or her right to appeal. The provider may request a review of the records. Upon receipt of such a request, the SO will appoint a review official to conduct a review.
- c. The written request for a review of records must be filed by the provider no later than the number of calendar days established by the SO. The number of days established by the SO days shall begin on the day the notice of action was received. The SO will acknowledge the receipt of the request for appeal within the time frame established by the SO.
- d. The provider may refute the information contained in the notice of action in person or by written documentation presented to the review official. The provider must have the opportunity to review the record on which the sponsor's action was based. In order to be considered, written documentation must be filed with the review official not later than the time frame established by the SO. The time frame shall begin on the day the notice of action was received. The provider may be represented by legal counsel or another person; if legal counsel is to be present, the SO must be notified of the counsel's name and address. The following applies to the appeal for a review of records:
  - Upon receipt of an appeal requesting a review of the records, the review official will notify the provider and the SO of the timelines for submission of documents.
  - Written notification submitted after the review official's timeline will not be considered.
  - Failure to submit written documentation to refute the action taken by the SO within the time frame will constitute the provider's waiver of the appeal, resulting in the action taken by the SO being upheld.
- e. Sponsors may choose to offer in-person hearings, but there is no requirement that they do so. The person hearing the appeal must be independent and impartial, and he or she must NOT have been involved in the action that is the subject of the appeal. Also, he or she must NOT have a direct personal or financial interest in the outcome. The hearing official may be an employee or board member of the sponsor or a contractor, such as a member of a statewide sponsor association.
- f. Documents and information relating to the provider and the action taken will be available for inspection and copying pursuant to the Open Records Fee Schedule at the office of the SO.
- g. The review official will be an independent and impartial official other than, and not accountable to, any person authorized to make decisions that are subject to appeal.
- h. The review official will make a determination based on information provided by the SO, the provider, and the laws and regulations governing the CNP.
- i. Within the established time frame, the review official's determination must be delivered to the provider and the SO.

- j. Participating providers may continue to operate under the Program during an appeal of proposed termination unless the action is based on imminent danger to the health or welfare of participants. If the provider has been terminated for this reason, the SO must specify this in its notice of action.
- k. The determination by the review official is the final administration determination to be afforded to the provider.
- l. Pursuant to the federal regulations, appeals will not be allowed on decisions made by FNS.

## 12. Suspension/Termination

**What Is Required: There is only one reason for suspending FDCHs. For an imminent threat to the health or safety of participants or the public. Because the law does not allow homes to be suspended for submitting false or fraudulent claims, there is no suspension review for homes.**

- Step 1: The sponsor discovers the imminent threat and immediately informs the health/safety licensing authority.
- Step 2: After informing the appropriate authority about the problem, the sponsor immediately sends a Notice of Suspension to the home that:
- Identifies all serious deficiencies that constitute the imminent threat.
  - Informs the home that its participation is suspended as of the date of the notice.
  - Allows no time for corrective action to the provider.
  - Proposes to terminate the home’s agreement for cause.
  - Proposes to disqualify the home and the provider.
  - Outlines the procedures for appealing the suspension, proposed termination, proposed disqualification, and the \_\_\_\_\_ - day time frame. (This appeal time frame is determined by the SO.)
- Step 3: The provider requests an appeal of the suspension/proposed termination and proposed disqualification.
- Step 4: The hearing is held, and a decision is rendered.
- Step 5: The sponsor informs the provider of the hearing decision.
- a. If the sponsor wins the appeal, the sponsor must send a Notice of Termination and Disqualification to the provider. The notice must inform the provider that:
    - The home’s agreement is terminated for cause.
    - The provider is disqualified and placed on the National Disqualified List.
  - b. If the sponsor loses the appeal, the sponsor must inform the provider that:
    - The home’s suspension ended on the date of the hearing decision.
    - The home’s agreement is not terminated.
    - The provider is not disqualified and can claim for eligible meals served during the suspension.
- Step 6: If the provider has been disqualified, the State agency adds the home to the State agency list as well as to the National Disqualified List.

# SPONSORING ORGANIZATION STAFFING

## DETERMINING STAFFING NEEDS

There are no required staff positions nor required types of positions that must be filled to supervise the CACFP. Staffing patterns will vary from SO to SO, depending on several factors. Some of these factors may include the number of FDCHs that have an agreement with the SO, the geographic boundaries of the SO, and the variety of other services the SO may offer.

An SO must have adequate staffing to perform all regulatory duties and functions. There should be adequate staffing to perform the following duties:

1. Recruit unserved providers. An SO must ensure that the current number of homes under agreement with the SO are manageable before recruiting new homes.
2. Conduct all required home preapproval visits and monitor reviews to providers in order to assess compliance with USDA regulations, Oklahoma policies, and SO policies, and to conduct any necessary follow-up visits.
3. Provide on-site technical assistance to providers in the areas of nutrition, CACFP record-keeping procedures, CACFP meal-pattern requirements, food safety, sanitation, and food preparation.
4. Evaluate and approve cycle menus submitted by providers.
5. Review all record-keeping forms submitted by the providers monthly for completeness and accuracy. Such record-keeping forms must include, but are not limited to: enrollment records, FSIA's, proof of income for verification, documentation of food items served, the number of meals served, attendance records, and CN labels or product formulation statements.
6. Consolidate provider claims into the claim submitted to the State agency. ***Ensure that the claim is true and correct.***
7. Prepare and distribute correct reimbursement checks/warrants to providers within five working days of receipt from the State agency.
8. Maintain an effective financial management and accounting system.
  - a. Prepare and maintain an approved budget.
  - b. Maintain copies of all claims and revised claims.
  - c. Document all expenses and income according to generally recognized accounting principles.
  - d. Document all Program personnel costs with time records.
  - e. Document all travel and mileage reimbursement.
  - f. Maintain copies of all audits, State agency reviews, and correspondence from the State agency.
9. Provide CACFP training to FDCH providers at least annually. Sponsors with a large geographic area should make training sessions accessible to all providers.
10. Provide annual training in CACFP regulations, Oklahoma policies, and SO policies and procedures to all SO personnel prior to performing duties. Training methods include conference/meeting style, one-on-one, online, or self-paced curriculum. Online and self-paced curriculum must include documentation, post-training, and benchmarks, e-mail



confirmation, questions and answers, and include sign-in/log-in records. Minimum training topics must include meal patterns, meal counts, claims submission & claim review process, record keeping requirements, reimbursement system, and civil rights.

11. Maintain Program files and records. Records should be legible and organized in an orderly and efficient manner. Sponsors must keep all Program records for three years in addition to the current fiscal year, except when pertaining to any serious deficiency and/or until any pending review or audit is resolved. Seriously Deficient records must be maintained on file for as long as program operations continue to operate.
12. Maintain daily office hours in order to be accessible to the providers, State agency, and USDA. (Example: 8 a.m. to 5 p.m.)

### Recommended CACFP Staff Positions/Job Descriptions

1. A job description should include:
  - a. General description
  - b. Minimum qualifications
  - c. Knowledge/Skills/Abilities
  - d. Examples of work performed
2. Individuals operating the CACFP for an SO may include full-time and part-time personnel. The following positions are typical for an Oklahoma CACFP SO. Example job descriptions may be found on the following pages. An SO must develop job descriptions specific or unique to its organization.
  - a. Executive Director
  - b. Coordinator
  - c. Home Monitor
    - (1) There are several positions within an SO that may have hours that contribute to the monitoring requirements. The following activities constitute the hours of *ANY* employee that could be used toward monitoring:
      - Planning and scheduling reviews
      - Preparation and review of files before conducting a review
      - Travel for monitoring purposes
      - Conducting the actual review
      - Technical assistance related to review findings
      - Follow-up activities, including review of corrective action and closure of the review
      - Parental contacts to verify provider's claim
      - Writing the review report
      - Supervisory review of monitoring
      - Training of monitors
      - Appeals related to review findings
      - Monthly claims edit checks or menu reviews
    - (2) The following activities *do not* constitute hours that could be used toward monitoring:
      - Processing payments
      - Enrollment paperwork
      - Reviewing provider applications and executing agreements with providers
      - Required annual training of providers, even if conducted during a home/center review
      - Outreach or recruitment

- Preapproval visits
  - Nonmonitoring-related technical assistance, supervision, and administration
  - Non-CACFP training and monitoring activities
- d. Secretary/Receptionist
  - e. CACFP Financial Officer/Accountant

## **RECOMMENDED STAFFING PATTERNS**

The caseload of a CACFP monitor may depend on several factors. Some of these factors are as follows:

1. Total responsibilities assigned to the monitor
2. Complexity of the home visits/reviews and required follow-ups
3. Geographic area monitored—rural versus metropolitan

SOs must employ an appropriate number of Program monitors as approved by the State agency in accordance with federal regulations. The average caseload for a monitor is approximately 68 for rural sites, 75 sites for urban areas, and 60 sites for rural areas. The Urban counties are Canadian, Cleveland, Comanche, Cotton, Creek, Garfield, Grady, Lincoln, Logan, McClain, Oklahoma, Okmulgee, Osage, Pawnee, Rogers, Sequoyah, Tulsa, and Wagoner. (Reference Public Law 106-224)

**EXAMPLE OF SPONSOR WITH INADEQUATE MONITORING STAFF RATIO**

**Monitor Staffing Ratio**

1. Full-Time Employees (FTE) Required for Number of Homes Served:		
a. Metro Counties Served	# Homes in County	<b>5</b>
<i>Tulsa</i>	<b>300</b>	
<i>Wagoner</i>	<b>75</b>	
	<b>300</b>	
Total Metro Homes = _____ ÷ 75 Metro Limit = _____ FTE		
b. Rural Counties Served	# Homes in County	
<i>Adair</i>	<b>5</b>	
<i>Muskogee</i>	<b>30</b>	
<i>Nowata</i>	<b>10</b>	
Total Rural Homes = <b>45</b> ÷ 60 Rural Limit = <b>.75</b> FTE		
c. Total FTE required to monitor homes = <b>5.75</b> FTE (a + b)		
2. FTE Devoted to Monitoring Activities:		
a. List Names of Monitoring Personnel	# Hours Per Week Spent on Monitoring Duties	<b>4.12</b>
<i>Mary Blue</i>	<b>30</b>	
<i>Bob Green</i>	<b>25</b>	
<i>Jane Yellow</i>	<b>25</b>	
<i>Sue Orange</i>	<b>25</b>	
<i>Lori Brown</i>	<b>30</b>	
<i>Barbara Black</i>	<b>30</b>	
b. Total hours spent on monitoring duties each week = <b>165</b> ÷ 40 hours per week = <b>4.12</b> FTE devoted to monitoring activities. The number of FTE devoted to monitoring duties must be equal to or exceed the total FTE required to monitor homes (1c). This sponsor is short 1.63 FTE and has an inadequate monitoring/staffing ratio.		
*Refers to only those activities listed on the previous page that may count as monitoring.		

# EXECUTIVE DIRECTOR

## General Description

This position manages the SO. This person is ultimately responsible and held accountable for all aspects of the SO.

## Minimum Qualifications

- Graduation from an accredited college or university with a bachelor's degree in business, social work, public administration, or a related field
- Experience in program management, staff supervision, and community services

## Knowledge/Skills/Abilities

- Ability to organize time, prioritize responsibilities, and accurately complete multitasks
- Skill in providing community services
- Ability to communicate with persons of diverse backgrounds
- Ability to interpret federal and state regulations

## Examples of Work Performed

- Provide overall management including proposal writing, staff recruitment, training and supervision, fiscal oversight, and accountability
- Ensure the SO is in compliance with federal and state regulations
- Communicate effectively with the agency board
- Develop a staff management
- Develop staff training programs for staff
- Develop cooperative working relationships with other agencies and professionals

# COORDINATOR

## General Description

Supervise FDCH monitors and CACFP office staff. Routinely evaluate the SO's procedures and effectiveness in administering the CACFP to FDCH providers. Ensure the SO is in compliance with all USDA CACFP regulations and Oklahoma policies. Provide leadership and direction to the SO's CACFP staff.

## Minimum Qualifications

- Graduation from an accredited college or university with a bachelor's degree in home economics, food and nutrition, child development, or social work
- Experience in child care, CACFP, teaching workshops, and Program administration

## Knowledge/Skills/Abilities

- Ability to communicate effectively with a variety of persons from diverse backgrounds
- Ability to work independently, organize time, prioritize responsibilities, and accurately complete multiple tasks
- Must be willing to perform necessary job-related travel
- Knowledge of USDA CACFP regulations and Oklahoma policies
- Knowledge of DHS licensing standards
- Must be able to supervise and evaluate the job performance of others
- Must be able to provide leadership and direction to home monitors

## Examples of Work Performance

- Supervise monitors and office staff
- Assist in hiring, training, evaluating, supporting, and when necessary, terminating staff
- Assist in developing or revising SO policies and procedures
- Ensure SO policies and procedures are followed
- Develop specific methods and systems to monitor the implementation of CACFP
- Assign appropriate caseloads to monitors
- Identify potential problems or areas that need to be strengthened
- Oversee provider menu and claim review process, provider application, child CACFP enrollment, tiering determination, and income-eligibility documentation
- Assist in developing and implementing staff training
- Assist in developing and implementing provider training
- Evaluate the effectiveness of the SO's staff and provider training
- Develop and maintain positive relationships with local and state agencies involved in child care
- Develop and maintain positive relationships with FDCH providers
- Complete the SO's annual application and agreement with the State agency to participate in the CACFP
- Represent the SO at professional meetings, state and national conferences
- Prepare for and assist with independent audits and State agency reviews

# HOME MONITOR

## General Description

Recruit and monitor FDCH providers participating in the CACFP. Enforce USDA regulations, Oklahoma CACFP policies, and SO policies. Review provider records for compliance and accuracy. Provide training and technical assistance to FDCH providers.

## Minimum Qualifications

- Education or specialized training in home economics, child development, nutrition, social work, or a related field
- Experience in child care, nutrition, social work, or a related field

## Knowledge/Skills/Abilities

- Ability to communicate effectively with persons from disparate backgrounds
- Ability to work independently, organize time, prioritize responsibilities, and accurately complete multiple tasks
- Knowledge of USDA CACFP regulations, Oklahoma policies, and SO policies
- Knowledge of DHS licensing standards
- Must be willing to perform necessary job-related travel

## Examples of Work Performed

- Recruit, enroll, and train providers in the CACFP
- Interpret USDA regulations, Oklahoma policies, and SO policies for FDCH providers
- Schedule, carry out, and document required home reviews and appropriate follow-up reviews
- Maintain positive relationships with child care providers
- Foster professionalism and quality in family day care
- With the assistance of coworkers, plan and conduct training for FDCH providers
- Participate in state-sponsored workshops and professional conferences to keep abreast of regulatory changes
- Review provider cycle menus and meal service record-keeping forms for compliance with CACFP meal pattern requirements
- Review provider attendance records for compliance with CACFP regulations and initiate parental contacts when necessary
- Cross-check attendance records with enrollment forms, tiering and income-eligibility records, and monitor review reports to ensure compliance
- Make serious deficiency determination of providers when necessary
- Provide claim information to the bookkeeper to process provider monthly CACFP reimbursement
- Maintain complete, accurate, and up-to-date files on all assigned providers
- Prepare for and assist with independent audits and State agency reviews

# SECRETARY/RECEPTIONIST

## General Description

Answer telephones, route calls, take messages, and answer basic questions. Type all correspondence and reports.

## Minimum Qualifications

- Successful experience in general office procedures.
- Training in a variety of computer software applications.

## Knowledge/Skills/Abilities

- Computer literate and familiar with the SO's computer hardware and software
- Ability to learn new processes and procedures and follow-through with assignments
- Ability to communicate effectively in writing, on the phone, and in person with a variety of individuals
- Ability to work independently, organize time, and accurately complete multiple tasks required

## Examples of Work Performed

- Answer telephones, route all calls, and take messages for staff
- Effectively answer basic questions and direct callers to appropriate resources
- Accurately type all correspondence, reports, and educational materials and proposals
- Maintain an up-to-date filing system of records
- Purchase needed office supplies
- Maintain an inventory of office supplies and equipment
- Participate in training as requested by employer

# FINANCIAL OFFICER/ACCOUNTANT

## General Description

Responsible for all of the financial aspects of operating the SO. Assist in developing the SO's budget and any budget revisions. Maintain documentation of all administrative costs. Process all staff payroll and other SO expenditures.

## Minimum Qualifications

- Specialized training in accounting or a related area.
- Experience as a bookkeeper with direct responsibility for developing and maintaining an accounting system
- Training or experience in accounting computer software application

## Knowledge/Skills/Abilities

- Ability to learn the fiscal requirements
- Computer literate and familiar with the SO's computer hardware and software
- Ability to work independently, organize time, and accurately complete multiple tasks

## Examples of Work Performed

- Develop and maintain an accounting system based on generally accepted accounting principles
- Develop an annual CACFP budget with assistance from the director and make budget revisions when necessary
- Prepare accurate monthly worksheets of income and expenditures for the director
- Maintain adequate documentation on all administrative costs
- Process checks for all expenditures
- Reconcile all bank records
- Prepare for and assist with independent audits



# CIVIL RIGHTS

# CIVIL RIGHTS

United States Department of Agriculture (USDA)/Food and Nutrition Service (FNS) Instruction 113-1 (dated 11/8/05) delineates the civil rights requirements for participants in the Child and Adult Care Food Program (CACFP).

## A. Public Information Responsibilities

1. Ensure that all forms of communication and printed program information distributed include the following ***nondiscrimination statement***.

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, audiotape, 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 institution is an equal opportunity provider.

If material is too small to permit the full statement, ***this institution is an equal opportunity provider*** will be included at a minimum in print size **no smaller than the text**.

***Example: If the document was typed in 12 point font, "This institution is an equal opportunity provider" must be in 12 point font or higher.***

2. Inform parents or guardians of children in sites participating in the CACFP, as well as local minority and grassroots organizations, 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.
3. Display in a prominent place (where meals are served) the nondiscrimination poster developed by USDA. The poster is required to measure 11 by 17 inches.
4. Make available to the public, and to participants and potential participants upon request, information about program requirements and the procedures for filing a complaint in English and/or in the appropriate translation to non-English-speaking persons.

#### B. Data Collection

1. Develop a method for collection of data. Methods include determination voluntary self-identification by an applicant on the Family-Size and Income Application (FSIA) or any other way the institution can collect information from the family.
2. Maintain information on file for three years plus current year.
3. Establish procedures to ensure that the information is made available only to authorized state and federal personnel during reviews or as part of federal- or state-approved surveys.

#### C. Civil Rights Complaints

1. All written or verbal complaints alleging discrimination 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 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 USDA, shall be processed within 90 days upon receipt in the manner prescribed by this instruction. (Not all bases apply to all programs.)
2. The Office of Minority Affairs (OMA) has been delegated the authority to determine the manner in which all civil rights complaints, investigations, preliminary inquiries, and compliance reviews are to be handled. Regardless of the administrative or operational level of the CACFP where a civil rights complaint is filed, it must be forwarded in accordance with Item D2 (on the next page) to the Director, Civil Rights (CR) Division, for submission to the OMA. The OMA will prepare and issue letters of acknowledgment to the complainant(s).
3. A preliminary inquiry or an investigation will be conducted on all valid complaints to substantiate or refute allegations.

#### D. Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, retaliation and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint **within 180 days** of the alleged discriminatory action. Under special circumstances, this time limit may be extended by OMA. (Not all bases apply to all programs.)
2. **Acceptance:** All complaints must be in writing and signed by the complainant. All complaints shall be accepted by the CACFP institution, Oklahoma State Department of Education (the *State agency*), or Food and Nutrition Service Regional Office (FNSRO). The complaints will be forwarded to the FNSRO (as applicable) and then forwarded at once to the CR Division. 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. Please see a Civil Rights Complaint Form on **page 53-54**. The person who has allegedly been discriminated against must complete and sign.



## INSTRUCTIONS

**PURPOSE:** This form may be used if you believe you have experienced discrimination in any USDA program or activity, and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from public assistance program and political beliefs. If you need assistance filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative.

We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the process of your complaint

**FILING DEADLINE:** A program discrimination complaint must be filed within 180 days from the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period;
2. You were seriously ill or incapacitated; or
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

**USDA POLICY:** Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

**OFFICE LOCATION WHERE DISCRIMINATION OCCURED:** List the location and/or address of the office where discrimination occurred. If not known, this part of the form can be left blank.

**WHERE TO FILE YOUR COMPLAINT: You may submit your completed form or letter to USDA by:**

**Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence, Ave, SW, STOP 9410, Washington, DC 20250-9410;  
**Fax:** 1 (833) 256-1665 or (202) 690-7442; or  
**e-Mail:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

You may also visit our [website](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

## LEGAL INFORMATION

**CONSENT:** This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974 (5 U.S.C. §552a), and is used to solicit information for processing complaints of discrimination. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (OASCR) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint, the information collected during the investigation will be used to process your program discrimination complaint.

**REPRISAL (RETALIATION) PROHIBITED:** No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.

## PRIVACY ACT STATEMENT ( 5 U.S.C. § 552a)

**AUTHORITIES:** Collection of this information is authorized by Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d); and Sections 504 and 508 of the Rehabilitation Act of 1973 (29 U.S.C. §§ 790-790f) and any other anti-discrimination statutes, rules and regulations.

**PURPOSE:** The information solicited on this form is used for processing complaints of discrimination under the statutes listed in the "Authorities" section of this notice. Any information obtained from this form will be maintained in our system of record.

**ROUTINE USES:** To respond to requests from individuals and agencies outside the Department (*such as the White House, Congress, and the Equal Employment Opportunity Commission*) regarding the status of a complaint. More information on the routine uses for the system can be found in the System of Records Notice USDA-2021-0007 records maintained by the OASCR.

**DISCLOSURE:** Providing this information is voluntary. Failure to complete this form may lead to a delay in processing of the complaint or rejection of the complaint due to an inadequate information to continue processing.

## PAPERWORK REDUCTION ACT STATEMENT

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to process it fully. The Office of the Assistant Secretary for Civil Rights will use the information to process your discrimination complaint.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know, and will be protected from public disclosure pursuant to the provisions of the Privacy Act, (5 U.S.C. § 552a(b)). The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to the U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, Mail Stop 9410, Washington, DC 20250. An agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. **The OMB Control Number for this form is 0508-0002.**

# FINANCIAL RECORD KEEPING

# EXPENDITURE WORKSHEET INSTRUCTIONS

The Expenditure Worksheet is a summary report of all allowable CACFP administrative costs incurred during the month. All administrative costs recorded on the Expenditure Worksheet must be further supported by appropriate documentation (i.e., receipts/invoices, payroll records, canceled checks). In addition, all costs reported must be approved on the SO's administrative budget.

**Month and Year:** Record the month and year during which the costs were incurred in the upper right-hand corner.

For each expenditure:

**Date:** Record the date the specific cost was incurred.

**Item Entry:** Record the name of the vendor or the first and last names of personnel receiving payment.

**Check Number:** Record the number of the check issued.

**Page Columns 1- :** Record the amount of the expenditure under the appropriate columns. Total each column.





## CLAIM FOR REIMBURSEMENT INSTRUCTIONS

Claims are to be submitted and certified no later than the *fifteenth of the month following the month covered by the claim for reimbursement*. Normally, the State agency will process any certified claims on Tuesday, excluding the last week of the month.

Sponsors must report their total administrative expenses each month so that an end-of-year reconciliation can be done at the end of the fiscal year by the State agency. Sponsors must submit an end-of-year Reconciliation Report after finalizing total Administrative Expenses.

***NOTE: Sponsors may choose to decline administrative reimbursement for any given month by checking the appropriate box.***

# OKLAHOMA STATE DEPARTMENT OF EDUCATION

Child Nutrition—Child & Adult Care Food Program (CACFP)

## CACFP Home Sponsor Program—Claim Summary

H-00-00—Name of Sponsor

### Home Sponsor Claim Data

Claim Date			
Claim Month			
Claim Year			
Number of Days in Operation			
Number of Homes	Tier 1	Tier 2	Mixed

Meal Counts	Tier I	Tier II-L	Tier II-H
Number of Breakfast			
Number of Lunches			
Number of Suppers			
Number of Supplements			
Average Daily Attendance	Tier I	Tier 2	Mixed
Tier I Total			
Tier II-L Total			
Tier II-H Total			
Calculated Admin Amount			
Actual Administrative Cost			
Sponsor declines administrative payment for this month	<input type="checkbox"/>		
Admin Amount Paid			
Subtotal			
Year to Date Actual Cost			
Year to Date Admin Paid			
Advanced Amount			
Balance Due			
Payment Plan Amount			
Previous Claim Amount			
Amount Paid			
Date Signed			

Comments

Submitted by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_ Certify

Print Claim Summary
Return to Site Claims
Print Disbursement
Print Site Summary

# CLAIM DOCUMENTATION—MEAL COUNTS BY PROVIDER INSTRUCTIONS

MONTH: Record the month of the claim.

SPONSORING ORGANIZATION: Record the name of the sponsor.

AGREEMENT NUMBER: Record the agreement number for the sponsoring organization.

1. Record the tiering status of provider.
2. Record the provider number.
3. List each name of provider.
4. Tier level of meals.
5. Report meals served to children in the correct tiering level by column and row.
6. Record the number of enrolled children by provider for the month. (This is not licensed capacity.)
7. Report the Average Daily Attendance (ADA) for each provider. ADA is computed for each home by adding the daily attendance for the month and dividing that total by the number of days of operation during the same month.
8. Record the number of days in operation for each provider for the month.

**Note:** This form must be maintained for each claim month. Sponsors may use a different form or method to compile the claim information with prior approval.

*EXAMPLE*

## CLAIM DOCUMENTATION—MEAL COUNTS BY PROVIDER

*Use this form to complete the claim for reimbursement*

Month: OCTOBER 20 YYYY Sponsoring Organization: Big Bucks Community Action  
 Agreement Number: H-90-01

**Complete and maintain on file at the office of the SO with the claim for reimbursement. List only the names of the providers claiming for the month.**

1	2	3	4	5					6	7	8		
				TIER LEVEL OF MEALS	BREAK-FASTS	AM SNACKS	LUNCHES	PM SNACKS				SUPPERS	LATE SNACKS
I	173	PANTS	Tier 1 (Same as Tier II Higher)	20	0	24	24	0	0	0	3	2	10
			Tier 2 (Same as Tier II Lower)	0	0	0	0	0	0	0	0	0	0
II-H	12	JONES	Tier 1 (Same as Tier II Higher)	14	0	16	16	0	0	0	1	1	16
			Tier 2 (Same as Tier II Lower)	0	0	0	0	0	0	0	0	0	0
I	128	GOLD	Tier 1 (Same as Tier II Higher)	18	0	20	20	0	0	0	2	1	20
			Tier 2 (Same as Tier II Lower)	0	0	0	0	0	0	0	0	0	0
II-M	26	LINDSAY	Tier 1 (Same as Tier II Higher)	12	87	51	0	0	0	0	3	3	22
			Tier 2 (Same as Tier II Lower)	18	18	17	0	0	0	0	1	1	22
			Tier 1 (Same as Tier II Higher)										
			Tier 2 (Same as Tier II Lower)										

I = Tier I home that receives Tier I reimbursement rates. II-L = Tier II-Lower Tier II home that receives all Tier II reimbursement rates  
 II-H = Tier II-Higher Tier II home that receives all Tier I reimbursement rates. \*II-M = Tier II-Mixed Tier II home that receives both Tier I and Tier II reimbursement rates.

## **PAYMENT NOTICE**

Once a claim for reimbursement has been filed by the sponsor and processed by the State agency, the reimbursement will be automatically deposited in the sponsor's bank.

A payment notice will be sent electronically to the sponsor, informing the sponsor of the amount of the deposit and the date of the deposit.

The sponsor can locate a copy of the Payment Notice reflecting the electronic deposit of the reimbursement at the bottom of the *Claim Summary* page on the FDCH Web site.

*EXAMPLE*  
STATE DEPARTMENT OF EDUCATION  
2500 N Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599

PAYMENT NOTICE

PAYMENT OF FEDERAL CHILD NUTRITION FUNDS

TO: Institution Name

000 00 0000 Institution Name  
(FEI Number)

Agreement No.: H-90-01

FROM: STATE DEPARTMENT OF EDUCATION CHILD NUTRITION PROGRAMS

The following payment(s) was(were) electronically deposited in your account on November 14, YYYY:

WARRANT NO.	\$ AMOUNT	APPORTIONMENT OF TITLE
0000000000	\$	Child and Adult Care Food Program
REV. CODE	CFDA NO.	PROJ CODE
0000	10.5580001	769

TO REIMBURSE PROGRAM CODE 700/FY-YYYY

AWARD NAME: U.S. Department of Agriculture—CNP Block Consolidated  
AWARD NUMBER: 60K300329

Funds to the above agency for reimbursement claimed for October YYYY.

These funds should be deposited to the credit of the Child Nutrition Programs. These funds shall be accounted for in a manner that will make all expenditures clearly identifiable.

Very truly yours,

STATE SUPERINTENDENT  
OF PUBLIC INSTRUCTION

*If you have any questions concerning this payment, please contact Child Nutrition Programs at 405-521-3327.*

## **PAYMENT VOUCHER/DISBURSEMENT RECORD INSTRUCTIONS**

Provider's Name:	Record the provider's name.
Mailing Address:	Record the provider's mailing address.
Home Agreement Number:	Record the provider's home agreement number.
Month/Year of Claim:	Record the month being claimed for reimbursement.
Date Paid:	Record the date the provider's warrant is issued.
Check Number:	Record the warrant/check number of the provider's reimbursement check.

### Reimbursement Due:

- Record the total number of Tier I and Tier II meals served at each meal service during the month.
- Multiply the total number of meals for each meal service by the Tier I or Tier II reimbursement rate currently established.
- Record the total reimbursement for each meal service.
- Total the allowable Tier I and Tier II reimbursement.
- Add together the total allowable Tier I and Tier II reimbursement to get the total reimbursement to be paid to the provider.

Date: The CACFP program specialist must date the form to indicate that the payment voucher is correct.

Claims Adjustment: Indicate the reason for any adjustments made to the provider's initial claim. When meals are disallowed, the SO must indicate the reason. Determine the percentage of meals claimed in error. If the error rate is 25 percent or more, the provider must be declared seriously deficient.



**EXAMPLE**

**PAYMENT VOUCHER/DISBURSEMENT RECORD**

Provider's Name:	MARTHA LINDSAY	Home Agreement Number:	26
Mailing Address:	100 SUNNYLANE	Month/Year of Claim:	OCTOBER YYYY
	BIG HILL OK 71234	Date Mailed/Paid:	11/14/YYYY
		Check Number:	410

<b>Reimbursement Due:</b>					
Total Number of <b>Tier I</b> Meals Served:					
Breakfast	12	x \$	1.39	= \$	16.68
Lunch	12	x \$	2.61	= \$	31.32
Supper	0	x \$		= \$	
Snacks	13	x \$	.78	= \$	10.14
Total Allowable <b>Tier I</b> Reimbursement					\$58.14

Total Number of <b>Tier II</b> Meals Served:					
Breakfast	18	x \$	.50	= \$	9.00
Lunch	17	x \$	1.58	= \$	26.86
Supper	0	x \$		= \$	
Snacks	18	x \$	.21	= \$	3.78
Total Allowable <b>Tier II</b> Reimbursement					\$ 39.64

<b>TOTAL REIMBURSEMENT PAID</b>	\$ 97.78
---------------------------------	----------

<b>Payment Approved by:</b>					
Sponsor Representative:		JENNIFER JONES			
Date:		11/05/YYYY			
		÷		=	%
Total Meals Disallowed			Total Meals Claimed		Percentage of Meals Claimed in Error*
Claim Adjustment:					

\*If the error rate is 25 percent or more, the provider must be declared seriously deficient.

This is in a header so that it will show up on each page automatically. To type in the field, just double click in this area.

Agreement #: H-00-01

Sponsor Name: CACFP

## Claims Revision Form

Claim Month: April 2016

Provider: Junie B Jones Amount: \$94.60

Provider: Patty Provider Amount: \$13.20

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

(Use another form if more spaces needed)

Total Revision:

<u>\$107.80</u>	Operating
<u>\$0.00</u>	Administrative
<u>\$107.80</u>	Total

This form is designed for you to be able to enter the info electronically more easily without the spacing changing and getting messed up, but you can always print the blank form and handwrite the info.

Nothing has really changed about this form except the format. All the same information is required as before. The only addition that I have made is the provider tier.

Agreement #: H-00-01

Sponsor Name: CACFP

Provider Name: Junie Jones

Provider Site Number: 001

Provider Tier: I

Each provider will need a table. Hopefully this will make revisions less tedious. Notice that some of the boxes say N/A. They are pre-marked N/A on the blank form for you.

Item	Previous Claim	Revised Claim	\$ amount of change	Correct total
Number of days claimed	21	21	N/A	N/A
Breakfast	249	270	\$27.72	\$356.40
AM Snack	0	0	0	0
Lunch	234	255	\$52.08	\$632.40
PM Snack	228	248	\$14.80	\$183.52
Supper	0	0	0	0
Late Snack	0	0	0	0
Total operating revision	N/A	N/A	\$94.60	\$1172.32

Reason for Revision: received enrollment forms for child

Provider Name: Patty Provider

Provider Site Number: 777

Provider Tier: I

In the blank form, I've included 4 tables, should you need more, simply highlight this area, right click & select copy. Then go to your "Insert" tab & select "Blank Page". This will give you a new page. Go to that page, right click & select the first paste option (looks like a clipboard with a paintbrush). You can do this as many times as you need! Or if you handwrite these forms, just print several to keep on hand!

Item	Previous Claim	Revised Claim	\$ amount of change	Correct total
Number of days claimed	21	21	N/A	N/A
Breakfast	73	83	\$13.20	\$56.64
AM Snack	0	0	0	0
Lunch	96	96	0	\$145.96
PM Snack	147	147	0	0
Supper	0	0	0	\$52.08
Late Snack	0	0	0	0
Total operating revision	N/A	N/A	\$13.20	\$254.68

Reason for Revision: received enrollment forms for child

# Budget Revision Justification Form

## Instructions

Any time the institution needs to make a revision to their online budget, this form must be completed and sent to your Program Specialist.

***Instructions:***

Enter Date

Enter Institution Name

Enter Institution Agreement Number

Enter the month and year the budget it to be amended.

**Three budget revision justifications can be made on each form.**

***Instructions:***

Enter the budget line-item number found in the online application and the type of expense being revised

Enter the current amount listed in the budget

Enter the new budget amount the institution

Give an explanation of why the center is revising the budget.

The institution has **60 calendar days** following the last day of the claim month. This date may change depending on the number of days in February.

Below is the claim and the final date that it may be submitted.

Based on 28 Days in February		Based on 29 Days in February	
January Claim	April 1st	January Claim	March 31st
February Claim	April 29th	February Claim	April 29th
March Claim	May 30th	March Claim	May 30th
April Claim	June 29th	April Claim	June 29th
May Claim	July 30th	May Claim	July 30th
June Claim	August 29th	June Claim	August 29th
July Claim	September 29th	July Claim	September 20th
August Claim	October 30th	August Claim	October 30th
September Claim	November 29th	September Claim	November 29th
October Claim	December 30th	October Claim	December 30th
November Claim	January 29th	November Claim	January 29th
December Claim	March 1st	December Claim	February 29th

# Budget Revision Justification Form

Date: April 10, XXXX

Institution Name: TOYS & NOISE DAY CARE

Agreement Number DC-XX-1234

Budget Amendment Justification Month and Year: APRIL 20XX

**NOTE:** Budget amendments can only be effective beginning the first of the month in which the amendment is received. Example: A budget amendment received on October 25 can be effective on October 1.

Budget Line-Item Number/Type of Expense: #3: Food Service Salaries

Original projected amount: \$15,000

Adjusted projected amount: \$20,000

Justification Explanation:

The cook was given a raise.

Budget Line-Item Number/Type of Expense: \_\_\_\_\_

Original projected amount: \_\_\_\_\_

Adjusted projected amount: \_\_\_\_\_

Justification Explanation:

Budget Line-Item Number/Type of Expense: \_\_\_\_\_

Original projected amount: \_\_\_\_\_

Adjusted projected amount: \_\_\_\_\_

Justification Explanation:

# Notes

# PROCUREMENT

## PROCUREMENT PROCEDURES AND PRACTICES

- A. The primary purpose of procurement is to assure that open and free competition exists to the maximum extent possible. The procurement procedures practiced by an institution must not restrict or eliminate competition. For example, descriptions of goods, equipment, or services to be procured should not contain features that unduly restrict competition. ***A person (contractor or vendor) who develops or drafts specifications, requirements, statements of work, Invitations to Bid (IFB), Requests for Proposal (RFP), contract terms and conditions, or other documents for use by a grantee or subgrantee conducting procurement under the United States Department of Agriculture (USDA) entitlement programs shall be excluded from competing for such procurements.*** (Reference 2 CFR 200.318[a])

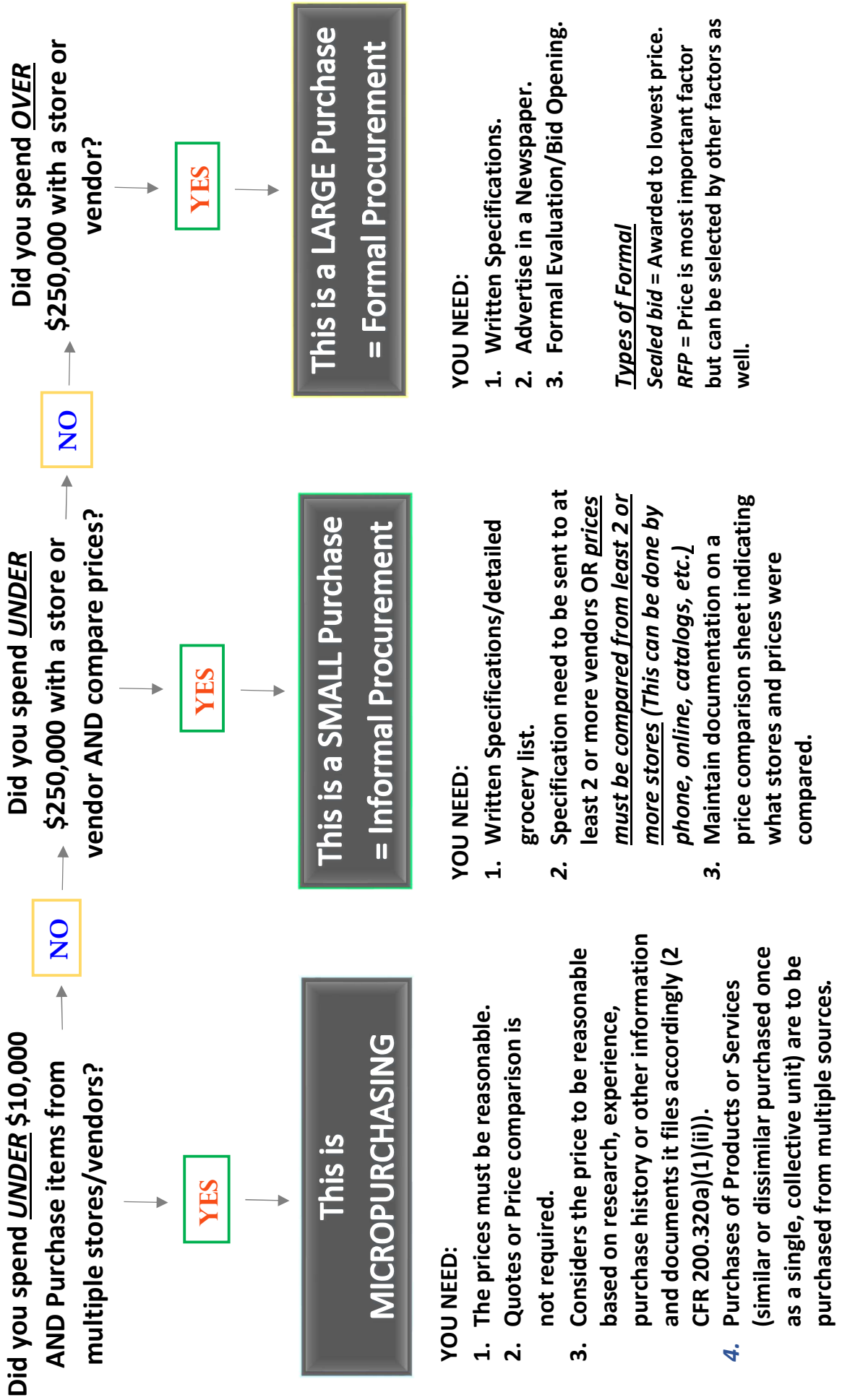
Competition helps assure that goods, equipment, and services will be obtained at the lowest possible cost. All procurements must be obtained through competition. The actual type of procurement method used is of secondary importance. Of primary importance is that open and free competition exists when purchases are made. Each Institution must have protest procedures in place to handle any protest a district may receive concerning its procurement practices.

***NOTE: Institutions cannot divide purchases to fall below simplified acquisition threshold to avoid formal procurement methods.***



# TYPES OF PROCUREMENT

*Procurement Thresholds depend upon the intuitions Procurement Plan*



## PROCUREMENT PLAN

Each Sponsor shall have on file a written procurement plan on file. The procurement plan identifies the Sponsor's policies for purchasing goods, equipment, and services related to the CNP. In addition, the plan documents the various methods of procurement procedures being practiced.

The procurement plan provides justification for using a certain procurement method to obtain an item. The scope of the plan is determined by the Sponsor. If procurement is decentralized, the plan may apply to all sites responsible for purchasing or each institution every year. However, an annual review of the approved plan is suggested to assure its relevance to current procedures. An example of a procurement plan is on **pages 79-86**.

### A. Allowable Procurement Practices

1. Obtaining publicly available information such as:
  - a. Product brochures, product specification handouts, etc.
  - b. Information obtained from the Internet.
  - c. Information/recommendations obtained from other food service personnel.
  - d. Information obtained by visiting food service operations, industry and professional trade shows.
  - e. Trade journal information.
2. Obtaining information from manufacturers and distributors, including:
  - a. Recommendations of one product versus another product.
  - b. Features that make one product different from another.
  - c. The price for the product.
  - d. The price for specific features.
  - e. The model number, make, and manufacturer of products that may be acceptable.
  - f. Specification sheets and product information handouts

### B. Unallowable Procurement Practices

1. For cost plus fee contracts, Sponsors are prohibited from using nonprofit Child Nutrition funds to pay any amount above net allowable costs, computed by deducting certain rebates, discounts, and other credits.
2. For cost plus fee contracts, contractors are required to identify appropriate information to permit Sponsors to identify allowable and unallowable costs and the amount of all such discounts, rebates, and credits on invoices and bills presented for payments.

3. Allowing a potential contractor to write the bid or proposal terms, product specifications, procurement procedures, or contract terms.
4. Placing unreasonable requirements on firms.
5. Allowing a potential contractor to evaluate bids or proposals submitted by competitors.
6. Delegating bid/proposal acceptance or recommendation for acceptance to a potential contractor competing on the procurement.
7. Allowing a potential contractor access to sealed bid information before the bids are publicly opened.
8. Disclosing the content of proposal offers submitted by others to a potential supplier prior to the supplier submitting an offer.
9. Negotiating under the formal advertising method (sealed bid) of procurement.
10. Accepting nonresponsive bids or offers.
11. Cost-plus-a-percentage-of-cost method of procurement is prohibited.

#### C. Code of Conduct

The local Sponsor must maintain a written code or standard of conduct that governs the performance of its officers, employees, or agents who are engaged in the award and administration of contracts supported by program funds.

## PROCUREMENT CHECKLIST

Use this checklist when preparing solicitation documents, conducting informal and formal procurements, evaluating bids and proposals and executing contracts that involve the use of Child Nutrition Programs. (This checklist may or may not be applicable to all purchasing processes.)

<b>Procurement Plan</b>	<input type="checkbox"/> Written procurement plan <input type="checkbox"/> Authorized purchaser(s) specified <input type="checkbox"/> Detailed procurement methods to be used (Micropurchasing, Small Purchase, IFB, RFP, noncompetitive negotiation), including detailed procedures for each purchasing method along with thresholds for each method used <input type="checkbox"/> Award method clearly described (i.e., line item, bottom line) <input type="checkbox"/> Vendor notification notified of award/nonaward of contract <input type="checkbox"/> Code of ethics/conflict of interest policy <input type="checkbox"/> Other state/local requirements
<b>Procurement Procedures</b>	<input type="checkbox"/> Letter of invitation <input type="checkbox"/> Advertisement procedures <input type="checkbox"/> Intent of procurement activity <input type="checkbox"/> Contract time period <input type="checkbox"/> Bid/proposal/quote submission procedures (i.e., sealed bid, written specifications) <input type="checkbox"/> Prebid/proposal meeting date/time/location (if applicable) <input type="checkbox"/> Bid opening date/time/location; proposal opening procedures <input type="checkbox"/> Contact information <input type="checkbox"/> Civil Rights statement <input type="checkbox"/> Other state/local requirements
<b>Terms and Conditions</b>	<input type="checkbox"/> Certification regarding disclosure of lobbying (\$100,000+) <input type="checkbox"/> Debarment/suspension certification form (\$25,000+) <input type="checkbox"/> Noncollusion statement <input type="checkbox"/> Assurance of ethical practices <input type="checkbox"/> Escalation/de-escalation clause <input type="checkbox"/> Price determination statement (fixed, fixed with firm price for delivery, etc.) <input type="checkbox"/> Contract extension or <i>roll-over</i> clause if warranted <input type="checkbox"/> Bid/proposal protest procedures <input type="checkbox"/> Remedy for nonperformance/termination of contract <input type="checkbox"/> HUB statement to involve minority business where possible <input type="checkbox"/> <i>Equal Employment Opportunity</i> compliance statement <input type="checkbox"/> Energy Policy and Conservation Act statement <input type="checkbox"/> Clean Air/Water Act statement <input type="checkbox"/> Civil Rights Act statement <input type="checkbox"/> Return of discounts, credits, and rebates to SFA statement <input type="checkbox"/> Record retention and record access requirements (records maintained for three years from final payment of contract and/or renewal; all base solicitations must be maintained for three years after the final payment on the contract)

<b>Terms and Conditions continued</b>	<ul style="list-style-type: none"> <li>_____ Method of shipment/delivery requirements</li> <li>_____ Method of payment invoices, statements, etc.</li> <li>_____ Purchase instrument to be used and how vendor will receive purchase orders</li> <li>_____ Bid certification form</li> <li>_____ Specifications that are sufficiently detailed to get what is needed but not so specific as to restrict competition</li> <li>_____ Product specifications (approved brand and/or equivalent)</li> <li>_____ Quantity</li> <li>_____ Quality</li> <li>_____ Packaging</li> <li>_____ Pricing (unit and extended)</li> <li>_____ Procedures for documenting/preapproving any substitutions and/or deviations</li> <li>_____ Other state/local requirements</li> </ul>
<b>Documentation and records</b>	<ul style="list-style-type: none"> <li>_____ All IFBs/RFPs/RFQs with appropriate documentation and signatures of authorized purchasers maintained on the original solicitations</li> <li>_____ Comparison charts to document procurement decisions and contract awards</li> <li>_____ Record of public bid openings and/or proposal openings if proposals will be publicly opened</li> <li>_____ Copies of contract award/nonaward letters</li> <li>_____ Copies of advertisements for solicitation of goods/services</li> <li>_____ Determination/document action of correct procurement method used</li> <li>_____ Evaluation of escalation/de-escalation clause</li> <li>_____ Evaluation of contract extension/amendment (roll-over clause)</li> <li>_____ Evaluation/documentation of contract renegotiations/changes to original contract at the timelines and under the same conditions specified in the original solicitation document</li> <li>_____ Evaluation of return of discounts, credits, and rebates (as applicable), and detailed procedure indicating how/when the discounts, rebates, and credits would be assigned to the SFA by the contractor</li> <li>_____ Evaluation of whether procurement methods/activities are consistent with the SFA's approved written procurement plan where/how all documents pertaining to the solicitation and contract/contract amendments will be maintained</li> <li>_____ Noncompetitive purchases (sole source, emergency, etc.) are approximately documented and have received approval from state agency or governing board prior to award, including purchases through means of <i>piggybacking</i> onto another SFA's solicitation document</li> <li>_____ Invoices/payments for items purchased with school nutrition funds</li> <li>_____ Documentation of any contractor performance or breach of contract from vendors</li> <li>_____ Other state/local requirements</li> </ul>

**Product Specifications** must be developed for both Small Purchase and Formal Procurement.

Specifications must:

- √ Be written to be clear and understandable.
- √ Use terms identifiable in the market place.
- √ Be capable of being met by several bidders.
- √ Should not be written by the vendor—do not accept price printouts.

**Solicitation Letter** must be included with product specifications and should include:

- √ Institution letterhead
- √ Date on letter
- √ Specifications to be attached
- √ Method of response and evaluation
- √ Deadline to submit their bid
- √ Termination for cause
- √ Any special conditions; i.e., delivery time and place, HACCP, substitutions

**SPECIFICATIONS**

Item Description	Product Specification	Bid Unit	Pack Size/ Quantity	Price	Comments
<i>Copy Paper</i>	<i>8x10 White</i>	<i>Case of 10 reams</i>	<i>4 cases</i>		
<i>Pens</i>	<i>Blue ink, Ball Point, Medium</i>	<i>Box</i>	<i>2 boxes</i>		

EXAMPLE

**SPECIFICATIONS**

<b>Item Description</b>	<b>Product Specification</b>	<b>Bid Unit</b>	<b>Pack Size/ Quantity</b>	<b>Price</b>	<b>Comments</b>



## SECTION I - PROCUREMENT PLAN GENERAL REQUIREMENTS

The \_\_\_\_\_ plan for procuring items for use in the Child Nutrition Program is as follows:

1. The procurement plan provides for free and open competition, transparency in transactions, comparability, and documentation of all procurement activities.
2. The following **Code of Conduct** will be expected of all persons who are engaged in the awarding and administration of contracts supported by Child Nutrition reimbursement funds. These written standards of conduct include:
  - a. No employee, officer, or agent shall purchase or establish a contract if a conflict of interest, real or apparent, would be involved. Conflicts of interest arise when one of the following has a financial or other interest in the firm selected for the award:
    - i. The employee, officer, or agent;
    - ii. Any member of the immediate family;
    - iii. His or her partner;
    - iv. An organization which employs or is about to employ one of the above.
  - b. Employees, officers, or agents shall neither solicit nor accept gratuities, favors, or anything of monetary value from contractors, potential contractors, or parties to sub-agreements.
  - c. The purchase of any item or service from a contractor for individual use is prohibited.
  - d. No item purchased with nonprofit child nutrition funds will be removed from the premises by personnel.
  - e. Penalties for violation of the standards of code of conduct of the (Sponsor) Child Nutrition Program (CNP) should be:
    - i. Reprimand by Board
    - ii. Dismissal by Board
    - iii. Any legal action necessary
3. Regardless of procurement method, the following factors will be determined regarding the allowable costs:
  - a. Be necessary and reasonable for proper and efficient administration of the program(s)
  - b. Be allocable to federal awards applicable to the administration of the programs(s)
  - c. Be authorized and not prohibited under state and local laws
4. Purchasing will be conducted at the most restrictive procurement threshold:

	Federal Procurement Thresholds	Sponsor Procurement Thresholds (enter)
Micro-purchasing	Less than \$10,000	
Equipment	Over \$5,000	
Small/Informal	Less than \$250,000	
Formal	Greater than \$250,000	

5. All staff conducting purchasing will be trained on the procurement procedures.
6. All purchasing records will be maintained no less than the current year plus 3 additional years.

## 7. **Geographical Preference**

The use of statutorily or administratively imposed in-state or local geographic preferences for procurements under USDA entitlement programs is prohibited, except for unprocessed locally grown or locally raised agricultural products. The Food, Conservation, and Energy Act of 2008 (Public Law 110-246, Section 4302), amended Section 9(j) of the National School Lunch Act (NSLA) to allow institutions receiving funds through CNP to apply a geographic preference when procuring unprocessed locally grown or locally raised agricultural products.

When geographic preference is used, the Sponsor must still get quotes from several farmers when procuring unprocessed locally grown or locally raised agricultural products so that competitors have an opportunity to compete for the bid.

8. The sponsor will maintain a **CHART OF PROCEDURES** indicating how all items are procured, and how often they are procured.
9. The Sponsor will take all necessary **affirmative steps to assure that minority firms, women's business enterprises, and labor surplus area firms are used when possible**. Affirmative steps shall include:
  - a. Placing qualified small and minority businesses and women's business enterprises on solicitation .
  - b. Assuring that small and minority businesses and women's business enterprises are solicited whenever they are potential sources.
  - c. Dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses and women's business enterprises.
  - d. Establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses and women's business enterprises.
  - e. Using the services and assistance of the Small Business Administration (SBA) and the Minority Business Development Agency of the Department of Commerce.
  - f. Requiring the prime contractor, if subcontracts are to be let, to take the affirmative steps listed above.

## **Certifications**

1. **Nonkickback Affidavit** - Please note that Oklahoma Statute 62 O.S §310.9 requires a signed and notarized nonkickback affidavit on every purchase order of \$25,000 or more. The affidavit is to be signed by the person or persons authorized to accept payment on behalf of the architect, contractor, engineer, or supplier.
2. **Lobbying Certification** (Reference 200.326[1])
  - a. Lobbying certification must be obtained for procurement contracts of more than \$100,000. Any vendor whose contract award is for more than \$100,000 must complete a Certification Regarding Lobbying form. The sponsor must keep this signed certification statement on file with a copy of the vendor's contract.
  - b. Any Sponsor or its vendors who participate in lobbying activities must complete a Disclosure of Lobbying Activities. Sponsors must submit this completed form to the State agency. A vendor would submit its completed form to the Sponsor.
3. **Debarment or Suspension**. A sponsor is prohibited from contracting with an individual or company that has been debarred or suspended in accordance with 2 CFR §180, as adopt-

ed and modified by USDA regulations at 2 CFR §417. This prohibition does not extend to contracts in existence at the time of the debarment or suspension or to most contracts under \$25,000. Rather, it applies to new contracts and extensions or renewals of existing contracts of \$25,000 or more and to contracts for audit services, regardless of amount. (FORMAL CONTRACTS)

4. **Contract Work Hours and Safety Standards Act** (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by the nonfederal entity in excess of \$2,500 that involve the employment of mechanics or laborers must include a provision for compliance with 70 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous, or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market or contracts for transportation or transmission of intelligence.
5. **Equal Opportunity and Discrimination.** The vendor certifies it is an Equal Opportunity. Employer, a provider of services and/or assistance, and is in compliance with the 1964 Civil Rights Act, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, as amended, and Executive Orders 11246 and 11375. The vendor assures compliance with the Americans With Disabilities Act of 1990 (Public Law 101-336), all amendments to, and all requirements imposed by the regulations issued pursuant. (FORMAL CONTRACTS OF \$10,000 OR MORE)
6. Contracts in excess of \$150,000 shall contain provisions that require compliance with all applicable standards, orders, or requirements issued under Section 306 of the Clean Air Act (42 U.S.C. 1857[h]), Section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency (EPA) Regulation (40 CFR §15), which prohibit the use of nonexempt federal contracts, grants, or loans of facilities included on the EPA list of violating facilities. The provision shall require reporting of violations to the grantor agency and to the EPA Assistant Administrator for Enforcement (EN-329). The contract must recognize mandatory standards and policies relating to energy efficiency that are contained in the State agency conservation plan issued in compliance with the Energy Policy and Conservation Act (Public Law 94-163)

## SECTION II – PURCHASING EQUIPMENT

\*Name and Title of those responsible for Purchasing Equipment: \_\_\_\_\_

If the amount of purchases for equipment is greater than \$5,000, the following procedure will be used.

1. Written specifications will be prepared and provided to vendors.
2. Each vendor will be contacted and given an opportunity to provide a price quote on the same specifications. A minimum of two vendors shall be contacted.

3. The price quotes will receive appropriate confidentiality before award.
4. If using USDA funding for the purchase, the Sponsor will seek prior approval from Oklahoma Child Nutrition Programs unless the equipment is placed on the Equipment Pre-Approval list located in the Child Nutrition Manual.
5. Quotes will be awarded by the person(s) listed in Section II. Quotes awarded will be to the lowest and best quote based upon quality, service availability, price, and/or \_\_\_\_\_.
6. The person(s) listed in Section II will be responsible for documentation of records to show selection of vendor, reasons for selection, names of all vendors contacted, price quotes from each vendor, and written specifications.
7. The person(s) listed in Section II will be responsible for documentation that the actual product specified is received.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See also §200.12 Capital assets, 200.20 Computing devices, 200.48 General purpose equipment, 200.58 Information technology systems, 200.89 Special purpose equipment, and 200.94 Supplies.

### SECTION III – MICROPURCHASING

If the amount of purchases for items is less than \$10,000 or less than the institutions micropurchasing threshold, the following procedure will be used.

\*Name and Title of those responsible for Micropurchasing: \_\_\_\_\_  
 \_\_\_\_\_

Select one:

- Purchases below \$10,000
- Purchases below \$\_\_\_\_\_ (Sponsor threshold if it is below \$10,000, must use most restrictive)

Purchases will not be separated into 2 or more purchases to meet or be below the \$10,000 threshold.

1. The price quotes will not be required. Competition is not required.
2. When practicable, micro-purchases will be distributed equitably among qualified suppliers.
  - a. Considers the price to be reasonable based on research, experience, purchase history or other information and documents it files accordingly (2 CFR 200.320a)(1)(ii)).
3. The person listed above will be responsible for documentation of purchase.  
 Note: Federal threshold of \$2,000 is applicable in the case of acquisitions for construction subject to the Davis-Bacon Act

## SECTION IV – SMALL PROCUREMENT

\*Name and Title of those responsible for Small Purchase Procedures: \_\_\_\_\_

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If the amount of purchases for items less than \$250,000 or the Sponsor's small purchase threshold, Small Purchase Procedures must be followed. Quotes documented from an adequate number of qualified sources will be required.

Select one:

- Purchases below \$250,000  
 Purchases below \_\_\_\_\_ (Sponsor threshold if it is below \$250,000, must use most restrictive)

Small Purchase procedures will be applied on the basis of a:

- Sponsor-wide  
 Each Individual Site  
 Multisponsor System  
 Combination of above (specify): \_\_\_\_\_

1. Written specifications will be prepared and given to a minimum of two vendors.
2. The person(s) stated in Section IV will be responsible for contacting potential vendors when price quotes are needed.
3. Quotes will be awarded by person(s) stated in Section IV. Quotes awarded will be to the lowest and best quote based upon quality, service availability, price, etc.
4. The person(s) stated in Section IV will be responsible for documentation of records to show selection of vendor, reasons for selection, names of all vendors contacted, price quotes from each vendor, and written specifications.
5. The person(s) stated in Section IV will be responsible for documentation that the actual product specified is received.
6. Any time an accepted item is not available, the person stated in Section IV will select the acceptable alternate. Full documentation will be made available as to the selection of the acceptable item. Substituted items will not be made at the vendor's discretion.

## SECTION V – FORMAL PROCUREMENT

\*Name and Title of those responsible for Formal Procurement Procedures: \_\_\_\_\_

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Select one or more as applicable:

- Purchases over \$250,000  
 Purchases over \$ \_\_\_\_\_ (Sponsor threshold if it is above \$250,000, must use most restrictive)  
 N/A, no purchases over \$250,000

Formal bid procedures will be applied on the basis of a:

- \_\_\_\_\_ Sponsor-wide
- \_\_\_\_\_ Each Individual Site
- \_\_\_\_\_ Multisponsor System
- \_\_\_\_\_ Combination of above (specify): \_\_\_\_\_

1. If the amount of purchases is above the sponsors's threshold formal procurement procedures will be used as required by 2 CFR Part 200.318-326.
  - a. When a formal procurement method is required, the following COMPETITIVE SEALED BID or an Invitation for Bid (IFB) or COMPETITIVE PROPOSAL in the form of a Request for Proposal (RFP) procedures will apply: *(It is highly suggested by USDA to allow 45 days for IFB & 60 days for RFP from the time the information is given to vendors until the time of bid opening. It should not be any less than 30 days)*
  - b. An announcement of an Invitation for Bid (IFB) or a Request for Proposal (RFP) will be placed in the \_\_\_\_\_ to publicize the intent to purchase needed items. The advertisement for bids/proposals or legal notice will be run for \_\_\_\_\_.
  - c. An advertisement is required for all formal procurement (IFB/RFP)
    - A general description of items to be purchased.
    - The deadline for submission of questions and the date written responses will be provided including an addenda to bid specifications, terms and conditions as needed.
    - A date of pre-bid meeting, if applicable, and if attendance is a requirement for bid award.
    - A deadline for submission of sealed bids or proposals, and address of location where complete specifications and bid forms may be obtained.
  - d. The developer of written specifications or descriptions for procurements will be prohibited from submitting bids or proposals for such products or services.
  - e. The IFB or RFP will clearly define the purchase conditions. The following list includes requirements, not exclusive, to be addressed in the procurement document:
    - Contract Period
    - Sponsor is responsible for all contracts awarded (statement)
    - Date, time, and location of bid opening
    - The terms and conditions which bidder must fulfill.
    - Statement assuring efforts will be made to involve minority and small business.
    - Statement regarding Cause for Termination.
    - Forms and statements identified in the Formal Procurement Checklist on *page 10* of this Procurement Plan.
    - Price Adjustment clause (escalation/de-escalation) based on appropriate standard or cost (Consumer Price Index [CPI] or other as stated in terms & conditions for pricing and price adjustments)
    - Statement regarding the return of purchase incentives, discounts, rebates, and credits to the non-profit Child Nutrition account, if applicable in a cost reimbursable contract.
  - f. Specifications and estimated quantities of products and services prepared by Sponsor and provided to potential contractors desiring to submit bids/proposals for the products or services requested.

- g. If any potential vendor ask questions regarding the specifications or purchase conditions, interpretation will be provided in writing to all potential bidders by the person(s) stated in Section V and date specified.
- h. The person(s) stated in Section V will be responsible for securing all bids or proposals.
- i. The person(s) stated in Section V will be responsible to ensure all Sponsor procurements are conducted in compliance with applicable Federal, State, and local procurement regulations.

**Request for Proposals**

In awarding a competitive negotiation (RFP) a set of award criteria in the form of a weighted evaluation sheet will be provided to each bidder in the initial bid document materials. Price alone is not the sole basis for award, but remains the primary consideration when awarding a contract.

Evaluation Criteria the institution can use to award an RFP.

(Price must be given the highest points and award must equal 100 points. If not interested, the institution can leave line of award blank.)

<u>Weight</u>	<u>Criteria</u>
_____ (points)	Price
_____ (points)	Service Capability Plan
_____ (points)	Quality
_____ (points)	Experience, References
_____ (points)	Business Practices,
_____ (points)	Financial Condition/Stability
_____ (points)	Accounting and Reporting System
_____ (points)	_____
_____ (points)	_____
_____ (points)	_____
100 points	TOTAL

**SECTION VI - NON-COMPETITIVE NEGOTIATION**

\*Name and Title of those responsible for Non-Competitive Negotiations: \_\_\_\_\_

If items are available only from a single source when the award of a contract is not feasible under small purchase, sealed bid or competitive negotiation, NON-COMPETITIVE NEGOTIATION procedures will be used:

1. Written Specifications will be prepared and provided to the vendor.
2. The person(s) stated in Section VI will be responsible for the documentation of records to fully explain the decision to use the noncompetitive negotiation. The records will be available for audit and review.
3. The person(s) stated in Section VI will be responsible for reviewing the procedures to be certain all requirements for using single source or noncompetitive negotiation are met.

4. Non-competitive negotiations shall be used for one-time purchases of a new food item in order to determine food acceptance by students and for samples for testing purposes. A record of non-competitive negotiation purchase shall be maintained. The record of non-competitive purchases shall include, at a minimum, the following:
  - item name
  - dollar amount
  - vendor
  - reason for non-competitive procurement

**\*\* Due to the rural location of the institution, it is feasible the institution will only receive one response.**

## SECTION VII – EMERGENCY PURCHASING

\*Name and Title of those responsible for Emergency Purchasing: \_\_\_\_\_

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1. If it is necessary to make a one-time emergency procurement to continue service or obtain goods, the purchase shall be made, and a log of all such purchases shall be maintained by the institution. The following emergency procedures shall be followed. All emergency procurements shall be approved by the person listed above. At a minimum, the following emergency procurement procedures shall be documented:
  - item name
  - dollar amount
  - vendor
  - reason for emergency
2. If the emergency purchasing need requires a contract, all books, records and other documents relative to the award of the contract must be retained for three (3) years after final payment. Specifically the Sponsor shall maintain, at a minimum, the following documents:
  - Written rationale for award cost or price;
  - A copy of the original solicitation;
  - The bidding and negotiation history and working papers;
  - The basis for contractor selection;
  - Approval from the State agency to support a lack of competition when competitive bids or offers are not obtained;
  - The terms and conditions of the contract;
  - Any changes to the contract and negotiation history;
  - Billing and payment records;
  - A history of any contractor claims;
  - A history of any contractor breaches



# FORMAL PROCUREMENT CHECKLIST

Terms and information regarding Formal Procurement

## **FORMAL PROCUREMENT REQUIREMENTS**

\_\_\_ Newspaper Advertisement (all formal bids) newspaper advertised: \_\_\_\_\_

\_\_\_ Solicitation sent to a minimum of 2 vendors

Vendor 1: \_\_\_\_\_

Vendor 2: \_\_\_\_\_

Vendor 3: \_\_\_\_\_

\_\_\_ Evaluation criteria for RFP. An RFP is awarded based on overall scoring. The evaluation scoring should be given with the solicitation. PRICE must be given the most points. Other items scored on can be – Experience/references, Diversity in products and/or services, Quality of products, Cost & Performance Bonds, Personnel Management, Business Practices, Accounting and Reporting systems, and Service Capability plan are examples of how an RFP can be evaluated. (IFB/Sealed Bids are awarded lowest price only. No other factors can determine the award)

## **FORMS & CLAUSES**

\_\_\_ USDA Equal Opportunity information (contracts \$10,000 or more)

\_\_\_ Termination for Cause information (contracts \$10,000 or more)

\_\_\_ Clean Water Act provision (contracts \$150,000 or more)

\_\_\_ Contract work Hours and Safety Standards Act (contracts \$2,500 or more)

\_\_\_ Nonkickback Affidavit (Purchase orders over \$25,000)

\_\_\_ Davis-Bacon information (Construction contracts \$2,000 or more)

\_\_\_ Debarment & Suspension form (all contracts)

\_\_\_ Byrd Anti-Lobbying form (contracts \$100,000 or more)

**EXAMPLE**  
**CHART OF PROCEDURES**

The Big Bucks Institution will purchase the following products or group of products and services as per the stated purchase period using the identified procurement method. **Price quote time frame** period is defined as the time frame for which bids or quotes are obtained and awarded.

<i>PRODUCT</i>	<i>PRICE QUOTE TIME FRAME</i>	<i>PROCUREMENT METHOD USED</i>
Paper products	<u>Twice a year</u>	<u>Small Purchase</u>
Chemicals	<u>Annually</u>	<u>Micropurchasing</u>
Small equipment	<u>As Needed</u>	<u>Small Purchase</u>
Large equipment	<u>As Needed</u>	<u>Small Purchase</u>
<u>Office Supplies</u>	<u>Twice a year</u>	<u>Small Purchase</u>
<u> </u>	<u> </u>	<u> </u>

## CHART OF PROCEDURES

The \_\_\_\_\_ Institution will purchase the following products or group of products and services as per the stated purchase period using the identified procurement method. *Price quote time frame* period is defined as the time frame for which bids or quotes are obtained and awarded.

<i>PRODUCT</i>	<i>PRICE QUOTE TIME FRAME</i>	<i>PROCUREMENT METHOD USED</i>
Paper products	_____	_____
Chemicals	_____	_____
Small equipment	_____	_____
Large equipment	_____	_____
_____	_____	_____
_____	_____	_____

Date Completed: \_\_\_\_\_

## Small Purchase/Informal Procurement Log

Item(s) to be purchased and specifications: \_\_\_\_\_

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

Item(s) to be purchased and specifications: \_\_\_\_\_

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

Item(s) to be purchased and specifications: \_\_\_\_\_

Supplier	Date	Method of Contact	Discussion	Bid Price	Negotiated

# Formal Bid Procurement Log

Name of Institution \_\_\_\_\_

Agreement Number \_\_\_\_\_

Attach copies of:

- Names of known vendors to whom the Invitation for Bid (IFB) was sent
- Name and date of publication in which the IFB was advertised and copy of the advertisement
- Written procedures for bid opening

How many bids were received? \_\_\_\_\_

Were any bids rejected?     Yes     No

If rejected, describe why:

Name of Bidder	Date of Bid	Specifics of Bid	Bid Price
Additional Comments:			

Awarded Vendor: \_\_\_\_\_ Award Date: \_\_\_\_\_

I certify that the Institution has met state and federal procurement requirements.

Institution Signature: \_\_\_\_\_  
\_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**PURCHASE DOCUMENTATION/PRICE QUOTES**

(This form is to be used for Institution to document all price quotes from vendors.)

DATE	ITEM SPECS	VENDORS						VENDOR SELECTED	REASONS
		VENDOR	\$ PRICE	VENDOR	\$ PRICE	VENDOR	\$ PRICE		

Institution \_\_\_\_\_

Year \_\_\_\_\_

## VENDOR CONTACTS

This form is to be used for Institution to document single vendor responses.  
If only one vendor responds, the Institution does not need to do price comparisons.

<b>NAME, ADDRESS, AND TELEPHONE NUMBER OF VENDOR</b>	<b>NAME OF PERSON CONTACTED</b>	<b>DATE OF CONTACT</b>	<b>TYPE OF CONTACT (LETTER, PHONE, PERSONAL)</b>	<b>RESPONSE RECEIVED</b>

# CERTIFICATION REGARDING DEBARMENT/SUSPENSION

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## CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY, AND VOLUNTARY EXCLUSION—LOWER-TIER COVERED TRANSACTIONS

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This certification is required by the regulations implementing Executive Order 12549 and 12689, Debarment and Suspension, Title 2 CFR §180, as adopted and modified by USDA regulation at 2 CFR §417, Responsibilities of Participants Regarding Transactions.

***(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE.)***

1. The prospective lower-tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Where the prospective lower-tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Institution Name

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Name(s) and Title(s) of Authorized Representative(s)

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Name of Institution Official

---

Title of Official

---

Signature

---

Date



## INSTRUCTIONS FOR CERTIFICATION REGARDING DEBARMENT/SUSPENSION

1. By signing and submitting this form, the prospective lower-tier participant is providing the certification set out on the reverse side in accordance with these instructions.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower-tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower-tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower-tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower-tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower-tier participant agrees by submitting this form that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which the transaction originated.
6. The prospective lower-tier participant further agrees by submitting this form that it will include this clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion—Lower-Tier Covered Transactions, without modification, in all lower-tier covered transactions and in all solicitations for lower-tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower-tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith that certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower-tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

# CERTIFICATION REGARDING LOBBYING

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## Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds

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Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by Section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federally appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a federal contract, the making of a federal grant, the making of a federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, *Disclosure Form to Report Lobbying*, in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all covered subawards exceeding \$100,000 in federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

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Name/Address of Organization

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Name/Title of Submitting Official

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Signature

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Date

**DISCLOSURE OF LOBBYING ACTIVITIES  
APPROVED BY OMB**

**COMPLETE THIS FORM TO DISCLOSE LOBBYING ACTIVITIES PURSUANT  
TO 31 U.S.C. 1352  
(SEE REVERSE FOR PUBLIC DISCLOSURE)**

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. Contract <input type="checkbox"/> b. Grant <input type="checkbox"/> c. Cooperative Agreement <input type="checkbox"/> d. Loan <input type="checkbox"/> e. Loan Guarantee <input type="checkbox"/> f. Loan Insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. Bid/Offer/Application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Postaward	<b>3. Report Type:</b> <input type="checkbox"/> a. Initial Filing <input type="checkbox"/> b. Material Change <b>For Material Change Only:</b> Year _____ Quarter _____ Date of Last Report _____
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<b>4. Name and Address of Reporting Entity:</b>  <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee     Tier _____, if known: Congressional District, if known: _____	<b>5. If Reporting Entity in No. 4 Is Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known: _____
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<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____
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<b>8. Federal Action Number:</b> <i>(if known)</i>	<b>9. Award Amount:</b> <i>(if known)</i>  \$ _____
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<b>10. a. Name and Address of Lobbying Entity:</b> <i>(if individual, last name, first name, MI)</i>	<b>b. Individual Performing Services:</b> <i>(including address if different from No. 10a) (last name, first name, MI)</i>
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<b>11. Amount of Payment:</b> <i>(check all that apply)</i>  \$ _____ <input type="checkbox"/> Actual <input type="checkbox"/> Planned	<b>13. Type of Payment:</b> <i>(check all that apply)</i> <input type="checkbox"/> a. Retainer <input type="checkbox"/> b. One-Time Fee <input type="checkbox"/> c. Commission <input type="checkbox"/> d. Contingency Fee <input type="checkbox"/> e. Deferred <input type="checkbox"/> f. Other: <i>(specify)</i> _____
<b>12. Form of Payment:</b> <i>(check all that apply)</i> a. Cash     Nature _____ b. In-kind (specify)     Value _____	

<b>14. Brief Description</b> of services performed or to be performed and date(s) of service, including officer(s), employee(s), or member(s), contracted for payment indicated in Item 11:     <p align="center">(Attach Confirmation Sheets if necessary)</p>
--

<b>15. Continuation Sheets Attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
---

16. Information requested through this form is authorized by Title 31 U.S.C. §1352. This disclosure of lobbying activities is a material representation of fact upon which evidence was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. §1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosures shall be subject to a civil penalty of not less than \$10,000 and not more than \$150,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone Number: _____ Date: _____
---	---

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime federal recipient, at the initiation or receipt of a covered federal action or a material change to a previous filing, pursuant to Title 31 U.S.C. §1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered federal action. Use a Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget (OMB) for additional information.

1. Identify the type of covered federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered federal action.
2. Identify the status of the covered federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered federal action.
4. Enter the full name, address, city, state, and zip code of the reporting entity. Include Congressional district, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee; e.g., the first subawardee of the prime is the first tier. Subawards include, but are not limited to, subcontracts, subgrants, and contract awards under grants.
5. If the organization filing the report in Item 4 checks *Subawardee*, then enter the full name, address, city, state, and zip code of the prime federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example: Department of Transportation, United States Coast Guard.
7. Enter the federal program name or description for the covered federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate federal identifying number available for the federal action identified in Item 1; e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the federal agency. Include prefixes; e.g., *RFP-DE-90-001*.
9. For a covered federal action where there has been an award or loan commitment by the federal agency, enter the federal amount of the award/loan commitment for the prime entity identified in Item 4 or Item 5.
10.
  - a. Enter the full name, address, city, state, and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered federal action.
  - b. Enter the full name of the individual performing services, and include full address if different from 10a. Enter last name, first name, and middle initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate item. Check all items that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box. Check all boxes that apply. If *Other*, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the dates of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with federal officials. Identify the federal officials or employees contacted or the officers, employees, or Members of Congress that were contacted.
15. Check whether Continuation Sheets are attached.
16. The certifying official shall sign and date the form, print his or her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.
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## NONKICKBACK AFFIDAVIT FORM

STATE OF OKLAHOMA    )  
                                  )       SS  
COUNTY OF                )

The undersigned (architect, contractor, supplier, or engineer), of lawful age, being first duly sworn, on oath says that this contract (purchase order) is true and correct. Affiant further states that the (work, services, or materials) will be (completed or supplied) in accordance with the plans, specifications, orders, or requests furnished the affiant. Affiant further states that he or she has made no payment, directly or indirectly, to any elected official, officer, or employee of the Institution, of money or any other thing of value to obtain or procure the contract or purchase order.

\_\_\_\_\_  
(Contractor, Supplier, Engineer, or Architect)

\_\_\_\_\_  
Vendor/Company Name

\_\_\_\_\_  
Attested to before me this day of \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public (or Clerk or Judge)

My Commission Expires:\_\_\_\_\_

# Notes

# PROVIDER APPLICATION AND AGREEMENT

# SITE INFORMATION FORM

Site Maintenance can only be updated by the State agency. Sponsors cannot add, change, or remove data on the Site Maintenance page.



# Site Information

License Type: \_\_\_\_\_ Site Number \_\_\_\_\_  
(Required to be 4 digits)

Tribe: \_\_\_\_\_

License Number: \_\_\_\_\_

Operating Name \_\_\_\_\_

## Physical Address

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Zip Code \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Telephone \_\_\_\_\_

Status \_\_\_\_\_

License Capacity \_\_\_\_\_

## Owner/Provider/Director Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

ITIN/EIN/Last 4 SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

### OSDE Use Only:

Effective Date: \_\_\_\_\_ Date Entered into System: \_\_\_\_\_

CNP End Date: \_\_\_\_\_

### NOTES:

## Sponsor Information

Agreement Number \_\_\_\_\_

Sponsor Name \_\_\_\_\_

*EXAMPLE*

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
FAMILY DAY CARE HOME (FDCH)  
PROVIDER APPLICATION**

**Fiscal Year:** YYYY \_\_\_\_\_

Section A—General

<p>A. Home Agreement Number: <u>26</u></p> <hr/> <p>C. Address of Provider:</p> <p style="padding-left: 20px;"><i>100 SUNNYLANE BIG HILL, OK 71234</i></p> <p>Phone Number of Provider: <u>405-222-3333</u></p> <hr/> <p>D. Is the home licensed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No License Type: <input checked="" type="checkbox"/> DHS <input type="checkbox"/> Tribal</p> <p>E. License Number: <u>K000001</u></p> <p>F. License Capacity: <u>7</u></p> <hr/> <p>H. Age Range of Enrolled Participants: From <u>0</u> to <u>12</u></p> <p>I. Number Enrolled in CACFP: <u>6</u></p>	<p>B. Provider Information:</p> <p>Full Last Name: <u>LINDSAY</u></p> <p>Full First Name: <u>MARTHA</u></p> <p>Middle Initial: _____</p> <p>Date of Birth: <u>MM/DD/YYYY</u></p> <hr/> <p><b>Primary Caregiver</b> (if different from Provider): _____</p> <p><b>Primary Caregiver Date of Birth:</b> _____</p> <hr/> <p>G. Name and Address of Sponsoring Organization</p> <p style="padding-left: 20px;"><i>BIG BUCKS COMMUNITY ACTION PROGRAM 112 FAST LANE DRIVE ANYWHERE, OK 78910</i></p>
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Section B—Operating Data

<p>A. Hours of Operation: From <u>6 AM</u> to <u>6 PM</u> (hhmm)</p> <p>B. Number of operating days per week? <u>5</u></p> <p><b>Days of the week:</b></p> <p><input checked="" type="checkbox"/> Monday                      <input checked="" type="checkbox"/> Friday  <input checked="" type="checkbox"/> Tuesday                      <input type="checkbox"/> Saturday  <input checked="" type="checkbox"/> Wednesday                      <input type="checkbox"/> Sunday  <input checked="" type="checkbox"/> Thursday</p>	<p>Do you care for participants in shifts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, explain:</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p style="text-align: center;"><i>Transport school-age participants\</i></p> </div>		
<p><b>OSDE Official Use Only</b></p> <p>D. Months of Operation:</p> <p><input checked="" type="checkbox"/> January                      <input checked="" type="checkbox"/> April  <input checked="" type="checkbox"/> February                      <input checked="" type="checkbox"/> May  <input checked="" type="checkbox"/> March                              <input checked="" type="checkbox"/> June</p>	<p><input checked="" type="checkbox"/> July                              <input checked="" type="checkbox"/> October  <input checked="" type="checkbox"/> August                              <input checked="" type="checkbox"/> November  <input checked="" type="checkbox"/> September                              <input checked="" type="checkbox"/> December</p>		

Section C—Meal Service Data

<b>A. MEAL TYPES—MONDAY-FRIDAY MEAL SERVICE</b>												
Meal Served	Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
Type of Shift	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
Beginning Time of Meal Service	7:30 <i>am</i>		9:30 <i>am</i>		11:30 <i>am</i>		2:30 <i>pm</i>	3:30 <i>pm</i>				
<b>WEEKEND MEAL SERVICE</b>												
Meal Served	Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
Type of Shift	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
Beginning Time of Meal Service												

Section D—Eligibility

<p>A. Is family-size and income information available at the sponsoring organization to establish eligibility of children in a Tier II home receiving Tier I rates and provider’s own children?</p> <p style="text-align: right;"> <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No         </p>	<p>B. Number of children provider cares for that are:</p> <p>Provider’s Own/Residential: _____</p> <p>Nonresidential: <u>  6  </u></p>
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Justification to serve on a weekend:

I certify that, to the best of my knowledge, this home is not participating in the Child and Adult Care Food Program (CACFP) under any other sponsoring organization. I further certify that all of the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, sex (including gender identity and sexual orientation), national origin, disability, age, reprisal, and retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

By submitting this information, the sponsor is verifying that it has a signed Application/Agreement for this provider on file at its organization’s office.

*EXAMPLE*

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS (CNP)  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
Family Day Care Home (FDCH) Provider Agreement—FDCH-1B  
PERMANENT AGREEMENT BETWEEN  
SPONSORING ORGANIZATION (SO)  
AND FAMILY DAY CARE HOME PROVIDER (§226.18[b])**

As an FDCH provider, I am aware that organizations are available in Oklahoma to sponsor FDCHs in the CACFP. I understand that I may not change SOs during the current fiscal year. I further understand the SOs are nonprofit institutions that are not employed by the State Department of Education (the *State agency*) or the United States Department of Agriculture (USDA).

The Agreement entered into this date \_\_\_\_\_ between:

Name and Address of Sponsor:

Name and Address of Provider:

*MARTHA LINDSAY  
100 SUNNYLANE  
BIG HILL, OK 71234*

**Section A  
RIGHTS AND RESPONSIBILITIES OF SPONSORING ORGANIZATION**

In accordance with CACFP regulations, the SO agrees to:

1. Conduct on-site preapproval visit to discuss Program benefits, including tiering options, and verify that proposed food service does not exceed the capability of the FDCH provider. This visit must be documented and kept on file.
2. Make Tier I FDCH determinations based on elementary school, middle school, or high school eligibility data, census data, or free or reduced-price eligibility standards. **SO must make reasonable efforts to establish area eligibility with school data prior to using census data. Providers must be informed of the tiering status determination.**
3. Use the most currently available data in making the determination of an FDCH's eligibility as a Tier I FDCH. The determination shall be valid for one year if based on a provider's household income and five years if based on school or census data.
4. Annually, verify FDCH provider's income when provider qualifies as Tier I based on income. Provide written provider verification tiering results.
5. **Change the determination of Tier I FDCH if information becomes available indicating that a home is no longer in a qualified area (after the current determination has expired).**
6. Notify FDCHs qualifying as Tier II homes of their reimbursement options and annually inform Tier II homes that the provider may ask for a reclassification to be considered when new census data becomes available and that reclassification may be made at any time.
7. Be responsible, when requested by a provider qualifying as a Tier II FDCH, for collecting or providing to the Tier II FDCH Family-Size and Income Applications (FSIAs), for determining eligibility of children and for maintaining confidentiality of the information collected.

8. Monitor food service operations of all providers under the SO's administration. New FDCH's must have their first review during the first four weeks (28 days) of operation. Each review must include a meal analysis where children are present and a five-day reconciliation of records. If the provider has been approved for supper, weekend, late snacks, and/or holiday meals, the SO review must monitor a "roughly proportional" number of those meal services. If a provider is found to be seriously deficient, an unannounced follow-up review may be conducted. This review does not count toward the three required reviews..
9. Initiation household contacts by the SO, State agency (SA), and Department when required.
10. Show photographic identification when visiting providers.
11. Make all visits by SO, SA, and Department during the provider's normal operating hours. Reference §226.18(b)(1)—the right of the SO, the State agency, the Department, and other state and federal officials to make announced or unannounced reviews of the day care home's operations and to have access to its meal service and records during normal hours of operation.
12. If required by the SO, Establish cycle menu requirements, including number of days. The SO must ensure that the approved cycle menu is being followed correctly.
13. Offer training sessions covering all required topics, not less frequently than annually, scheduled at a time and place convenient to providers. Providers who do not attend training at least annually shall be declared seriously deficient.
14. Inform all providers of CACFP regulations, SO policies, and the procedures for requesting an appeal upon signature of Application/Agreement. Provide technical assistance upon request to providers.
15. Provide CACFP record-keeping forms to providers.
16. Perform edit checks on all providers' record-keeping forms.
17. Disburse any reimbursement payments for food service within five working days after receipt of payment from the SA to any providers in compliance with CACFP policies and regulations.
18. Not charge a fee for services rendered.
19. Assure that all meals claimed for reimbursement are served to enrolled children at no separate charge, regardless of race, color, national origin, sex, age, disability, or reprisal or retaliation, and that there is no discrimination in the course of the food service.
20. Not make payments for meals of any FDCH approved unless the home has operated at least ten days of meal service in the first claiming month of Program participation.
21. Approve applications for FDCH providers for no more than five days per week unless the SO is furnished with justification for additional days and grants prior approval.
22. Provide information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to FDCH providers in order for the parents of children enrolled in FDCHs to be informed of WIC benefits.
23. Obtain a completed CACFP enrollment form annually on all enrolled children for every provider under the sponsorship. Copies of the forms must be readily available in both the SO's office and the provider's home.
24. Provide copies of *Building for the Future* (parental notification) fact sheet to all providers in adequate quantities for distribution to all households.
25. Have the right to propose to terminate this Agreement to participate in the CACFP for cause or convenience. If proposed termination is for cause, notification must include SO's appeal procedures.
26. Immediately suspend any FDCH found to be causing an imminent threat to the health or safety of enrolled children or engaging in activities that threaten the public health or safety of the children.
27. Reimburse for meals that meet only minimum meal pattern requirements.

28. Comply with all other USDA Regulations §226.
29. Provide appeal procedures to all providers annually and at any time a provider is suspended or proposed for termination.
30. Follow all seriously deficient procedures pertaining to providers.

### **Section B**

#### RIGHTS AND RESPONSIBILITIES OF FAMILY DAY CARE HOME PROVIDER

In order to qualify for reimbursement under this Agreement in conducting the food service in an FDCH, the provider shall:

1. Follow all licensing standards required by the Department of Human Services (DHS) regarding the number of children present, ages of the children present, and the number of staff required to supervise the children. Meals served over license capacity may not be claimed, including the provider's own children.
2. Participate with the SO until the end of the fiscal year (September 30). If the FDCH does not complete participation through the expiration date, approval to participate with another SO will not be made until the following fiscal year. An exception may be made if a provider in good standing relocates to an area of the state in which the SO does not administer the Program. The SO would terminate the provider *for convenience* and keep this documentation in the provider's file.
3. Attend at least one CACFP training session annually conducted by the SO. Providers who do not attend training at least once annually shall be declared seriously deficient.
4. Allow all children equal access to its child care service and facilities and serve meals equally at no extra charge, regardless of race, color, national origin, sex, age, disability, or reprisal or retaliation, and have no discrimination in the course of food service.
5. Operate at least ten days of meal service in the first claiming month of Program participation.
6. Serve and claim meals for reimbursement which meet the minimum meal pattern requirements for children aged birth through 12, unless caring for a child over the age of 12 who has been defined by the State as having mental or physical disabilities.
7. Serve only the meal types specified in its approved application in accordance with the meal pattern requirements. Providers shall not be approved to claim more than two shifts per meal per day. Serve meals at the approved times indicated on the application. Three hours must elapse between the beginning of one main meal service and the next main meal service. At least two hours must elapse between the beginning of a main meal and a snack. Meals served outside of the approved times are not eligible for reimbursement.
8. If required by SO, develop and follow a cycle menu for each main meal and snack served.
9. Not be reimbursed for more than two main meals and one snack or one main meal and two snacks per child daily. Documentation to ensure that no meals are claimed over the three-meal limit per child daily must be maintained and must reflect arrival and departure times. The record system must reflect the meal service participation for each child for each day that he or she is in attendance.
10. Have all parents of enrolled children completed and updated the CACFP enrollment form annually. A copy of this form must be submitted to the SO and/or retained by the provider. Meals may not be claimed for children without a completed enrollment form on file.
11. Have documentation on file and available for individual participating children who are unable, because of special dietary needs, to consume the required food components. Substitutions for the required components must be supported by a statement from a recognized medical authority and include recommended alternate foods. If a medical statement is not available, meals lacking the required components cannot be claimed for reimburse-

ment.

12. Claim own child(ren) if household income qualifies for free or reduced-price meals and at least one nonresidential child is enrolled and receiving care, in attendance and participating in the same meal service. (Definition of providers own: All residential children in the provider's household who are part of the economic unit of the family. A family is a group of related or unrelated individuals who are not residents of an institution or boarding home, but who are living as one economic unit. Therefore, provider's own children include children by birth or adoption, foster children, grandchildren, or housemates' children who are part of the economic unit. Informal extended family situations frequently exist, and all such children should be included in the provider's household. Children whose parents or guardians have made a contractual agreement, either formal or informal, with a provider for residential care, and whose relationship is defined primarily by the child care situation, are not considered the provider's own.) (Reference All-States Directors' Memo 91-CACFP-5, 93-CACFP-9) only when:
  - a. Such children are enrolled and are participating in the CACFP during the time of the meal service.
  - b. Enrolled nonresidential children are present and participating during the time of the meal service.
  - c. Provider has a completed and approved FSIA on file.
13. Not forbid the availability of the Program as disciplinary action. Meals cannot be used as a reward or as a punishment.
14. Not submit meals for reimbursement served to children who do not have CACFP enrollment data and are not participating in the CACFP or for meals served over license capacity, including the provider's own children. All children participating in the CACFP and claimed **MUST BE NONRESIDENTIAL**, except for the provider's own children.
15. Maintain proper sanitation and health standards in the storage, preparation, and service of food in conformance with all applicable state and local laws and regulations as well as federal guidelines.
16. Receive reimbursement for the types of meals provided to participating children at the rates specified by USDA.
17. Submit necessary documentation for meals served for reimbursement in accordance with procedures established by the SA and the SO.
18. Provide monthly report of daily arrival and departure attendance records; daily records of meals served; weekly meals served; infant meal waivers; if applicable; and infant meals served, if applicable.
19. Maintain full and accurate records of the Program, including those set forth in this Agreement. Records must be maintained daily. No grace period will be allowed. Records must be completed through the end of the previous workday. Retain such records for a period of three years after the end of the fiscal year to which they pertain unless audit or review findings are not resolved. In which case, records must be maintained past the three-year requirement until there is a resolution of the audit or review.
20. Upon request, make all records pertaining to the Program **IMMEDIATELY** available to the SA, USDA, and/or the SO for audit or administrative review or monitoring review purposes. Reviews and visits may be announced or unannounced.
21. Allow representatives with photographic identification from the SO, the SA, and USDA access to the home during normal business hours throughout the year for the purpose of reviewing CACFP operations.
22. Inform the SO immediately of any changes in the daily operations of the Program (i.e., changes in enrollment, participation, meal times, license status, days of operation). Notify the SO in advance whenever the provider is planning to be out of his or her home during the meal service period. If this procedure is not followed and an unannounced review is conducted when the children are not present in the FDCH, claims for meals that

- would have been served during the unannounced review will be disallowed.
23. Provide all required monthly claiming records to the SO by the \_\_\_\_\_ day of the month. Failure to do so may result in the loss of payment.
  24. Have three options with regard to how meals served in its FDCH are reimbursed when the provider qualifies as a Tier II home.
    - a. **OPTION 1:** SO or Tier II FDCH distributes income applications to the households of all children enrolled in the FDCH. All meals served to enrolled children who are determined to meet the criteria for free or reduced-price meals are reimbursed at Tier I reimbursement rates. Meals served to enrolled children who are not eligible for free or reduced-price meals, or children from households whose complete income applications are not received, would be reimbursed at the Tier II reimbursement rate.
    - b. **OPTION 2:** Provider elects to have the SO identify only those children who are categorically eligible based on their participation or their parents' participation in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. If this option is chosen, the provider would receive the Tier I reimbursement rates for meals served to the categorically eligible children and the Tier II reimbursement rates for meals served to all other children.
    - c. **OPTION 3:** Provider receives Tier II reimbursement for meals served to all children in the FDCH regardless of income. Under this option, the SO or Tier II FDCH would not collect any income applications nor would it need to attempt to identify categorically eligible children.
  25. Be aware that a request may be made by a Tier II home to the sponsor to consider reclassification of the home when new census data becomes available and that reclassification may be made at any time.
  26. Make available information concerning WIC to parents of children enrolled in FDCHs.
  27. Distribute the *Building for the Future* (parental notification) fact sheet to all households enrolled in the FDCH.
  28. Have the right to terminate the Agreement and Application to participate in the CACFP for cause or convenience.
  29. Have the right to appeal a Notice of Proposed Termination by the SO or to appeal if the SO suspends participation due to health and safety concerns.
  30. Not claim another provider's own child.
  31. Be aware that the provider can be declared seriously deficient and proposed for disqualification and termination for failure to comply with CACFP regulations.
  32. Be aware that while a provider can operate more than one FDCH, he or she may operate the CACFP in only one of them. However, a provider who owns one FDCH and a center(s) may have both institutions on the CACFP simultaneously. Any primary caregivers (in either the FDCH or center) must be identified in the application and all requirements apply to those individuals.



# CHILD MEAL PATTERN

<b>Breakfast</b> (Select all three components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Vegetables, Fruits, or Portions of Both<sup>4</sup></b>	1/4 cup	1/2 cup	1/2 cup	1/2 cup
<b>Grains (oz eq)<sup>5, 6, 7</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched, or fortified, cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) <sup>6,7</sup>				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

- <sup>1</sup> Must serve all three components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>5</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>6</sup> Meat and Meat Alternates may be used to meet the entire Grains requirement a maximum of three times a week. One ounce of Meat and Meat Alternates is equal to one ounce equivalent (oz eq) of Grains.
- <sup>7</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

# CHILD MEAL PATTERN

<b>Lunch and Supper</b> (Select all five components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/Meat Alternates</b>				
Lean meat, poultry, or fish	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Tofu, soy product, or alternate protein products <sup>4</sup>	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Large egg	1/2	3/4	1	1
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup	1/2 cup
Peanut butter or soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp	4 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	4 ounces or 1/2 cup	6 ounces or 3/4 cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50 percent of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in Program guidance, or an equivalent quantity of any combination of the above Meat/Meat Alternates (1 oz of nuts/seeds = 1 oz of cooked, lean meat, poultry, or fish)	1/2 ounce = 50%	3/4 ounce = 50%	1 ounce = 50%	1 ounce = 50%
<b>Vegetables<sup>6</sup></b>	1/8 cup	1/4 cup	1/2 cup	1/2 cup
<b>Fruits<sup>6, 7</sup></b>	1/8 cup	1/4 cup	1/4 cup	1/4 cup
<b>Grains (oz eq)<sup>8, 9</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup

- <sup>1</sup> Must serve all five components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.
- <sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- <sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>7</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- <sup>8</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>9</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

# CHILD MEAL PATTERN

<b>Snack</b> (Select two of the five components for a reimbursable snack)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/Meat Alternates</b>				
Lean meat, poultry, or fish	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products <sup>4</sup>	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Cheese	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Large egg	1/2	1/2	1/2	1/2
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup	1/4 cup
Peanut butter or soy nut butter or other nut or seed butters	1 Tbsp	1 Tbsp	1 Tbsp	2 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	2 ounces or 1/4 cup	2 ounces or 1/4 cup	4 ounces or 1/2 cup	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1/2 ounce	1/2 ounce	1 ounce	1 ounce
<b>Vegetables<sup>6</sup></b>	1/2 cup	1/2 cup	3/4 cup	3/4 cup
<b>Fruits<sup>6</sup></b>	1/2 cup	1/2 cup	3/4 cup	3/4 cup
<b>Grains (oz eq)<sup>7, 8</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8</sup>				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

- <sup>1</sup> Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.
- <sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- <sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>7</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

# CHILD AND ADULT CARE FOOD PROGRAM

## INFANT MEAL PATTERN

<b>BREAKFAST</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	6-8 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-4 tablespoons (Tbsp) infant cereal <sup>2</sup> meat fish poultry whole egg cooked dry beans <b>or</b> cooked dry peas <b>or</b> 0-2 oz of cheese <b>or</b> 0-4 oz (volume) of cottage cheese <b>or</b>  0-4 oz or 1/2 cup of yogurt <sup>3</sup> <b>or</b> a combination of the above <sup>4</sup> <b>and</b>  0-2 Tbsp vegetable or fruit or a combination of both <sup>4, 5</sup>

- <sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.
- <sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.
- <sup>3</sup> Yogurt must contain no more than 23 grams of total sugars per six ounces.
- <sup>4</sup> A serving of this component is required when the infant is developmentally ready to accept it.
- <sup>5</sup> Fruit and vegetable juices must not be served.

# CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

<b>LUNCH AND SUPPER</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	6-8 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-4 tablespoons (Tbsp) infant cereal <sup>2</sup> meat fish poultry whole egg cooked dry beans <b>or</b> cooked dry peas <b>or</b> 0-2 oz of cheese <b>or</b> 0-4 oz (volume) of cottage cheese <b>or</b>  0-4 oz or 1/2 cup of yogurt <sup>4</sup> <b>or</b> a combination of the above <sup>4</sup> <b>and</b>  0-2 Tbsp vegetable or fruit or a combination of both <sup>4,5</sup>

<sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> Yogurt must contain no more than 23 grams of total sugars per six ounces.

<sup>4</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>5</sup> Fruit and vegetable juices must not be served.

## CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

<b>SNACK</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	2-4 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-1/2 slice bread <sup>3,4</sup> <b>or</b> 0-2 crackers <sup>3,4</sup> <b>or</b> 0-4 tablespoons (Tbsp) infant cereal <sup>2,3,4</sup> , <b>or</b> ready-to-eat breakfast cereal <sup>3,4,5</sup> <b>and</b>  0-2 Tbsp vegetable or fruit <b>or</b> a combination of both <sup>5,6</sup>

<sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

<sup>4</sup> Breakfast cereals must contain no more than six grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal.)

<sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>6</sup> Fruit and vegetable juices must not be served.

***NOTE: Do not serve honey or use in food served to infants under 1 year of age.***

## Section C

1. **PROVIDER CIVIL RIGHTS DATA COLLECTION.** Actual enrollment data by ethnic/racial category for each FDCH must be collected by the SO each year. Visual identification may be used by homes to determine a child's ethnic or racial category, or the parents of a child may be asked to identify the ethnic or racial group of the child only after the parents are given an explanation and understand that the collection of this information is strictly for statistical requirements.
2. **ETHNIC BREAKDOWN. Home's Current Enrollment by Ethnic/Racial Group**  
(Enter whole numbers for each ethnic/racial group.)  
Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institution each year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category, or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participants only after an explanation has been given and the family understands that the collection of this information is strictly for statistical reporting requirements.

Institution's *actual enrollment data* by ethnic/racial category for each facility under its jurisdiction:

**Data must be reported in whole numbers only.**

**Ethnic Breakdown (Actual Enrollment)**

  3   Hispanic  
  3   Not Hispanic  
      Not Reported

**Racial Breakdown (Actual Enrollment)**

      American Indian/Alaskan Native       Not Reported  
      Asian       2 or more races  
      Black or African  
  3   Hawaiian or Pacific Islander  
  3   White

3. **TIER I ELIGIBLE HOMES.**

This home is eligible for Tier Reimbursement?  Yes  No

If Yes, this determination was made from the following source of information:

- School Data—If selected, enter school name: \_\_\_\_\_  
 Enter fiscal year Low Income School List that was used for determination \_\_\_\_\_  
 Enter free/reduced percentage for the school listed above \_\_\_\_\_%
- Census Data—\_\_\_\_\_ %
- Income-Eligible/Categorical (FSIA on file and income or categorical eligibility has been verified)

If Categorical, is it based on SNAP?  Yes  No

If Yes, provide SNAP Number: \_\_\_\_\_

Date of Determination: \_\_\_\_\_ Date Determination Expires: \_\_\_\_\_

4. **FOR TIER II HOMES ONLY: (Check One)**

- I elect to receive reimbursement at the Tier II rate for all children in my home.
- I elect to require the SO to collect free and reduced-price applications and determine the income eligibility of enrolled children.
- I elect to collect FSIA's on my enrolled children and submit documentation to the SO for eligibility determination.
- I elect to have SO identify only those children in Tier II homes who are considered categorically eligible by virtue of their participation, or their parents' participation, in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. (This option is possible only in those limited situations where the provider knows which enrolled children are categorically eligible or when the SO has direct access to eligibility information for other qualifying programs.)

5. **PROVIDER MUST ANSWER EACH OF THE FOLLOWING QUESTIONS—SELECT AN ANSWER:**

I  have not  have been convicted of a business-related offense during the past seven years.

I  am  am not on the CACFP National Disqualified List.

I was placed on the CACFP National Disqualified List on \_\_\_\_\_ (date).

I understand that proposed termination or suspension for health or safety violations is appealable. I have received a copy of the appeal procedures for FDCH providers.

6. **MEALS REQUESTED FOR REIMBURSEMENT PURPOSES:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Breakfast | <input checked="" type="checkbox"/> AM Snack |
| <input checked="" type="checkbox"/> Lunch     | <input checked="" type="checkbox"/> PM Snack |
| <input type="checkbox"/> Supper               | <input type="checkbox"/> Late PM Snack       |

Only three meals per day per child may be claimed for reimbursement. This can be *two main meals and one snack* or *two snacks and one main meal*.

7. **PROVIDER RECORD-KEEPING REQUIREMENTS.**

The provider must keep full and accurate records respecting its food service to serve as a basis for the reimbursement and for audit and review purposes. The records to be maintained include, but are not limited to, the following:



License  
 Annual CACFP Enrollment Form  
 Daily Arrival and Departure Record (Attendance Records)  
 Daily Record of Meals Served (Recorded daily on a meal-by-meal basis)  
 Weekly Meals Served (Recorded daily on a meal-by-meal basis)  
 Infant Meals Served, if applicable (Recorded daily on a meal-by-meal basis)  
 Infant Meal Waiver, if applicable  
 Menu cycle for each main meal and snack served  
 Child Nutrition (CN) labels/product formulation statements, if applicable  
 Medical statements for dietary substitutions, if applicable  
 Milk Substitution Request, if applicable  
 WIC brochure  
*Building for the Future* fact sheet

**8. CERTIFICATION STATEMENT SIGNATURES**

We certify that the information in this Agreement is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities outlined in the Agreement and any attachments. The provider also certifies that he or she is not currently participating in the CACFP under any other SO. The provider further understands that this information is being given in connection with the receipt of federal funds; that SA and SO officials may, with cause, verify information; and that deliberate misrepresentation may subject him or her to prosecution under applicable state and federal criminal statutes.

We certify that neither the institution nor any of its principals has been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity (7 CFR §226.6[b][1][xiv][B]). A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the SA.

The provider further certifies that he or she has never been terminated from a publicly funded program (federal, state, or local).

By submitting this information, the sponsor is verifying that it has a signed Agreement for this provider on file at the organization’s office.

Effective date of Agreement is OCTOBER / OR DATE OF APPROVAL , 20 YY

Printed Name of Provider MARTHA LINDSAY	Printed Name of SO Representative JENNIFER JONES
Signature of Provider <i>Martha Lindsay</i>	Signature of SO Representative <i>Jennifer Jones</i>
Date MM/DD/YYYY	Title of SO Representative PROGRAM SPECIALIST
	Date MM/DD/YYYY

## Provider Status Change Form

This form is to used for adding, dropping, or changing a providers information in anything OTHER a meal change form. This form and any necessary supporting documentation must be **submitted within 10-days** of the effective date of the change.

*EXAMPLE*  
**Provider Status Change Form**

Agreement #: H-00-123 Sponsor Name: H-90-01

Provider Site #: 123 Provider Name: Martha Lindsay

Type of Change (select one):

Update information     New Add     Inactive     Drop/Close

Address: 100 Sunnyslane Big Hill, OK 71234

Phone Number: (918) 405-5800

Primary Caregiver Name (if different than provider): \_\_\_\_\_

Primary Caregiver Date of Birth: \_\_\_\_\_

**If adding new, complete this section:**  N/A

Provider Date of Birth: \_\_\_\_\_

License/Permit #: \_\_\_\_\_ Capacity: \_\_\_\_\_

If license is a temporary permit or any other type of license with an expiration,  
please supply expiration date: \_\_\_\_\_

NDL search has been conducted and proper identification is on file?  Yes  No

Was the preapproval visit conducted *prior* to the provider participating?  Yes  No

Effective Date (this date must match the date listed on the preapproval form and agreement): \_\_\_\_\_

**If making site inactive, complete this section:**  N/A

Date provider wishes to become inactive: \_\_\_\_\_

Will the provider be inactive beyond the current fiscal year?  Yes  No

**If yes, the provider may be required to drop and re-apply later.**

Date provider plans to become active again: August 5, 20XX

Reason for inactive status: Provider is going inactive for the summer, and plans to only have children during the school year

**If dropping the program or closing, complete this section:**  N/A

Reason for drop/closure: \_\_\_\_\_

Will you be submitting any additional claims for this provider?  Yes  No

**If yes, do not submit this form at this time, please wait until last claim has been paid**

Last Claim Month: \_\_\_\_\_

Last Operating Day (must be within last claim month): \_\_\_\_\_

**If updating any other information, complete this section:**  N/A

**Meal time changes must use the meal time change form, NOT this form**

Requested change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you approve this change prior to implementation?  Yes  No

If no, please explain: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

# Notes

# TIERING DETERMINATION

## TIERING DEFINITIONS

**Area-Eligible:** A provider determined to be a Tier I home based on school data or census data.

**Categorical Eligibility:** A child or family day care home (FDCH) provider who is a member of a household participating in the Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance to Needy Families (TANF) program. The household must provide a current SNAP, FDPIR, or TANF case number on the Family-Size and Income Application (FSIA) to establish its categorical eligibility. In the case of a **PROVIDER**, the status must be verified in writing before determining that the provider is eligible for Tier I reimbursement for meals served in the FDCH. Meals served to the categorically eligible child automatically qualify for Tier I reimbursement.

**Census Data:** For the purpose of the Child and Adult Care Food Program (CACFP), a geographic area in which 50 percent of the children residing in the area are members of households whose incomes meet the poverty guidelines.

**Economic Unit:** A group of related or unrelated individuals who are not residents of an institution or boarding house, but who share housing and/or all significant income and expenses. Generally, individuals residing in the same house are an economic unit. However, more than one economic unit may reside in the same house. Separate economic units in the same house are characterized by prorating expenses and economic independence from one another.

**Expanded Categorical Eligibility:** Children in Tier II homes participating in or subsidized under any *federally or state-supported child care or other benefit program with an income-eligibility limit that does not exceed 185 percent of income guidelines for poverty*. Meals served to these children are automatically eligible for Tier I reimbursement. Expanded categorical eligibility does not apply to a provider's classification as a Tier I home, to the eligibility of the provider's own children, or to participants in other child or adult day care centers.

**Family Day Care Home (FDCH):** A licensed, organization family day care program for non-residential enrolled children in a private home, under the auspices of a sponsoring organization (SO).

**Family/Household:** 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.

**Family-Size and Income Application (FSIA):** The application form used to collect information from individual households to determine either categorical or income eligibility for Tier I reimbursement for meals served to children. The form may be distributed to providers for Tier I determination or to claim provider's own children. It may also be distributed to parents or guardians of each household for individual child determination when the child is enrolled in a Tier II home.

**Federal Fiscal Year:** A period of 12 months, beginning with October 1 of any calendar year and ending with September 30 of the following calendar year. The CACFP operates on a federal fiscal year.

**Food Distribution Program on Indian Reservations (FDPIR):** A program that distributes monthly commodity food packages to eligible American Indian households living on or near an American Indian reservation.

***Foster Child Residing With Provider:*** A child who is a ward of the court or welfare agency and has been placed in residence in a provider’s household. The foster child is treated as the provider’s own child. If the foster parent/provider wants to claim his or her foster child, the provider must have an approved FSIA on file and qualify for Tier I reimbursement based on verified income, verified categorical eligibility, school data, or census data, just as he or she would do in claiming any of his or her own children. The foster child is not considered a household of one, but is included as a household member of the foster family.

***Foster Child Attending Tier II Home:*** A foster child is a child who is living with a household but remains the legal responsibility of the welfare agency or court. A foster child is categorically eligible for Tier I rates.

***Gross Income:*** Any money received on a recurring basis, including gross earned income (unless specifically excluded by legislation). Specifically, *gross earned income* means all money earned before such deductions as income taxes, employee’s social security taxes, insurance premiums, and bonds. Income includes the household’s gross earnings, wages, welfare, pension, alimony and child support payments, unemployment compensation, social security, and additional cash received or withdrawn from any other sources, including savings, investments, trust accounts, and other resources.

***Income-Eligible:*** Any child or provider from a household whose current income is at or below the household-size and income information on the FSIA to enable the SO to compare the household information to the income-eligibility guidelines. Meals served in the income-eligible provider’s home or to the income-eligible child are eligible for Tier I reimbursement.

***Income-Eligibility Guidelines (IEGs):*** The household-size and income levels prescribed annually by the Secretary of Agriculture for determining eligibility for Tier I reimbursement. The Tier I guidelines are 185 percent of the annual poverty guidelines.

***Net Income:*** Net income for the self-employed is determined by subtracting business expenses from gross receipts.

***Overt Identification:*** Any act that openly identifies children as eligible to receive meals reimbursed at the Tier I rates in the CACFP.

***Provider’s Own Children:*** All residential children in the provider’s household who are part of the economic unit of the family. A family is 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. Therefore, a provider’s own children include children by birth or adoption, foster children, grandchildren, or housemates’ children who are part of the economic unit. Informal extended family situations frequently exist in low-income areas, and all such children should be included in the provider’s household. Children whose parents or guardians have made a contractual agreement, either formal or informal, with a provider for residential care, and whose relationship is defined primarily by the child care situation, are not considered the *provider’s own children*.

***School Data:*** For the purpose of CACFP, an FDCH that is located in an area that is served by a school site in which at least 50 percent or more of the students enrolled are certified eligible to receive free or reduced-price school meals.

***SNAP Household:*** Any individual or group of individuals currently certified to receive benefits under the Supplemental Nutrition Assistance Program (SNAP).

**Temporary Assistance to Needy Families (TANF):** A block grant to states authorized under the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* (P.L. 104-193) that allows states to provide assistance to needy families with children and provide parents with job preparation, work, and support service to enable them to leave the program and become self-sufficient.

**Tier I Family Day Care Home:** An FDCH that has been determined by the SO as eligible for Tier I reimbursement for meals served because it is either (1) located in an area served by a school enrolling students in which at least 50 percent of the total number of children enrolled are certified eligible to receive free or reduced-price meals or (2) located in a geographic area, based on census data, in which 50 percent of the children residing in the area are members of households that meet the income standards for free or reduced-price meals or (3) operated by a provider whose household meets the income standards for free or reduced-price meals, based on a completed FSIA that has been verified by the SO.

**Tier II Family Day Care Home:** An FDCH that is **NOT** located in an area that meets school or census data, or the provider's household income is **NOT** below 185 percent of the federal income poverty guidelines. Such a home would receive Tier II reimbursement for meals served.

**Tier II-Higher Home (II-H):** A Tier II FDCH where **ALL** children are certified as eligible for the higher reimbursement rate. (All meals claimed are paid at the Tier I rate.)

**Tier II-Lower Home (II-L):** A Tier II FDCH where **NONE** of the children are certified as eligible for the higher reimbursement rate. (All meals claimed are paid at the Tier II rates.)

**Tier II-Mixed Homes (II-M):** A Tier II home that receives some combination of Tier I and Tier II reimbursement rates for meals served to enrolled children. The provider will receive Tier I rates for meals served to children who have been determined to be eligible based on household size and income **OR** receipt of categorically eligible benefits **OR** receipt of expanded categorically eligible benefits. The provider will receive Tier II rates for meals served to all other children.

**Verification:** Confirmation of a provider's eligibility for Tier I status under the CACFP. Verification is required for all providers qualifying as a Tier I home based on the provider's own income or categorical eligibility. Verification must include either written confirmation of income eligibility or written confirmation that the provider is a participant in SNAP, FDPIR, or TANF.



## **SPONSORING ORGANIZATION RESPONSIBILITY FOR TIERING DETERMINATION**

SOs are responsible for determining the classification of an FDCH as a Tier I home. If the SO has not been able to verify that the home meets one of the criteria for Tier I classification, the home must be classified as a Tier II FDCH.

SOs will need to be familiar with the requirements for Tier I classification and maintain appropriate documentation to support their determination of each FDCH's eligibility for Tier I benefits. Sponsors should maintain on file the documentation used to determine the classification of the home as Tier I for as long as the classification is in effect. The length of time the Tier I classification is in effect will be different, depending on the method used, as explained in the following pages regarding the use of school or census data or the provider's income or categorical eligibility. The classification documentation and all other records to support reimbursement claims must be retained for three years after the end of the fiscal year to which they pertain or longer if there is an ongoing review or audit. They must also be made available to the State agency, USDA, or the Office of Inspector General (OIG) for review or audit at any reasonable time and place.

### **TIER I DAY CARE HOMES**

FDCHs participating in the CACFP are classified as Tier I homes, either by location of the home in an eligible area (area eligibility) or by the provider's income. After a home has been classified as Tier I, all Program meals served to enrolled children are reimbursed at Tier I rates, regardless of the income of the enrolled children's household. However, if the Tier I classification is based on area eligibility, the provider must still submit an FSIA and meet the income guidelines in order to receive reimbursement for meals served to his or her own children.

Under CACFP regulations, §226.2, area eligibility is defined as follows:

- An FDCH that is located in an area served by a school enrolling students in which at least 50 percent of the total number of children enrolled are certified eligible to receive free or reduced-price meals.

***OR***

- An FDCH that is located in a geographic area, based on census data, in which at least 50 percent of the children residing in the area are members of households that meet the poverty guidelines.

In addition, the provider's household income may be used to classify a home as Tier I. In this case, the law requires that the household income be verified. The definition in §226.2 is:

- An FDCH that is operated by a provider whose household meets the income standards for free or reduced-price meals, as determined by the SO based on a completed FSIA, and whose income is verified by the SO in accordance with §226.23(h)(6).

## TIER I CLASSIFICATION BASED ON AREA ELIGIBILITY

### Use of School Data

The State agency is required each year to provide a list of schools in the state in which at least 50 percent of the enrolled children have been determined to be eligible to receive free or reduced-price meals. The State agency will provide all SOs with this information no later than February 15 of each year.

An SO must determine and document school attendance area information for each FDCH. Most commonly, sponsors would obtain an official school boundary identifying map, match provider addresses to the map's boundaries, and retain the map as documentation. If such maps were unavailable, the sponsor would need to contact school officials to obtain written descriptions of attendance areas. Once the written descriptions are received, the SO may need to plot the boundaries of the school attendance areas on county or city maps. The SO must plot the providers' home addresses within the school attendance areas in order to properly document any provider as a Tier I home. All documentation must be dated and initialed by SO staff.

The SO's determination that an FDCH is located in an eligible school attendance area will be in effect for five years when the determination is based on school data. If a provider moves within this five-year time frame, the SO must reestablish the area-eligibility of the provider, using the new address of the provider. The school listing provided by the State agency must be maintained as long as the provider's determination is in effect. It is required a photocopy of the page indicating the school used for the determination be placed in the provider's file. The SO may want to highlight the name of the school on the photocopied page. The photocopy must be dated and initialed by SO staff. This listing with all SO records must also be maintained three years after the provider's determination expires.

Sponsors must annually inform Tier II day care home providers that the provider may ask for a reclassification to be considered when new school data (low-income report) becomes available each year and that reclassification may be made at any time for Tier II homes.

### Use of Census Data (Reference USDA Policy Memo CACFP-07-2012)

1. **Area-Eligibility Policy:** CACFP day home homes that establish eligibility using census data are required to use the most recent census data available (7 CFR 226.6[f]). The Census Bureau estimates household income annually using the American Community Survey (ACS) and, therefore, the FNS will release these new estimates every year. However, in order to reduce burden and maintain consistency within the Programs, area-eligibility determinations based on census data are effective for five years (see CACFP 02-2012, *Eligibility Based on Census Data*, October 31, 2011).

Sponsors must print the census data map as proof of eligibility. Documentation must be dated and initialed by the SO staff.

Census Block Groups (CBGs) will continue to be the geographical unit used to assess eligibility for CACFP when using census data. In order for a CACFP day care home site to be eligible, if they are located in a CBG that qualifies under CACFP. The column with the heading *Eligible* indicates whether the CBG is eligible under the CACFP.

Sponsors must annually inform Tier II day care home providers that the provider may ask for a reclassification to be considered when new census data become available each year and that reclassification may be made at any time for Tier II homes.

2. **Using the Data:** The Food Research and Action Center (FRAC) has included the data in its CACFP mapping Web site [www.fairdata2000.com/CACFP](http://www.fairdata2000.com/CACFP) so that sponsors can determine if a provider will qualify for Tier I rates under the 2010 ACS CBG information.

## **TIER I CLASSIFICATION BASED ON PROVIDER FAMILY-SIZE AND INCOME APPLICATION**

### **Classification Based on Income-Eligibility of Provider:**

In order to classify an FDCH as Tier I based on the provider's household income, the SO must:

1. Have on file a completed FSIA for the provider that lists all household members and income.
2. Total the household income and check to see that the income and the family size are within the current income-eligibility guidelines.
3. Verify, with written documentation, that the information submitted by the provider is accurate.

***If the FDCH is receiving Tier I rates based on the provider's household income, eligibility must be redetermined each fiscal year (October 1 through September 30).***

### **Classification Based on Categorical Eligibility of Provider:**

Providers may demonstrate that they meet the criteria for free or reduced-price meals by virtue of their receipt of benefits from SNAP, TANF benefits, or FDPIR benefits.

In order to classify an FDCH as Tier I based on the provider's categorical eligibility, the SO must:

1. Have on file a completed FSIA for the provider that shows categorical eligibility.
2. Verify with written documentation that the information submitted by the provider is accurate.

***If the FDCH is receiving Tier I rates based on the provider's categorical eligibility, eligibility must be redetermined each fiscal year (October 1 through September 30).***

***SOs are required to submit a list of all providers classified as Tier I homes based on SNAP documentation to the State agency no later than March 15 of each year.***

## Dates of Determination

### *School or Census Data*

- The determination is in effect for 5 years; this determination cannot be back-dated and cannot be redetermined annually for Tier I homes. *Start date may vary depending upon when provider signs up with SO.*
- Sponsors must annually inform Tier II homes that the provider may ask for reclassification to be considered when new school or census data become available each year and that reclassification may be made at any time for Tier II homes.
- The photocopy of the school listing used must be dated and initialed by Sponsor staff.
- Tier II homes that are eligible for Tier I may start the first of the following month, and their end date will be the last day of the same month. See below for examples.

<b>Type of Provider</b>	<b>Start Date</b>	<b>Tier I Start Date</b>	<b>End Date</b>
Existing Tier II Provider	01/15/YYYY	02/01/YYYY	02/28/YYYY
New Provider (if eligible for Tier I)	02/01/YYYY	02/01/YYYY	02/28/2YYYY

### *Household Income Application or Categorical Eligibility (SNAP, TANF, FDPIR Benefits)*

- The determination is in effect for 1 fiscal year (October 1 through September 30). *Start date may vary depending upon when provider signs up with SO.*
- Sponsors are required to submit a list of all providers classified as Tier I homes based on SNAP documentation to the State agency no later than March 15 of each year.
- Tier II homes that are eligible for Tier I may start the first of the following month, and their end date will be the last day of the fiscal year (September 30). See below for examples.

<b>Type of Provider</b>	<b>Start Date</b>	<b>Tier I Start Date</b>	<b>End Date</b>
Existing Tier II Provider	01/15/YYYY	02/01/YYYY	09/30/YYYY
New Provider (if eligible for Tier I)	02/01/YYYY	02/01/YYYY	09/30/YYYY

## PROVIDER'S OWN CHILDREN

Meals served to the provider's own children may only be reimbursed if the following three conditions exist:

1. The provider's children must be enrolled and participating in the child care program during the time of the meal service.
2. Other enrolled nonresident children must be present and participating in the same meal service.
3. The SO must have an FSIA on file for the provider's household showing that the provider's household is income-eligible or categorically eligible. If a provider qualifies as Tier I based on school or census data, the SO is ***not required*** to verify the income or categorical eligibility status.

The term ***provider's own children*** refers to all residential children in the provider's household who are part of the economic unit of the family. A family is 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. Therefore, a provider's own children include children by birth or adoption, foster children, grandchildren, or housemates' children who are part of the economic unit. Informal extended family situations frequently exist in low-income areas, and all such children should be included in the provider's household. Children whose parents or guardians have made a contractual agreement, either formal or informal, with a provider for residential care, and whose relationship is defined primarily by the child care situation, are not considered the ***provider's own children***.

***If the provider has been determined to be eligible for Tier I rates due to area information—either school or census data—the provider's own children will be eligible for reimbursement only if the provider has completed an FSIA and has been determined to qualify for benefits on the basis of household income or because the household participates in the SNAP, FDPIR, or TANF program.***

***NOTE: A provider is not allowed to claim another provider's child(ren). See agreement.***

*EXAMPLE*  
**TIER I PROVIDER BASED ON SNAP ELIGIBILITY**

Sponsoring Organization: BIG BUCKS COMMUNITY ACTION Agreement Number: H-90-01

**INSTRUCTIONS:**

1. List each household member name.
2. List the SNAP case number (must be six- or nine-digit number).

A list of providers qualifying for Tier I reimbursement based on *Supplemental Nutrition Assistance Program* (SNAP) eligibility must be submitted by March 15 of each year to the State agency. The list must include the provider’s name and his or her SNAP case number.

<b>HOUSEHOLD MEMBER (Last Name, First Name)</b>	<b>SNAP NUMBER</b>
<i>Evans, Markus</i>	<i>A329432</i>
<i>Williams, Leon</i>	<i>C432103</i>

This form must be completed and submitted to the following address by March 15 of each year:  
Oklahoma State Department of Education  
Child Nutrition Programs Section, Ste 310  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599  
Fax: (405) 521-2239

## **INCOME VERIFICATION OF ELIGIBILITY FOR TIER I STATUS**

For homes that are not area-eligible for Tier I status, the provider may apply for Tier I status by completing an FSIA and cooperating with verification requirements.

Verification is the confirmation of eligibility for Tier I status for FDCH providers participating under the CACFP. Verification must include confirmation of reported income or documentation that the provider's household is a current recipient of SNAP, TANF, or FDPIR benefits. This documentation must show the dates of certification.

### A. Requirements for Income Verification

1. Verification must take place prior to approving an FDCH for Tier I status.
2. The FDCH SO must complete verification on all providers who completed an FSIA to apply for Tier I status.
3. To determine if a provider meets Tier I eligibility requirements, sponsors must compare the household size and the total household income to the income-eligibility guidelines. Sponsors must obtain written documents to verify income.
4. Special Situations in Determining Household Size
  - a. ***Adopted Child***—An adopted child for whom a household has accepted legal responsibility is considered to be a member of that household.
  - b. ***Child Attending an Institution***—A child who attends, but does not reside in, an institution is considered a member of the household in which he or she resides.
  - c. ***Child Away at School***—A child who is temporarily away at school (e.g., attending boarding school or college) should be counted as a member of the household.
  - d. ***Child Living With One Parent, Relatives, or Friends***—In cases where no specific welfare agency or court is legally responsible for the child or where the child is living with one parent, other relatives, or friends of the family, the child is considered to be a member of the household with whom he or she resides. Children of divorced or separated parents are generally a part of the household that has custody.
  - e. ***Family Members Living Apart***—Family members living apart on a **TEMPORARY** basis are considered household members. Family members not living with the household for an **EXTENDED** period of time are not considered members of the household for purposes of determining eligibility, but any money made available by them or on their behalf for the household is included as income to the household.
  - f. ***Foreign Exchange Student***—A foreign exchange student is considered to be a member of the household in which he or she resides (i.e., the household hosting the student).
  - g. ***Foster Child***—A child who is a ward of the court or welfare agency and has been placed in the provider's household. Such a child is counted as a member of that household.
  - h. ***Institutionalized Child***—An institutionalized child is a child who resides in a residential-type facility that the state has determined is not a boarding school. Such a child is not counted as part of the provider's household.

## 5. Determining Household Income

- a. Income is any money received on a recurring basis.
- b. Households must report all current income. Current income means monies received by the household during the month prior to completing the FSIA.
- c. An FDCH provider is considered to be self-employed and therefore should report net income. Net income for the self-employed is determined by subtracting business expenses from gross receipts.
- d. For self-employed persons, last year's income (tax return information) may be used as long as it reflects the current year's net income.
- e. Any wages earned by a member of a provider's household must be reported in gross earnings. Specifically, gross earned income means all money earned before such deductions as income taxes, employee's social security taxes, insurance premiums, and bonds. A wage earner's income is determined by current income information, not the previous year's tax return.
- f. For a household with income from wages and self-employment, each amount must be reported separately. ***When there is a business loss and the income from self-employment is negative, it must be listed as zero income.*** The loss from the self-employed member of the household may not be deducted from the income of any wage earner in the household.
- g. The following is considered income but is not limited to:
  - (1) Wages, salaries, tips, commissions, net income from self-owned businesses and farms, strike benefits, unemployment compensation, and worker's compensation.
  - (2) Public assistance or welfare payments (TANF), alimony or child support payments, ***but not SNAP benefits.***
  - (3) Pensions, retirement income, social security, supplemental security income (SSI), and veteran's payments.
  - (4) Net rental income; annuities; net royalties; disability benefits; interest; divided income; cash withdrawn from savings; income from estates, trusts, and/or investments; regular contributions from persons not living in the household; and any other money that may be available to the household.

***When calculations are made to determine current income, the SO should annotate the figures used in the calculations.***

## B. Requirements for Categorical Eligibility Verification

Verification of eligibility for providers listing a SNAP or TANF case number on the FSIA may be accomplished by submitting the provider's name and case number to the local SNAP or welfare office for written confirmation of receipt of benefits. The verification is considered complete when the welfare agency responds with written evidence of the household's participation status or the provider furnishes official documentation with effective dates of benefits. When a provider is a participant in the FDPIR with a specific American Indian tribe, the provider must supply a copy of the FDPIR eligibility notification indicating current participation status. If FDPIR participation documents are not available, the SO may request written notification from the American Indian tribe.

1. A SNAP case number is a number beginning with the letter A, B, C, D, H, J, or T and is followed by six or nine digits. ***This must be an Oklahoma SNAP number.***
2. A TANF number is recognized by a number beginning with the letter C or H and is followed by six or nine digits. ***This must be an Oklahoma TANF number.***



3. An FDPIR number has no identifiable format. Each tribe may have their own system. It may appear to be any combination of letters and/or numbers. **NOTE: A number starting with KK should not be considered an FDPIR number.**

#### C. Processing Verification Records

1. Whether Tier I status is granted or not, documentation of such efforts must be kept on file to demonstrate compliance with verification requirements for those homes that are not area-eligible.
2. The following may be used by the SO to verify household status of Tier I providers:
  - a. **Worksheet to Determine Current Monthly Income**, with copies of current gross income receipts in addition to any business expense deductions expected to reflect provider's net income. **Monthly Record of Income and Expenses** may be attached to further document provider's monthly income.
  - b. Copies or original pay stubs for wages and salaries earned by household's wage earner.
  - c. Copy of last year's tax return if it is reflective of provider's net income. (Tax return should include a **Schedule C** form for self-employed providers that must be used to determine provider's income.)
  - d. Letter from employers of the wage earners in household stating gross wages paid and how often they are paid.
  - e. Verification of government benefits from funding source.
  - f. Copy of participation document for SNAP, TANF, or FDPIR. This documentation must include eligibility dates.
  - g. Copies of court decree for verification of the amount of any child support or alimony.

#### D. Notification of Status as a Result of Verification

Providers must be notified of their reimbursement status as a result of verification efforts. A written notice of the determination must be given to the provider and a copy of such notice kept on file by the SO.

As the sponsor reevaluates the tiering status of providers, the sponsor must notify the providers, in writing, when there is a change in the tiering status.

## LETTER TO PROVIDER—TIER I OR PROVIDER’S OWN CHILDREN

Fiscal Year 20XX

Dear Provider:

To qualify for Tier I reimbursement or if you wish to receive reimbursement for meals served to your own children under the United States Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP), you must complete, sign, and return to us the enclosed Family-Size and Income Application (FSIA).

- 1. How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home?** You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data or (b) establish economic need through the information provided on the enclosed FSIA.
- 2. Who determines my eligibility as a Tier I FDCH?** Our office will determine our eligibility status. We will use the information you provide on the FSIA. Make sure you complete and sign the form; report all household income (not just your FDCH business income), and provide appropriate records of your income. **Return the completed application and other papers to:** (Name) Big Bucks Community Action , Address 112 Fast Lane Drive Anywhere, OK 78910 , Phone Number (918) 405-5800 .
- 3. What kinds of records should I submit with my FSIA?** If you operated an FDCH business last year, attach a copy of your most recent tax return, including Schedule C; if your recent tax return and Schedule C are no longer indicative of your income, you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.
- 4. How do I get reimbursed for meals served to my own children?** You are required by law to complete this application if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need or you have already been classified as a Tier I home, you must complete this application. Our office **MAY** verify the income information you submit.
- 5. If I do not live in an area of economic need or do not want to submit the FSIA, what are my options for reimbursement?** You will receive lower rates of reimbursement for meals served to children enrolled in our FDCH.
- 6. Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this application?** You should talk to your sponsoring organization (SO).
- 7. 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) who shares income and expenses. You must include yourself and all children who live with you.

8. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Chart, you will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) case number, you will remain eligible for those benefits for the rest of the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
  
9. **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.
  
10. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **(Name) Big Bucks Community** , **(Address)** 112 Fast Lane Drive , **(Phone Number)** (918) 405-5800 .  
Anywhere, OK 78910
  
11. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider.

If you have other questions or need help, call **(Phone Number)** (918) 405-5800 .

Sincerely,

*Jennifer Jones*

*EXAMPLE*  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
 FAMILY-SIZE AND INCOME APPLICATION (FSIA)  
 FOR FAMILY DAY CARE HOMES (FDCH)**

**FOR SPONSOR USE ONLY:**

1. Indicate type of application:  Provider  Parent/Guardian  
 2. Provider's Name: MARTHA LINDSAY Provider Number: 26

**PART 1. ALL HOUSEHOLD MEMBERS**

a. Name(s) of Enrolled Child(ren) JIMMY LINDSAY, LISA LINDSAY

b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* <small>*If all children indicated below are foster children, skip to Part 5 to sign this form.</small>	Check if NO Income
MARTHA LINDSAY			<input type="checkbox"/>	<input type="checkbox"/>
JIMMY LINDSAY	4	MM/DD/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LISA LINDSAY	3	MM/DD/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR* benefits, provide the name and case number for the **ONE** person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER: \_\_\_\_\_.**

Homeless  Migrant  Runaway

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
<b>(Example) Jane Smith</b>	\$ 200/Weekly	\$ 150/ Twice a Month	\$ 100/Monthly	
MARTHA LINDSAY	\$ 304.07/MONTHLY	\$ 100/MONTHLY	\$ SEE ATTACHMENT	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**PART 5. Expanded Categorical Eligibility for PARENT/GUARDIAN OF TIER II HOMES ONLY**

<input type="checkbox"/> Women, Infants, and Children (WIC)	<input type="checkbox"/> Title XX Energy Program (LIHEAP)	<input type="checkbox"/> Refugee Assistance National School Lunch/School Breakfast Programs (NSLP/SBP)	<input type="checkbox"/> Commodity Supplement Food Program Child Development Fund
<input type="checkbox"/> Federally Funded Head Start			

**PART 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).**

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

*I certify that all information on this form is true and that all income is reported. I understand that the FDCH will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Sign Here: MARTHA LINDSAY Print Name: MARTHA LINDSAY  
 Date: MM/DD/YYYY  
 Address: 111 1ST STREET Phone Number: 405-662-1343  
 City: ANYWHERE State: OK Zip Code: 78910  
 Last four digits of social security number: \*\*\*\* - \*\* - 2 2 2 2  I do not have a social security number.

**PART 7: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:		Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**PART 8: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.**

**Health Insurance**  Yes, I want health insurance for my children. Institution officials may give information from my FSIA to Sooner Care Health Benefit officials so that they may send me information about free or low-cost health insurance for my children.

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: MARTHA LINDSAY Date: MM/DD/YYYY

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185 % of Poverty Level	
Household Size	Yearly
1	26,973
2	36,482
3	45,991
4	55,500
5	65,009
6	74,518
7	84,027
8	93,536
Each Additional Person:	9,509

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of 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, audiotape, 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider

**DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.**

Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income: <u>14,848.84</u>	Per Week:	Every 2 Weeks:	Twice a Month:	Month: Year: <u>X</u>
Household Size: <u>3</u>				
Categorical Eligibility:	Date Withdrawn:	Eligibility: Free	Reduced	Denied Tier I <u>X</u> Tier II
Reason:				
Determining Official's Signature: <u>JENNIFER JONES</u>	Date: <u>MM/DD/YYYY</u>			

## TIER II FAMILY DAY CARE HOMES

A Tier II FDCH is defined as one that does **NOT** meet the criteria for classifying an FDCH as Tier I. That is, it would **NOT** be located in an area that meets the criteria for school or census data **NOR** would the provider's household have submitted an FSIA documenting verified income eligibility or verified categorical eligibility.

Tier II FDCHs may still receive Tier I rates for those children enrolled in their care who are individually determined to be eligible for Tier I reimbursement. The FDCH provider has the option whether or not he or she wishes to take advantage of this option.

Meals served to a child in Tier II FDCHs are eligible for Tier I reimbursement if the child's household meets one of the following conditions:

- It may be determined to be **income-eligible** if it has completed an FSIA that shows the household income meets USDA's income-eligibility guidelines.
- It may be categorically eligible if it participates in the SNAP, FDPIR, or TANF program.
- It may meet the **EXPANDED** categorical-eligibility criteria if it is participating in or subsidized under any federally or state-supported child care or other benefit program with an income-eligibility limit that does not exceed 185 percent of the income guidelines for poverty.

***The expanded categorical-eligibility criteria were established by P.L. 104-193 only for children enrolled in Tier II homes. It does NOT apply to the determination of provider eligibility for Tier I status or to the provider's own children in Tier I FDCHs.***

If a provider chooses to distribute FSIA's and all enrolled children meet the income-eligibility guidelines, the home is categorized as **Tier II-Higher (II-H)**.

Those Tier II homes that receive some combinations of Tier I and Tier II reimbursement rates for meals served to enrolled children are considered to be **Tier II-Mixed (II-M)** homes. The provider will receive Tier I rates for meals served to children who have been determined to be eligible based on household size and income, receipt of categorically eligible benefits, or receipt of expanded categorically eligible benefits. Tier II rates apply for meals served to all other children.

If a provider chooses not to distribute FSIA's to participating households or the FSIA's that were distributed do not meet the eligibility criteria, the home is categorized as a **Tier II-Lower (II-L)** home. The provider will receive Tier II rates for meals served to all children in the home.

### Distribution and Return of FSIA's

Tier II FDCH providers now have specific authority to collect the household income-eligibility forms from households and transmit them to their sponsors. However, if Tier II FDCH providers wish to collect and transmit household information, they or the sponsors must ensure that each household knows:

- The household is not required to complete the income-eligibility form in order for its children to participate in CACFP.
  - Households have the option, if they choose to complete the income-eligibility form, of either:
    - Returning the form directly to the sponsor at the address indicated on the form.
- OR**
- Returning the form to the provider with written consent allowing the provider to collect the form and transmit it to the sponsor on the household's behalf.

The SO may also provide the FSIA directly to the family and request that the information be returned directly to them.

*The SO may wish to provide stamped, self-addressed envelopes to facilitate the return of the completed FSIA's. This is not required; however, it is in the best interest of the sponsor and the child care provider to encourage households to return completed FSIA's promptly. They may be provided to the provider as well.*

If the provider elects to have the SO collect income information from participating households, the SO will be responsible for:

- Collecting FSIA's from the households of all children enrolled in the home.
- Determining which FSIA's meet the eligibility standards.

*Since an FDCH may qualify as a Tier I home on the basis of the provider's household eligibility for free and reduced-price meals, by definition there will be no meals reimbursed for provider's own children in Tier II homes.*

### **Confidentiality of Information**

In order to provide confidentiality to households and to prevent the overt identification of Tier I children, SOs are prohibited from making Tier I eligibility information concerning individual households available to FDCH providers. This information may only be made available to persons directly connected with the administration and monitoring of the program.

Therefore, sponsors may inform providers in Tier II homes only of the **NUMBER** of enrolled children determined by the SO as eligible for Tier I benefits. The providers may not be informed of the names of children eligible for either Tier I or Tier II reimbursement.

*EXAMPLE*  
**LETTER TO HOUSEHOLD—TIER II FAMILY DAY CARE HOMES (FDCH)**  
**FISCAL YEAR 20XX**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home (FDCH). (Name of FDCH) Sami Smith offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture (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 Family-Size and Income Application (FSIA).

1. **Am I required to complete an FSIA in order for my child(ren) to receive CACFP benefits?** No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child(ren). If you do complete the FSIA, you have the option of returning it directly to your provider or to the provider's sponsor. If you would like to provide your FSIA directly to the sponsor, return the completed form to: (Sponsor's Name) Big Bucks Comm Action, (Address) 112 Fast Lane Dr,  
(Phone Number) 918-405-5800. Anywhere, OK 78910

\_\_\_\_\_ Initial here if you consent to allowing to collect your form and provide it to the sponsor.  
(Provider's Name) Martha Lindsay will not review your form.

2. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.
3. **Who qualifies for the higher reimbursement without providing income information?** Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). Children in households participating in Women, Infants, and Children (WIC) also *MAY* qualify for the higher reimbursement.
4. **Who qualifies for the higher reimbursement based on income?** Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Children in households participating in WIC *MAY* be eligible for the higher reimbursement.
5. **May I fill out an application if someone in my household is not a United States (U.S.) citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the FDCH.
6. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also must include any foster children living with you.
7. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Chart, the FDCH will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the rest of the fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
8. **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.
9. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income.
10. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

If you have other questions or need help, call (Phone Number) 918-405-5800.

This institution is an equal opportunity provider.



**EXAMPLE**  
**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**  
**FAMILY-SIZE AND INCOME APPLICATION (FSIA)**  
**FOR FAMILY DAY CARE HOMES (FDCH)**

<b>FOR SPONSOR USE ONLY:</b>	
1. Indicate type of application: <input type="checkbox"/> Provider	<input checked="" type="checkbox"/> Parent/Guardian
2. Provider's Name: <u>MARTHA LINDSAY</u>	Provider Number: <u>26</u>

**PART 1. ALL HOUSEHOLD MEMBERS**

**a. Name(s) of Enrolled Child(ren)** PATTY PERFECT, JIMMY JAMES

b. Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)* <small>*If all children indicated below are foster children, skip to Part 5 to sign this form.</small>	Check if <i>NO</i> Income
PATTY PERFECT			<input type="checkbox"/>	<input checked="" type="checkbox"/>
JIMMY JAMES	10 MO	MM/DD/YY	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR* benefits, provide the name and case number for the **ONE** person who receives benefits. ***If no one receives these benefits, skip to Part 3.***

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER: \_\_\_\_\_.**

Homeless       Migrant       Runaway

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200/Weekly	\$ 150/ Twice a Month	\$ 100/Monthly	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**PART 5. Expanded Categorical Eligibility for PARENT/GUARDIAN OF TIER II HOMES ONLY**

<input type="checkbox"/> Women, Infants, and Children (WIC)	<input type="checkbox"/> Title XX Energy Program (LIHEAP)	<input type="checkbox"/> Refugee Assistance National School Lunch/School Breakfast Programs (NSLP/SBP)	<input type="checkbox"/> Commodity Supplement Food Program Child Development Fund
<input type="checkbox"/> Federally Funded Head Start			

**PART 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).**

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

*I certify that all information on this form is true and that all income is reported. I understand that the FDCH will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Sign Here: PATTY PERFECT Print Name: PATTY PERFECT  
 Date: MM/DD/YYYY  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_  I do not have a social security number.

**PART 7: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:		Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**PART 8: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.**

**Health Insurance**  Yes, I want health insurance for my children. Institution officials may give information from my FSIA to Sooner Care Health Benefit officials so that they may send me information about free or low-cost health insurance for my children.  
 No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.  
 I understand that I will be releasing information that will show that I applied for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: PATTY PERFECT Date: MM/DD/YYYY

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185 % of Poverty Level	
Household Size	Yearly
1	26,973
2	36,482
3	45,991
4	55,500
5	65,009
6	74,518
7	84,027
8	93,536
Each Additional Person:	9,509

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of 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, audiotape, 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider.

**DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.**

Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:
Household Size:				
Categorical Eligibility:	Date Withdrawn:	Eligibility:	Free	Reduced
			Denied	Tier I X
				Tier II
Reason:				
Determining Official's Signature:	<u>SAM BANKS</u>			Date: <u>MM/DD/YYYY</u>

# APPROVING CACFP FAMILY-SIZE AND INCOME APPLICATIONS

Every application must be approved at face value. Institutions **must not** complete any part of the application for a household nor can an institution require a household to complete an application.

A. The application **MUST** provide the following:

1. ***For Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and/or Food Distribution Programs on Indian Reservations (FDPIR) households.***
  - a. The name of each child for whom the application is made.
  - b. A SNAP, TANF, or FDPIR case number:
    - (1) SNAP\*: A valid SNAP number may begin with the letter **A, B, C, D, H, J, or T** followed by six to nine digits. All valid numbers **MUST** be Oklahoma-issued. Some numbers could also include a dash, followed by two additional numbers.
    - (2) TANF\*: A valid TANF number is recognized by a six- to nine-digit number beginning with the letter **C** or **H**. All valid numbers **MUST** be Oklahoma-issued. This number could be followed by a dash with two additional numbers.
    - (3) FDPIR\*: An FDPIR number may be any combination of letters and/or numbers. It has no identifiable format. **NOTE: A number starting with KK should not be considered an FDPIR number.**
      - If an application contains a single case number for SNAP, TANF, or FDPIR, all enrolled children listed on the application must be approved for free meal benefits. Any income information on an application containing a **SINGLE/CORRECT** SNAP, TANF, or FDPIR case number should be disregarded. (Reference USDA Memo SP-38-2009)
      - If there is any doubt of the validity of a case number submitted on an application, the institution should contact the appropriate SNAP, TANF, or FDPIR official and document the findings. (Only Oklahoma issued SNAP, TANF, or FDPIR numbers are allowed. It cannot be one issued from another state.)
  - c. The signature of an adult household member.
2. ***Foster children are categorically eligible, and the required information for foster children is:***
  - a. The name of the child and an indication that the child is a foster child.
  - b. The signature of an adult household member.
3. ***For Other Households (Income Households):***
  - a. The names of all household members, including all children for whom the application is made.
  - b. The amount of gross income received by each household member and the source of the income.
  - c. The last four digits of the social security number of the adult household member who signs the application or an indication that the household member does not have one.
  - d. The signature of an adult household member.

B. Computation of Current Income

1. Each household **MUST** provide the amount of gross income received. Income **MUST** be identified with the individual who received it and the source of the income (such as wages or welfare). It is the responsibility of the SO representative to compute the household's total current income and compare the total amount to the income-eligibility guidelines.
2. Households may report incomes for different periods: e.g., one monthly, one every two weeks, one twice a month, and one weekly. The SO representative **MUST** convert all reported incomes to **ANNUAL** income to determine the total household income.
3. To compute annual income:
  - a. If income is received **every week**, multiply the total gross income by 52 to determine annual income.
  - b. If income is received **every two weeks**, multiply the total gross income by 26 to determine the annual income.
  - c. If income is received **twice a month**, multiply the gross income by 24 to determine the annual income.
  - d. If income is received **once a month**, multiply the gross income by 12 to determine the annual income.

***NOTE: In situations where income is reported weekly, every two weeks, monthly, or twice a month, and the software has no provision for dealing with dollars and cents, calculations should be done manually to arrive at the most accurate annual or monthly income. (Reference All State Directors' Memo 2001-CN-8) All computerized software must include both the dollar amount and the CENT amount, unless the cents are computed manually.***

#### C. Application Approval or Denial

1. Households that submit an incomplete application cannot be approved. If any **REQUIRED** information is missing, the information **MUST** be obtained before an eligibility determination can be made. Sponsoring Organization **must not** complete any part of the application for a household.
2. To get the required information, the SO representative may return the application to the household or contact the household either in person, by phone, or in writing. The institution representative must document the details of the contact and date and initial the entry. Applications missing the signature of an adult household member **MUST** be returned for signature.
3. Every reasonable effort should be made to obtain the missing information prior to determining the application is not eligible.
4. If there are any inconsistencies or questions concerning the required eligibility information provided, the household's application **MUST** be determined as not eligible unless the inconsistencies or questions are resolved. For instance, if it is unclear whether the household provided weekly or monthly income, this issue **MUST** be resolved before an eligibility determination can be made. The SO representative may contact the household prior to determining the application is not eligible, document the details of the contact, and date and initial the entry.
5. Each FDCH FSIA must contain the approval signature of the Sponsoring Organization

representative and date the form was approved to be considered valid.

D. Effective Date:

FDCH institutions have flexibility concerning the effective date of certification for program benefits. The date to be used to make this determination may be either the date the parent or guardian signed the income-eligibility form or the date on which the sponsor official signs the form to certify the eligibility of the participant. However, if the date of parent signature is not within the month of certification or the immediate preceding month, the effective date must be the date of certification.

E. Foreign Language Translations

Where a significant number or proportion of the population eligible to be served in the SO needs information in a language other than English, Sponsoring Organization ***MUST*** make reasonable efforts, considering the size and concentration of such population, to send appropriate non-English-language household letters or notices and application forms to such households. USDA provides copies of these applications. Log onto ***<https://www.fns.usda.gov/school-meals/translated-applications>***.

## EXAMPLE

### WORKSHEET TO DETERMINE CURRENT MONTHLY INCOME (Without a Tax Return) DO NOT USE FOR PROVIDERS WHO ARE AREA-ELIGIBLE

Provider Name: Martha Lindsay Provider Number: 26  
Date: MM/DD/YYYY

Your family day care home (FDCH) is not located in an area that qualifies you for Tier I rates. However, you may apply for these higher rates by completing a Family-Size and Income Application (FSIA). (See attached.) If your current household income is within the Tier I eligibility guidelines, you must provide written proof of all income before the determination can be made. Current participation in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) program will also be verified with the appropriate agencies. If your income information qualifies you as a Tier I home, all meals served to enrolled children will be reimbursed at the higher rate.

If you choose to provide a copy of your last year's tax return for verification purposes, it must be representative of your current income as a self-employed day care provider. Any other household members who are wage earners must supply last month's proof of income (pay stub, etc.) instead of using tax return information. FDCHs operating for less than the full tax period will take net profits and divide by the number of months in operation to determine current net income. New providers not operating an FDCH last year will need to calculate their current income. Below is a worksheet to help assess your income and to determine what documents must be provided for verification. Once you have determined your household income information, complete the FSIA and attach copies of receipts, pay stubs, etc., along with this worksheet. Any business expense without proper documentation will not be deducted from gross profits.

**Last Month's Gross Income of Provider:**

Parent fee (provide copy of payment records)	\$ <u>975.00</u>
DHS/Tribal copayments (provide copy of payment records)	\$ <u>0</u>
DHS/Tribal payments (provide copy of claim)	\$ <u>0</u>
Other: _____	\$ <u>0</u>

**CHILD AND ADULT CARE FOOD PROGRAM:** \$ 0  
(The amount of your reimbursement from last month [if applicable])

**GRAND TOTAL OF PROVIDER'S GROSS INCOME:** \$ 975.00  
(A)

**Last Month's Business Expenses of Provider:**

(You must attach itemized receipts for any expense you wish deducted)

Day care home food and food-related supplies*	\$ <u>563.00</u>
Day care business-related expenses	
Advertising	\$ <u>0</u>
Toys/books/art supplies	\$ <u>0</u>
Bank/legal fees	\$ <u>10.00</u>
Rent (X Time and Space %)**	\$ <u>0</u>
Utilities (X Time and Space %)**	\$ <u>0</u>
Child care supplies (diapers, cleaning supplies)	\$ <u>97.93</u>
Other: _____	\$ <u>0</u>

**GRAND TOTAL OF ALL BUSINESS EXPENSES:** \$ 670.93  
(B)

\$ <u>975.00</u>	+	\$ <u>670.93</u>	=	\$ <u>304.07</u>
= (A) Gross Income		= (B) Business Expenses		= <b>CURRENT NET INCOME</b>
				<b>LAST MONTH</b>

\* In lieu of receipts, meals claimed multiplied by Tier I rates would be acceptable.

\*\* Internal Revenue Service (IRS) Publication 587 must be used to document business use of your home.

*EXAMPLE*  
**MONTHLY RECORD OF INCOME AND EXPENSES**

Provider: MARTHA LINDSAY Agreement Number: 26

Month: AUGUST Year: YYYY

Itemized receipts must accompany every entry.

INCOME: PARENT PAYMENTS	AMOUNT \$	EXPENSES: FOOD/SUPPLIES/OTHER	AMOUNT \$
AMY BROWN	375.00	ANYWHERE MARKET	126.06
JESSICA SMYTH	325.00	WALLY MART	201.94
SUSAN ALEXANDER	200.00	ANYWHERE MARKET	160.40
LUCY WILSON	125.00	BANK OF ANYWHERE	10.00
		ANYWHERE MARKET	172.53
<b>TOTAL</b>	<b>975.00</b>	<b>TOTAL</b>	<b>670.93</b>

# PROVIDER TIER VERIFICATION RESULTS

## INSTRUCTIONS

1. Use this form to notify providers of the verification results of their Tier I status when submitting household income information.
2. Maintain a copy of the results of verification with each provider's file.

***NOTE: This form must be sent to each provider each time a household income is reevaluated.***



**EXAMPLE**  
**PROVIDER TIER VERIFICATION RESULTS**

Dear MARTHA LINDSAY : Home #: 26 Date: MM/DD/YYYY

As a result of verification efforts required by Child and Adult Care Food Program (CACFP) Family Day Care Home (FDCH) Tiering Regulations, your eligibility status is as follows:

Tier I status is granted beginning on MM/DD/YYYY

Tier I status is denied due to the following reason:

- Income is over allowable amount.
- You did not provide complete proof of eligibility.
- Your Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR) participation could not be verified.

If you did not qualify as a Tier I home but have a decrease in household income, a household member becomes unemployed, or have a change in household size, you may reapply for Tier I status. If you did not qualify due to incomplete proof of eligibility and you now have complete documentation, you may reapply for Tier I benefits. You may contact our office at 500-555-1212 to discuss this possibility.

Sincerely,

(Phone Number)

SAM BANKS

(Sponsoring Organization Representative)

EXECUTIVE DIRECTOR

(Title)

**BIG BUCKS COMMUNITY ACTION PROGRAM**

(Sponsoring Organization Name)

**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 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 to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number 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 Programs.

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, audiotape, 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:

mail:

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

**LETTER TO SNAP, TANF, OR FDPIR OFFICE FROM  
CACFP  
SPONSORING ORGANIZATION**

**INSTRUCTIONS**

1. Submit this form to the Department of Human Services (DHS) or Tribal Agency to verify that a provider is receiving SNAP, TANF, or FDPIR benefits.
2. Duplicate and place in provider's file.

**EXAMPLE**  
**LETTER TO SNAP, TANF, OR FDPIR OFFICE**  
**FROM CACFP SPONSORING ORGANIZATION**

Dear     **DHS**     Date:     **MM/DD/YYYY**    

The regulations for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and Food Distribution Program on Indian Reservations (FDPIR) programs permits release of eligibility information to administrators of the Child and Adult Care Food Program (CACFP) to ensure that family day care home (FDCH) providers are eligible to receive Tier I rates of reimbursement.

The receipt of SNAP, TANF, or FDPIR automatically qualifies an FDCH participating in the CACFP for Tier I rates. Listed below are providers who have indicated that they now receive SNAP, TANF, or FDPIR benefits. On the chart below, please indicate if the households are currently participating in the SNAP, TANF, or FDPIR program.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact.

    **SAM BANKS**     at     **BIG BUCKS COMMUNITY ACTION PROGRAM**      
(Sponsoring Organization Representative) (Sponsoring Organization Name)

at     **580-444-3210**      
(Telephone Number)

FAMILY DAY CARE HOME PROVIDER (Last Name, First Name)	SNAP, TANF, OR FDPIR NUMBER	CURRENT PARTICIPATION IN SNAP, TANF, OR FDPIR	
		YES	NO
<b>WILLIAMS, LEON</b>	<b>C432103</b>	<b>X</b>	
<b>EVANS, MARKUS</b>	<b>A329432</b>	<b>X</b>	
<b>SMITH, JANE</b>	<b>C870123</b>		<b>X</b>

    **Ms Lucy Jones, Program Specialist**         **MM/DD/YYYY**      
(Signature of SNAP/TANF/FDPIR Representative) (Date)

# Notes

# REQUIRED TRAINING

# **SPONSORING ORGANIZATION KEY STAFF TRAINING**

## **Training**

SOs must provide training in CACFP regulations and SO policies and procedures to all key personnel in their performing duties.

SOs must provide annual training prior to performing program duties to key staff. The following required topics must be covered, at a minimum:

1. CACFP Meal Pattern
2. Meal Counts
3. Claims Submission
4. Claims Review Procedure
5. Record Keeping Requirements
6. Reimbursement System
7. Civil Rights

Training methods include conference/meeting style, one-on-one, online, or self-paced curriculum. Online and self-paced curriculum must include documentation, posttraining, and benchmarks, e-mail, confirmation, questions and answers, and include sign-in/log-in records.

Documentation of dates, locations, required topics with supporting documentation, and staff participating must be maintained by the SO.

# **PROVIDER TRAINING RECORD**

## **Training**

Sponsors are required to offer training sessions annually (October through September), scheduled at a time and place convenient to all providers participating with the sponsor. Providers who do not attend training at least annually shall be declared seriously deficient. Sponsors must document and have readily available all training records, including date, location, signatures of providers attending, and topics covered with supporting documentation. Technical assistance given to a provider during a home visit does not qualify as sponsor training unless all training requirements mentioned below are met. SOs must ensure each provider receives certification of training.

These topics are required to be covered, at a minimum:

1. CACFP Meal Pattern
2. Accurate Meal Counts
3. Claims Submission
4. Claims Review Procedures
5. Record Keeping Requirements
6. Reimbursement System
7. Civil Rights

## *EXAMPLE*

# SPONSOR TRAINING RECORD

Date: October 5, YYYY

Location: Anywhere Tech Center

City: Anywhere, OK

Key Staff's Signature	Position	Certificate Issued
<i>Jennifer Jones</i>	<i>CACFP Specialst</i>	<i>X</i>
<i>Cindy Land</i>	<i>Monitor</i>	<i>X</i>
<i>Minnie Nickles</i>	<i>Monitor</i>	<i>X</i>

**Required Topics Addressed:** *Sponsor Policies, Serious Deficiency Process,*  
*Appeal Procedures, Meal Pattern Requirements, Meal Counts, Claim Submission &*  
*Claim Review Procedures, Record-Keeping Requirement, Reimbursement System,*  
*Civil Rights Compliance*

**NOTE:** *Attach copy of training session's agenda with supporting documentation for each topic discussed.*

*AGENDA EXAMPLE*

**NAME OF SPONSOR**

**KEY STAFF TRAINING**

**Date: October 5, YYYY**

**Location: Anywhere Tech Center  
Anywhere, Oklahoma**

**Time: 8 a.m. - 5 p.m.**

**TOPICS**

**Sponsor Policies**

**Serious Deficiency Process for Providers**

**Appeal Procedures**

**Meal Pattern Requirements**

**Meal Counts**

**Claim Submission**

**Claim Review Procedures**

**Provider Record-Keeping Requirements**

**Reimbursement Systems**

**Civil Rights Compliance**



# *AGENDA EXAMPLE*

## **NAME OF SPONSOR**

### **PROVIDER TRAINING**

**Date: November 4, YYYY**

**Location: Anywhere Tech Center  
Anywhere, Oklahoma**

**Time: 6:30 - 9:30 p.m.**

### **TOPICS**

**Sponsor Policies**  
**Serious Deficiency Process for Providers**  
**Appeal Procedures**  
**Meal Pattern Requirements**  
**Meal Counts**  
**Claim Submission**  
**Claim Review Procedures**  
**Provider Record-Keeping Requirements**  
**Reimbursement Systems**  
**Civil Rights Compliance**

**EXAMPLE**  
**PROVIDER TRAINING RECORD**

Date: November 4, YYYY

Location: Anywhere Tech Center

City: Anywhere, OK

Provider's Printed Name	Telephone Number	Home Agreement Number	Certificate Issued
MARTHA LINDSAY		26	X
GINNY FREED		13	X
MARY TIMES		21	X
PATTY MARTIN		52	X
SUSAN JOHNS		20	X
MARY BROWN		18	Left early!
LOU ANN JOLLY		15	X
JUDY WALLACE		11	X
MARTHA LINDSAY		26	X

Required Topics Addressed: Sponsor Policies, Serious Deficiency Process, Appeal Procedures, Meal Pattern Requirements, Meal Counts, Claim Submission & Claim Review Procedures, Record-Keeping Requirement, Reimbursement System, Civil Rights Compliance

**NOTE:** Attach copy of training session's agenda with supporting documentation for each topic discussed.

# PROVIDER RECORD KEEPING

# ANNUAL CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

## INSTRUCTIONS

This form must be completed *ANNUALLY* for every child enrolled. Complete in duplicate. One copy must be retained in the provider's home, and one copy must be retained at the SO's office.

### CHILD'S INFORMATION

- Name of Provider: Record the name of the provider.
- Provider Number: Record the provider agreement number.
- Child's Name and Date of Birth: Record the name and date of birth of the child being enrolled. Use one enrollment form per child.
- Normal Days in Attendance: Check appropriate days child is in attendance.
- Normal Hours of Attendance: Record hours the child is in attendance.
- Special Dietary Needs: Check appropriate box. If *Yes*, attach a signed medical statement.
- Normal Meals Provided: Check meals served to the child.
- Race and Ethnic information (optional)

### PARENT'S INFORMATION

- Name of Parent/Guardian, Address and Telephone Number: Record the name of the child's parent or guardian, address, and home telephone number.
- Parent's or Guardian's Signature and Date: Have the parent or guardian sign the form and date when it was signed..

***NOTE: Enrollment forms are valid for 12 months. It is the sponsor's decision to obtain enrollment forms according to the federal fiscal year (October 1 through September 30) or alternate dates.***

Provider's Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

<b>CHILDREN'S INFORMATION</b>				
1. Child's Name: <b>Florence Scott</b>				Date of Birth: <b>6/22/XXXX</b>
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday
	<input checked="" type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	
3. Normal Hours of Attendance:	<b>7:30</b> a.m./p.m. to			<b>6:00</b> a.m./p.m.
4. Normal Meals Eaten:	Breakfast <input checked="" type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input checked="" type="checkbox"/>	P.M. Snack <input checked="" type="checkbox"/>
			Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian or Pacific Islander <input checked="" type="checkbox"/> White			6. Ethnicity (Optional): <input type="checkbox"/> Black or African <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic	

1. Child's Name: <b>Johnny Scott</b>				Date of Birth: <b>5/5/XXXX</b>
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input checked="" type="checkbox"/> Monday	<input checked="" type="checkbox"/> Tuesday	<input checked="" type="checkbox"/> Wednesday
	<input checked="" type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	
3. Normal Hours of Attendance:	<b>4:00</b> a.m./p.m. to			<b>6:00</b> a.m./p.m.
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input checked="" type="checkbox"/>
			Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input checked="" type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White			6. Ethnicity (Optional): <input type="checkbox"/> Black or African <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Not Hispanic	

1. Child's Name:				Date of Birth:
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	
3. Normal Hours of Attendance:	a.m./p.m. to			a.m./p.m.
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>
			Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> White			6. Ethnicity (Optional): <input type="checkbox"/> Black or African <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	

<b>PARENT'S INFORMATION</b>		
Name of Parent/Guardian: <b>Felecia Scott</b>		
Address: <b>123 A Street</b>	City: <b>Tulsa</b>	Zip: <b>71111</b>
Home Telephone Number: <b>(918) 405-0000</b>		
Signature: <b>Felecia Scott</b>		Date: <b>10/10/XXXX</b>

# MEAL TIME CHANGE FORM INSTRUCTIONS

If an institution needs to make changes to the meal time information in the application and agreement, the following form needs to be completed.

Provider Number:      Provider number

Provider Name:        Name of the Provider

**Top Section: The entire top section needs to be filled out with the Providers current meal time information .**

*Note: One form per site needing updates*

- List meal times currently being served in military time (0-2400)
- Maximum number of meals
- Current approved days to serve meals
- Times of operation

**Bottom Section: ONLY fill out the changes or updates that need to be made from the top section.**

- List meal times currently being served in military time (0-2400)
- Maximum number of meals
- Current approved days to serve meals, include justification for weekend or shift meals
- Times of operation

Provider Signature

Once the Sponsor receives this form, the SO representative who approves the form will sign and date

This form must be to [Lori.Burroughs@sde.ok.gov](mailto:Lori.Burroughs@sde.ok.gov) before we will approve the provider meal times in their application.

# EXAMPLE

## FDCH Notification of Meal Service Change

Provider Number: 123 Provider Name: Patty Perfect

**This form must be submitted if any of the following information has changed from the original application. Please complete and submit to our office for approval prior to meal service change.**

**For recordkeeping purposes, please list the days and times of meal service that you are currently approved for. Please list currently approved mealtimes here:**

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
7:00am	8:30am			11:30am	12:00pm	2:30pm	3:00pm				
2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
						4:00pm	4:30pm				

Please list currently approved maximum number of meals:

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>

Please check the box for each day currently approved to serve meals and current hours of operation:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Open	Close
X	X	X	X	X			6:30 AM	5:30 PM

**Please enter the new information you wish to change and submit for approval below.**

If applicable, list NEW mealtimes here:

No change to mealtimes

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
						2:30PM	3:30PM				
2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
						Remove	2nd shift				

Please list NEW maximum number of meals:

No change to max number

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>

If serving shift or weekend meals, please provide justification:

If applicable, check the box for each day you wish to serve meals:

No change to days of the week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If applicable, list your NEW hours of operation:

Open	Close	<input checked="" type="checkbox"/> No change to hours of operation

I certify that, to the best of my knowledge, this home is not participating in the Child and Adult Care Food Program (CACFP) under any other sponsoring organization. I further certify that all the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, disability, age, reprisal, and retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Provider Signature: Patty Perfect Date: 5/15/20XX

Approving Official Signature: Sammy Sponsor Date: 5/22/20XX

# DAILY ARRIVAL AND DEPARTURE RECORD

## INSTRUCTIONS

- Name of Provider: Record the name of the FDCH provider.
- Provider Number: Record the provider agreement number.
- Month and Year: Record the current month and year.
- Time In/Time Out: Record the actual time the child arrived at the FDCH and the *actual time* the child left the FDCH for each day that he or she attended.



# EXAMPLE

## DAILY ARRIVAL AND DEPARTURE RECORD

Name of Provider: MARTHA LINDSAY

Provider Number: 26

Month and Year: MM/DD/YYYY

DATE	CHILDREN'S NAMES									
	LISA LEONE		LIBBY LEONE		JIMMY JAMES		SONNY BOY		IN	OUT
IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	
1	9:03	3:02	9:06	3:02	7:15	12:32	6:45	2:20		
2	8:57	3:06	8:55	3:06	7:05	12:48	6:30	2:24		
3										
4										
5	9:01	3:00	9:02	3:04	——	——	6:35	2:45		
6	9:05	3:05	9:01	3:05	7:10	12:33	6:45	2:01		
7	9:04	3:06	9:04	9:07	——	——	6:45	2:13		
8	9:12	2:59	9:18	9:10	7:15	12:35	6:35	2:00		
9	9:15	3:01	9:14	9:15	7:00	12:31	6:30	2:05		
10										
11										
12	10:46	3:04	10:45	3:00	8:30	12:34	——	——		
13	9:01	3:11	9:01	3:10	7:00	12:32	——	——		
14	9:09	3:13	9:07	3:15	7:15	12:00	——	——		
15	9:02	3:04	9:02	3:05	7:05	12:18	——	——		
16	9:00	2:57	9:00	2:57	7:10	12:12	——	——		
17										
18										
19	——	——	——	——	6:15	12:34	6:30	2:00		
20	9:05	3:07	9:05	3:07	7:11	12:41	6:35	2:15		
21	9:01	3:04	9:01	3:04	7:00	12:30	6:40	2:12		
22	8:59	3:10	8:59	3:10	——	——	6:45	2:04		
23	9:19	3:14	9:10	3:15	——	——	6:30	2:05		
24										
25										
26	10:46	3:00	10:46	3:05	——	——	6:32	2:00		
27	——	——	9:06	3:01	——	——	6:35	2:14		
28	——	——	9:16	3:14	——	——	6:40	2:05		
29	——	——	9:05	3:11	——	——	6:33	2:06		
30	9:05	3:11	9:05	3:10	——	——	6:32	10:55		
31										

# DAILY RECORD OF MEALS SERVED

## INSTRUCTIONS

- Provider's Name: Record the provider's name.
- Home Agreement Number: Record the provider's site number.
- Month and Year: Record the current month and year.
- Names of Children and Age: Record each child's name and age.
- Type of Meal: Place a mark each day for every meal being claimed for reimbursement.  
***NOTE: No more than three meals per day per child may be claimed for reimbursement.***

### ***SPONSORING ORGANIZATION ONLY:***

- Tier: (The SO must fill in this section.) Record the child's tier determination, which has been identified by the sponsor.
  - Breakfast, Lunch, Supper, and Snack: Total all breakfasts for each child for the month. Total all lunches for each child for the month. Total all suppers for each child for the month. Total all snacks for each child for the month.
  - Total Meal Counts: (This must be filled in by the SO.) Total all Tier I breakfasts, lunches, suppers, and snacks. Total all Tier II-Higher breakfasts, lunches, suppers, and snacks. Total all Tier II-Lower breakfasts, lunches, suppers, and snacks. Total all breakfasts (Tier I, II-H, and II-L), lunches (Tier I, II-H, and II-L), suppers (Tier I, II-H, II-L), and snacks (Tier I, II-H, and II-L).
- Signature of Provider: The provider must sign the FDCH Daily Record of Meals Served.



# WEEKLY MEALS SERVED

## INSTRUCTIONS

- Record food items served to children at each meal service.
- Provider's Name and Site Number: Record the FDCH provider's name and site number.
- From \_\_\_\_\_ to \_\_\_\_\_: Record the dates from the beginning of the week to the end of the week.
- Menu Number and Date: Record the cycle menu number (if applicable) and date of the meal.

**EXAMPLE**  
**WEEKLY MEALS SERVED**

Provider's Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Month: \_\_\_\_\_ Provider Number: \_\_\_\_\_

MINIMUM MEAL PATTERN REQUIREMENTS	Ages			Menu #	Menu #	Menu #	Menu #	Menu #	Menu #	Menu #	Menu #	Menu #
	1-2 Years	3-5 Years	6-12 Years									
<b>BREAKFAST</b> Fluid milk*	1/2 cup	3/4 cup	1 cup	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%
Vegetables, fruits	1/4 cup	1/2 cup	1/2 cup	CINN APPLES	GRAPES	ORANGE JUICE	PEACHES	APPLESAUCE				
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz eq	1/2 oz eq	1 oz eq	TOAST	WAFFLE	BISCUIT	OATMEAL	CHEESE				
<b>LUNCH</b> Fluid milk*	1/2 cup	3/4 cup	1 cup	TOAST MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%				
Meat and/or meat alternate	1 oz	1 1/2 oz	2 oz	MEAT LOAF	BEAN BURRITO	TUNA FISH	CHICKEN NUGGETS	FRANKS				
Vegetables	1/8 cup	1/4 cup	1/2 cup	GREEN BEANS	LETTUCE TOMATO	CARROT COINS	MASHED POTATOES	BAKED BEANS/ TATER TOTS				
Fruits	1/8 cup	1/4 cup	1/2 cup	PEACHES	PINEAPPLE	PEARS	FRUIT COCKTAIL	WATERMELON				
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz eq	1/2 oz eq	1 oz eq	ROLL	FLOUR TORTILLA	SANDWICH BREAD	BISCUIT	HOT DOG BUN				
<b>SUPPER</b> Fluid milk*	1/2 cup	3/4 cup	1 cup									
Meat and/or meat alternate	1 oz	1 1/2 oz	2 oz									
Vegetables	1/8 cup	1/4 cup	1/2 cup									
Fruits	1/8 cup	1/4 cup	1/2 cup									
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz eq	1/2 oz eq	1 oz eq									
<b>SNACKS</b> (Choose 2 of these 5) Fluid milk*	1/2 cup	1/2 cup	1 cup	<b>A.M.</b> ORANGE JUICE	MILK, 1%	APPLES		SALTINES				
Vegetables	1/2 cup	1/2 cup	3/4 cup	CHEESE	CEREAL	TOAST		ORANGE SLICES				
Fruits	1/2 cup	1/2 cup	3/4 cup	<b>P.M.</b> OATMEAL	CHEESE	MILK, 1%	APPLE SLICES	PEANUT BUTTER				
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz eq	1/2 oa	1 serving	MILK, 1%	SALTINES	GRAHAMS	MUFFIN	SLICED BREAD				
Meat and/or meat alternate	1/2 oz	1/2 oz	1 oz	<b>LATE P.M.</b>								

\* Milk offered must be unflavored whole for children aged one; must be unflavored fat-free or unflavored lowfat (1%) for children two through five; and must be unflavored lowfat, unflavored fat-free, or flavored fat-free for children six and over.

## BUILDING FOR THE FUTURE OF CACFP BENEFITS

Public Law 106-224, the Agricultural Risk Protection Act of 2000, requires all SOs to reproduce the *Building for the Future* fact sheet and distribute it annually to all parents of participating children in their facilities. As new children are enrolled in these facilities, they must be given a copy of the *Building for the Future* fact sheet. ***Prior to copying the fact sheet, each SO must complete the section titled Contact Information Sponsoring Organization/Center.***

A copy of the *Building for the Future* fact sheet must be uploaded in the application system.

# 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 millions of children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (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 patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the Five Groups)
Milk, 1% Fruit or Vegetable Grains or Breads	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable	Milk, 1% Meat or Meat Alternate Grains Fruit 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 nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family day care homes**—Licensed or approved private homes.
- **At-Risk 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 nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas

## Contact

### Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center
Toys N Noise 1234 NW Block Street Oklahoma City, OK 73124

State Department of Education  
Child Nutrition Programs  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599  
405-521-3327

This institution is an equal opportunity provider.

## **WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM INFORMATION**

Sponsors and providers participating in the CACFP are required to provide WIC information to the parents or guardians of children enrolled in their facilities. This requirement may be met by posting the WIC brochure on a bulletin board in the office of the SO, as well as the provider's home. Additional copies of the WIC brochure may be obtained by calling the local WIC office telephone number or the telephone number listed at the bottom of this page.

The goal of WIC is to give children the best possible start in life. This is done by providing nutrition education, breast-feeding support, healthy foods, and health care referrals during the critical stages of fetal and childhood development.

For questions about applying for WIC, call:

1-888-OKLAWIC

1-888-655-2942



# WOMEN, INFANTS, AND CHILDREN (WIC) BROCHURE



# Notes

# PROVIDER MONITORING

# PREAPPROVAL VISIT FORM

## INSTRUCTIONS

**A preapproval visit cannot be conducted if the provider does not have children in care. The provider must have enrolled children and be ready to participate in the food program.**

### Preapproval Visits

Sponsors are required to conduct an on-site preapproval visit of each FDCH prior to the beginning of CACFP operations (before filing a claim). These visits must be documented and kept on file.

Provider Number: Once an agreement number has been assigned, record the provider's agreement number.

Provider's Name and Address: Record the provider's name and address.

Date: Record the date of the preapproval visit.

Provider Agrees to Comply After Training: Check if the provider agrees to comply.

Comments: Make comments as needed.

Approval Recommended: Check *Yes* or *No*.

Provider's Signature and Date: The provider must sign and date the Preapproval Visit form. No one but the provider may sign the form.

Sponsoring Organization (SO) Representative's Signature and Date: The SO representative who made the preapproval visit must sign and date the Preapproval Visit form.

***NOTE: Preapproval visits CANNOT be counted as annual provider training.***

## *EXAMPLE*

# PREAPPROVAL VISIT FORM

Provider's Name: MARTHA LINDSAY Date: 9/20/YYYY

Center Address: 100 SUNNYLANE, BIG HILL, OK 71234

The following items were discussed and reviewed:		Provider Agrees to Comply
1. Provider's Application and Agreement		
a. Obtained on enrolled children	1a.	X
b. Approved by institution official	1b.	X
c. Claiming own children	1c.	X
d. Sponsoring organization (SO) policies	1d.	X
e. Civil rights compliance	1e.	X
2. Record-Keeping Requirements		
a. Enrollment data	2a.	X
b. Daily Arrival and Department Record	2b.	X
c. Daily Record of Meal Served	2c.	X
d. Weekly Meals Served/Infant Meals Served	2d.	X
3. Meal Patterns		
a. Minimum meal pattern requirements (components and quantities)	3a.	X
b. Meal limitation/time frame	3b.	X
c. Infant Meal Pattern requirements	3c.	X
d. Child Nutrition (CN) Labels/Product Formulation Statement	3d.	X
e. Special dietary needs	3e.	X
f. Planning and following cycle menus	3f.	X
4. Sanitation and Safety	4.	X
5. Child and Adult Care Food Program (CACFP) Training Requirement	5.	X
6. Reimbursement/Claiming Procedures	6.	X

Comments: The provider requested nutrition education materials and technical assistance in developing cycle menus.

Approval Recommendation: Yes  Effective Date: OCTOBER 4, YYYY  
 No  Explain: \_\_\_\_\_

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

MARTHA LINDSAY  
 Provider's Signature

9/20/YYYY  
 Date

JENNIFER JONES  
 Sponsoring Organization Representative's Signature

9/20/YYYY  
 Date

*EXAMPLE*

<b>H. Infant Meal Analysis</b>	<input type="checkbox"/> <b>NA—No infants in care/participating in meal service</b>
<b>Meal Observed:</b> Breakfast    AM Snack <u>Lunch</u> PM Snack    Supper    Late PM Snack (Circle One)	
<b>NOTE: Record only infants without an Infant Meal Waiver.</b>	

<b>Birth - 5 Months</b>	<b>6 - 11 Months</b>
	<i>1</i>

<b>Child's Name:</b> <i>Jimmy James</i>		<b>Age:</b> <i>10 months</i>		
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk	<i>IRON-FORTIFIED INFANT FORMULA</i>	<i>8 OZ</i>	<i>6-8 OZ</i>	<i>+2 OZ</i>
Fruit/Vegetable	<i>APRICOTS</i>	<i>2 TBSP</i>	<i>0-2 TBSP</i>	<i>+2 TBSP</i>
Infant Cereal/Bread/Crackers	<i>IRON-FORTIFIED INFANT RICE CEREAL</i>	<i>3 TBSP</i>	<i>0-4 TBSP</i>	<i>+3 TBSP</i>
Meat/Meat Alternate				

<b>Child's Name:</b>		<b>Age:</b>		
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk				
Fruit/Vegetable		<b>NA</b>		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

<b>Child's Name:</b>		<b>Age:</b>		
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk				
Fruit/Vegetable		<b>NA</b>		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

<b>Child's Name:</b>		<b>Age:</b>		
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk				
Fruit/Vegetable		<b>NA</b>		
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

# FAMILY DAY CARE HOME (FDCH) ON-SITE MONITOR REVIEW

## INSTRUCTIONS

### On-Site Monitor Review

There are two different methods in which a sponsor may conduct reviews to comply with USDA requirements:

1. Conduct one announced and two unannounced\* reviews of Program operations to assess compliance with meal patterns, record keeping, and other requirements, with not more than six months elapsing between reviews. Each review must include a meal analysis where children are present. At least one of the unannounced reviews must include observation of a meal service. All reviews must be documented and kept on file.
  2. An SO may do review averaging by conducting an average of three reviews per provider per year. If an SO conducts one unannounced review\* of a facility in a year and finds no serious deficiencies, the SO may choose not to conduct a third review of the facility that year and may make its second review announced, provided that the SO conducts an average of three reviews of all of its facilities that year and that it conducts an average of two unannounced reviews of all of its facilities that year. When the SO uses this averaging provision and a specific facility receives two reviews in one review year, its first review in the next review year must occur no more than nine months after the previous review. If choosing this method, not more than nine months can elapse between reviews and all seriously deficient providers must have at least three reviews per year. If review averaging is selected, the SO must have a written plan with detailed procedures for tracking review. Each review must include a meal analysis where children are present. All reviews must be documented and kept on file.
- Sponsors must ensure that the timing of the unannounced reviews is varied in a way that would ensure they are unpredictable to the facility.

### A. General Data

1. Reviewer: Record the name(s) of the reviewer(s) or monitor(s).
2. Provider's Name: Record the FDCH provider's name.
3. Provider's Address: Record the FDCH provider's address.
4. Tier Type: Circle the appropriate tier for which the home is currently determined.
5. Unannounced or Announced: Indicate if the review is unannounced or announced.
6. Provider's Number: Record the FDCH provider's agreement number.
7. Date of Visit: Record the date of the monitor review.
8. Time of Visit: Record the time of the monitor review.
9. Review Cycle: Circle the appropriate cycle.
10. Review Type: Circle the appropriate answer to identify which review is being conducted.
11. Provider Is Home: If *No*, indicate if the sponsor was notified.

### B. Children in Attendance

1. Name: Record the first and last names of the children in attendance.
2. Age: Record the age of each child.
3. CACFP Enrollment on File: If the child’s annual CACFP enrollment form is on file at the provider’s home, indicate **Yes**. If not, indicate **No**.
4. Meal Claimed Today: Indicate **Yes** if the child will be participating in the observed meal and if the provider will claim the child’s meal. If not, indicate **No**.

C. Meal Requirements

1. Meal Service Times: Record the approved and verified meal service time for each meal service.
2. Meal Served at Approved Time: Indicate with a **Yes** or **No** whether all meals are being served at their approved meal service times.
3. Sponsor Was Notified of a Meal Change: Indicate with a **Yes** or **No** whether the SO was notified of the provider’s change in meal service times.

D. Training

Record the date and location of the training session attended during this fiscal year. If no more training sessions will be offered this fiscal year and the provider has not attended training this fiscal year, the provider is seriously deficient.

E. Civil Rights

Observe whether or not the provider is in compliance with civil rights regulations. Circle **Yes** or **No**.

F. Meal Observation

Items 1-7: Observe the meal service, and answer each item accordingly.

G. Meal Analysis for Aged 1-12:

Meal Observed: Circle the appropriate meal which is being observed.

Time Served: Record the time the meal was actually served.

Children Served by Age:

1 through 2 years: Record how many children in this age group participated in the meal service.

3 through 5 years: Record how many children in this age group participated in the meal service.

6 through 12 years: Record how many children in this age group participated in the meal service.

Total Children: Record how many total claimable children participated in the meal service.



Nonclaimable Children Served: Record how many nonclaimable children participated in the meal service. This could be, but is not limited to, children over the license capacity; children who have already participated in three meal services during the day; children who are not served a reimbursable meal, etc.

Components and Quantities: In the appropriate box, record the food item, quantity served, amount needed, and the difference in the amount needed and the amount served. (Be specific.)

#### H. Infant Meal Analysis

Meal Observed: Circle the appropriate meal that is being observed.

NA: Check if no infants are in care on day of visit.

#### Infants Served by Age:

Birth through 5 months  
6 to 12 months

Record the number of infants in the appropriate age group who are participating in the meal service.

#### Each Infant's Analysis:

Record each infant who is participating in the meal by his or her name and age. In the appropriate box, record the food item, quantity served, amount needed, and the difference between the amount needed and the amount served. (Be specific.)

I-N: Read each statement, and answer each item accordingly.

O. 5-Day Reconciliation: Complete a 5-day reconciliation. Enrollment data comes off the child's enrollment form. Attendance data comes off the child's attendance documentation.

P. Review Summary Record all areas which require corrective action. Make appropriate comments and recommendations.

#### Q. Provider Is in Compliance/Noncompliance:

Check the appropriate box. If any items with an asterisk indicate a *No* answer, the provider is seriously deficient.

Provider Is Seriously Deficient: Circle the appropriate response.

Unannounced Follow-Up Visit: Circle *Yes* if a follow-up is required to view that corrective action has taken place. Circle *No* if no areas of noncompliance have been noted. A follow-up visit is not necessary. If the answer is *Yes*, then documentation must be available to show that a follow-up visit was made. **NOTE: A follow-up visit does not count as a second monitor visit. The follow-up visit must be unannounced.**

Provider Signature and Date: The provider must sign and date the On-Site Monitor Review form.

Reviewer Signature and Date: The reviewer must sign and date the On-Site Monitor Review form.

*EXAMPLE*  
**FAMILY DAY CARE HOME (FDCH) ON-SITE MONITOR REVIEW**

**A. General Data**

1. Reviewer: MINNIE NICKELS 6. Provider's Number: 26  
 2. Provider's Name: MARTHA LINDSAY 7. Date of Visit: 11/10/YYYY  
 3. Provider's Address: 100 SUNNYLANE, BIG HILL, OK 71234 8. Time of Visit: 11:15  
 4. Tier Type: I II-H II-L **(II-M)** (Circle One) 9. Review Cycle: **(1)** 2 3  
 5. Unannounced Review  Announced Review  10. Review Type: (Circle One) **(Standard)** Weekend  
 Late P.M. Snack Follow-Up  
 11. Provider Is Home: Yes  No   
 If *No*, Sponsor Notified: Yes  No

**B. Children in Attendance**

1. Name	2. Age	3. CACFP Enrollment on File	4. Meal Claimed Today
		Yes/No	Yes/No
<i>Lisa Leone</i>	<i>3</i>	<i>YES</i>	<i>YES</i>
<i>Libby Leone</i>	<i>2</i>	<i>YES</i>	<i>YES</i>
<i>Jimmy James</i>	<i>10 mo</i>	<i>YES</i>	<i>YES</i>

C. Meal Service Times	Approved	Verified
1. Meal Service Times		
Breakfast	<i>7:30</i>	<i>7:30</i>
A.M. Snack	---	---
Lunch	<i>11:30</i>	<i>11:30</i>
P.M. Snack	<i>2:30/3:30</i>	<i>2:30/3:30</i>
Supper	---	---
Late P.M. Snack	---	---
<b>Yes/No</b>		
2. Meals served at approved times.	2.	<input checked="" type="checkbox"/>
3. If <i>No</i> , sponsor was notified of meal change.	3.	<input type="checkbox"/>

- D. Training\***
1. List dates and locations of training sessions attended this fiscal year.
- Provider is scheduled for*  
  
*February training*  
  
 \_\_\_\_\_

- E. Civil Rights**
- All children served the same meal at no separate charge regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation and there is no discrimination in the course of food service. (Circle One)
- (Yes)**      **No**

\* Any area in noncompliance with an asterisk (\*), the provider may be declared seriously deficient.

*EXAMPLE*

		YES/ NO/NA			YES/ NO/NA
<b>F. Food Service/Meal Observation</b>			8. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	8.	<i>YES</i>
1. Meal service times as approved	1.	<i>YES</i>			
2. All components served	2.	<i>YES</i>			
3. Required quantities served	3.	<i>YES</i>	9. Proper milk type served (FF/1%)	9.	<i>YES</i>
4. Plates and servings adjusted for age groups	4.	<i>YES</i>	10. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	10.	<i>YES</i>
5. Meal supervision provided	5.	<i>YES</i>	11. Is further training needed?	11.	<i>NA</i>
6. Special dietary needs documentation available	6.	<i>YES</i>	12. Is water offered throughout the day?	12.	<i>YES</i>
7. Proper milk substitute provided	7.	<i>YES</i>	13. Is deep-fat frying occurring?	13.	<i>NO</i>

*EXAMPLE*

<b>G. Meal Analysis for Aged 1 Through 12</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	<b>Lunch</b>	PM Snack	Supper	Late PM Snack
<b>Time Served:</b>	<u>11:30 A.M.</u>					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		
<i>1</i>	<i>1</i>		<i>2</i>	<i>0</i>	

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk	MILK, 1%	1 1/2 CUPS = 12 FL OZ	1 X 4 OZ = 4 OZ 1 X 6 OZ = 6 OZ = 10 FL OZ	12 - 10 = + 2 OZ
Vegetable/Juice	GREEN BEANS, CUT	5 (1/4 CUPS)	1 X 1/4 CUP = 1 (1/4 CUPS)	8.76 - 3 OZ =
Fruit/Juice	APPLES, PEELED, CORED	1/3# = 3.76 (1/4 C)  TOTAL SERVED 8.76 (1/4 CUPS)	2 X 1/4 CUP = 2 (1/4 CUPS)  = 3 (1/4 CUPS)	+ 5.76 (1/4 CUPS)
Grains	BISCUITS	2 = .75 OZ (1.50 OZ) BISCUITS	2 - .5 OZ (1 OZ) BISCUITS	1.5 - 1 = + .5 OZ
Meat/Meat Alternate	*CHICKEN NUGGETS  *5 NUGGETS = 1.5 OZ MEAT PER CN LABEL	10 NUGGETS (TOTAL)	1 X 4 NUGGETS 1 X 5 NUGGETS EQUALS 9 NUGGETS	10 - 9 = +1 NUGGET

*EXAMPLE*

		YES/ NO/NA
<b>I. License</b>		
1. Current license or permit available	1.	<i>YES</i>
2. License capacity: <u>7</u>		
3. Second caregiver employed	3.	<i>YES</i>
4. Provider meets licensing standards	4.	<i>YES</i>
<b>J. Provider's Own Children</b>		
1. Provider claims own children If Yes,	1.	<i>NO</i>
a. Provider's own children participating in child care	a.	<i>NA</i>
b. Other enrolled children in care and participating in a meal service	b.	<i>NA</i>
c. Complete and approved Family-Size and Income Application (FSIA) on file	c.	<i>NA</i>
<b>K. Record-Keeping Requirements</b>		
1. Daily Arrival and Departure Record up- to-date Date of last entry: <u>11/10/YYYY</u>	1.	<i>YES *</i>
2. Daily Record of Meals Served form up- to-date Date of last entry: <u>11/10/YYYY</u>	2.	<i>YES *</i>
3. Weekly Meals Served form up-to-date Date of last entry: <u>11/10/YYYY</u>	3.	<i>YES *</i>
4. Infant meals served under one year old claimed	4.	<i>YES</i>
a. If <b>Yes</b> , infant meal pattern followed	a.	<i>YES*</i>
b. Provider furnishes food items, if appli- cable	b.	<i>YES</i>
c. Infant Meals Served form maintained Date of last entry: <u>11/10/YYYY</u>	c.	<i>YES *</i>
d. Infant Meal Waiver on file	d.	<i>NA</i>
5. Cycle Menu available (Optional)	5.	<i>YES</i>
a. Current cycle menu being followed	a.	<i>YES</i>
b. If <b>No</b> , substitution was made	b.	<i>YES</i>
c. Contains all required components	c.	<i>YES</i>
d. Product Formulation Statement/Child Nutrition (CN) label for applicable item	d.	<i>YES</i>
6. <i>Building for the Future</i> fact sheet distrib- uted to parents	6.	<i>YES</i>
7. WIC information made available to par- ents	7.	<i>YES</i>
8. Do the enrollment records, attendance records, and meal county records recon- cile for a five-day period?	8.	<i>YES</i>

		YES/ NO/NA
<b>L. Sanitation</b>		
1. Chemicals and medicines are properly stored in a separate location	1.	<i>YES</i>
2. Refrigerator's temperature: <u>41°</u>	2.	<i>YES</i>
3. Freezer's temperature: <u>0°</u>	3.	<i>YES</i>
4. Clean kitchen floors, cupboards, and equipment	4.	<i>YES</i>
5. Dining surface and countertops sani- tized	5.	<i>YES</i>
6. Proper method of dishwashing	6.	<i>YES</i>
7. Proper handwashing technique	7.	<i>YES</i>
8. Pet-free kitchen during food preparation and service	8.	<i>YES</i>
9. Proper food-handling procedure followed (food storage, thawing time, temperature)	9.	<i>YES</i>
10. Home maintained in a clean, sanitary, and orderly manner	10.	<i>YES</i>
<b>M. Safety of Children</b>		
1. Children are in safe environment	1.	<i>YES*</i>
2. Conduct of provider does not place chil- dren in imminent danger	2.	<i>YES*</i>
<b>N. Prior Review</b>		
1. Were deficiencies corrected?	1.	<i>YES*</i>

**NOTE:** *Any items, if in noncompliance, may contribute to a seriously deficient status.*

*Any area in noncompliance with an asterisk (\*), the provider may be declared seriously deficient.*

*EXAMPLE*

**O. FIVE-DAY MEAL RECONCILIATION REPORT**

**Provider FDCH Attendance Record**

<b>PROVIDER NAME:</b>	<b>Month/Year:</b>	<b>Number of Operating Days/Week:</b>					
<i>Nickels</i>	<i>10/YYYY</i>	<i>5</i>					
	<b>Enrollment Data</b>	<b>Attendance Data</b>					
<b>Child's Name</b>	<b>Days Attended</b>	<b>A.M./P.M. Time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>
<i>Lisa Leone</i>	<i>M-F</i>	<i>7:30/5:30</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>Libby Leone</i>	<i>M-F</i>	<i>7:30/5:30</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<i>Jimmy James</i>	<i>M-F</i>	<i>7:30/5:30</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>	<i>X</i>
<b>TOTALS</b>			<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>	<i>3</i>

**MEAL COUNTS**

	<b>Breakfast/ 2nd Shift</b>	<b>A.M. Snack/ 2nd Shift</b>	<b>Lunch/ 2nd Shift</b>	<b>P.M. Snack/ 2nd Shift</b>	<b>Supper/ 2nd Shift</b>	<b>Evening Snack/ 2nd Shift</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 1</b>	<i>3</i>		<i>3</i>	<i>3</i>		
<b>Day 2</b>	<i>3</i>		<i>3</i>	<i>3</i>		
<b>Day 3</b>	<i>3</i>		<i>3</i>	<i>3</i>		
<b>Day 4</b>	<i>3</i>		<i>3</i>	<i>3</i>		
<b>Day 5</b>	<i>3</i>		<i>3</i>	<i>3</i>		
<b>TOTAL</b>	<i>15</i>		<i>15</i>	<i>15</i>		

*EXAMPLE*

**P. Review Summary**

Corrective action needed, comments, or recommendations: Provider is maintaining  
all paperwork organized and up-to-date.

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<b>Q. Provider is in compliance.</b> <input checked="" type="checkbox"/>	<b>In noncompliance.</b> <input type="checkbox"/>
<b>Provider is seriously deficient. (Circle One)</b>	<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>
<b>Is an unannounced follow-up review required to view corrective action? (Circle One)</b>	
<b>Yes</b> <input type="checkbox"/> <b>No</b> <input checked="" type="checkbox"/>	

*We certify that this review has been completed while in the provider's home. All areas of non-compliance have been discussed.*

Martha Lindsay    11/11/YYYY  
Signature of Provider                      Date

Minnie Nickels    11/11/YYYY  
Signature of Reviewer                      Date

## LICENSING REQUIREMENTS FOR *SMALL* FAMILY DAY CARE HOMES

- a. **Total number of children.** The total number of children in a small FDCH is limited to seven. The number includes:
- (1) Children under five years of age who live in the home and are present in the home while children are in care.
  - (2) Foster children twelve years of age and younger who live in the home and are present in the home while children are in care.
  - (3) The children of any substitute or assistant caregiver.

<b>ONE CAREGIVER</b>		
<b>Total Number of Children in Care</b>	<b>Under 2 Years</b>	<b>2 Years and Older</b>
<b>Up to 7</b>	<b>0</b>	<b>7</b>
<b>Up to 7</b>	<b>1</b>	<b>6</b>
<b>Up to 7</b>	<b>2</b>	<b>5</b>
<b>Up to 6</b>	<b>3</b>	<b>3</b>
<b>Up to 5</b>	<b>4</b>	<b>1</b>
<b>Up to 5</b>	<b>5</b>	<b>0</b>

<b>TWO CAREGIVERS</b>		
<b>Total Number of Children in Care</b>	<b>Under 2 Years</b>	<b>2 Years and Older</b>
<b>Up to 7</b>	<b>3</b>	<b>4</b>
<b>Up to 7</b>	<b>4</b>	<b>3</b>
<b>Up to 7</b>	<b>5</b>	<b>2</b>
<b>Up to 7</b>	<b>6</b>	<b>1</b>
<b>Up to 7</b>	<b>7</b>	<b>0</b>

Additional staff provisions are made for enrollment of children with disabilities who require individual attention

**Notes:**

- 1.) *Helpers must be a responsible, mature, and healthy individual at least 16 years of age.*
- 2.) *The Provider is prohibited from leaving children alone in the care of individuals younger than 18 years of age.*
- 3.) *Total number of children. The maximum number of children in care at one time, whether on or off the premises, does not exceed the number of children specified on the license. (1) Children younger than five years of age who live in the home and are present in the home while children are in care; (2) foster children 12 years of age and younger who live in the home and are present in the home while children are in care; and (3) the children of any substitute or assistant caregiver.*



# LICENSING REQUIREMENTS FOR *LARGE* FAMILY DAY CARE HOMES

- a. **Large family day care home.** A large FDCH is a residential home that provides care and supervision for 8 to 12 children for part of the 24-hour day.
- b. **Requirements.** Large FDCHs are required to meet the rules contained in OAC 340:110-3-81 through 340:110-3-97, except as otherwise provided in this section.
- c. **Capacity.** Large FDCHs are required to meet the rules found in OAC 340:110-3-84(a). However, the total number of children in care in a large FDCH is limited to 12.
- d. **Supervision of outdoor play.** Large FDCHs are required to meet the rules contained in OAC 340:110-3-85(a)(2) pertaining to the supervision of outdoor play. However, when two or more staff are needed to meet the required staff to child ratio, at least one staff is present with children outdoors at all times.
- e. **Required number of caregivers.** Large FDCHs are exempt from the requirements regarding the number of caregivers needed described in OAC 340-110-3-84(b)-(c). The number of caregivers required in a large FDCH is described in (1) through (3) below.

<b>ONE CAREGIVER</b>	
<b>Number of Children in Care</b>	<b>Ages</b>
<b>Up to 5</b>	<b>Any Age</b>
<b>Up to 6</b>	<b>No More than THREE (3) under 2 Years</b>
<b>Up to 7</b>	<b>No More than TWO (2) under 2 Years</b>
<b>Up to 8</b>	<b>All 3 Years and older</b>
<b>Up to 10</b>	<b>All 4 Years and older</b>
<b>Up to 12</b>	<b>All 5 Years and older</b>

<b>TWO CAREGIVERS</b>	
<b>Number of Children in Care</b>	<b>Ages</b>
<b>Up to 8</b>	<b>Any Age</b>
<b>Up to 12</b>	<b>No More than SIX (6) under 2 Years</b>

<b>THREE CAREGIVERS</b>	
<b>Number of Children in Care</b>	<b>Ages</b>
<b>Up to 8</b>	<b>No More than EIGHT (8) under 2 Years</b>

**Notes:**

- 1.) *Helpers must be a responsible, mature, and healthy individual at least 16 years of age.*
- 2.) *The Provider is prohibited from leaving children alone in the care of individuals younger than 18 years of age.*
- 3.) *Total number of children. The maximum number of children in care at one time, whether on or off the premises, does not exceed the number of children specified on the license. (1) Children younger than five years of age who live in the home and are present in the home while children are in care; (2) foster children 12 years of age and younger who live in the home and are present in the home while children are in care; and (3) the children of any substitute or assistant caregiver.*

*EXAMPLE*  
**HOUSEHOLD CONTACT DOCUMENTATION**

The BIG BUCKS COMMUNITY ACTION (Sponsor Name) is conducting a review of SUE FAIR #100 (Provider Name and Number).

Please complete the information, and return this form in the envelope provided. Please call 444-555-7777 (Phone Number of Sponsor) if you have questions.

This questionnaire *MUST* be filled out by the parent/guardian only. If more than one child is listed, the information below applies to all of them. If not, a different form for each child will be used.

1. Child(ren): JOHN DOE Birth Date: MM/DD/YYYY  
DAVID DOE MM/DD/YYYY  
\_\_\_\_\_  
\_\_\_\_\_

2. Please indicate which of the past 12 months your child was in care:

Oct  Nov  Dec  Jan  Feb  Mar   
Apr  May  June  July  Aug  Sept

3. Please indicate the normal hours and days your child is in care.

Monday: 7:30 to 5:00 Thursday: \_\_\_\_\_ to \_\_\_\_\_  
Tuesday: 7:30 to 5:00 Friday: 7:30 to 5:00  
Wednesday: 7:30 to 5:00 Saturday: 7:30 to 5:00  
Sunday: \_\_\_\_\_ to \_\_\_\_\_

4. Which meals/snacks does your child receive while in care?

Breakfast  Lunch  Supper   
A.M. Snack  P.M. Snack  Late P.M. Snack

5. Do you supply any food? Yes  No

If Yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If your child is no longer in care, what was his or her last date of care?

\_\_\_\_\_

**Statement of Affidavit**

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature  
Debra Doe

Date  
MM/DD/YYYY

## HOUSEHOLD CONTACT SYSTEM FOR SPONSORING ORGANIZATIONS

Whenever fraud is suspected and cannot be proven otherwise, the SO will implement the household contact system. If the SO or the monitor suspects at any time that the provider is cheating but records indicate compliance, the monitor will complete a household contact form on each household enrolled in the day care home.

Household contacts will consist of sending a form to **EVERY** household with a child attending the provider who is in question. The SO or the monitor will complete the forms using the records of the provider. The form will have an area for the SO or the monitor to enter the provider's name and number while the remaining requested information is to be completed by the parent/guardian of the enrolled child. The form will explain to the parents that the provider where their child is in attendance is being reviewed and their response would be appreciated.

Once the SO or the monitor completes the forms with the provider's information, the forms will be submitted to the SO for follow-through. The SO will make envelope labels for each form and mail the envelopes to the parents. Each envelope will contain a self-addressed, stamped envelope to the SO to encourage the parents to respond. The SO will log when the household contacts were sent out and log the responses when any are returned. The parents will be able to call the SO should there be any questions. The SO must receive at least **two negative** responses before further action is taken against the provider.

If the SO receives two or more negative responses, the SO will prepare a letter that will declare the provider seriously deficient. The only sufficient corrective action would be documentation that proved the household contact was invalid. The sponsor will allow only 48 hours for corrective action. At the end of 48 hours, if the provider did not present sufficient corrective action, the sponsor will propose the provider for termination and disqualification from the CACFP. The appeal procedures will be enclosed. The SO will log the seriously deficient status. If the provider does not appeal, the SO will send a termination/disqualification letter to the provider, logging the dates of the termination/disqualification. The State agency will receive copies of all letters when the termination/disqualification is complete. The State agency, in turn, will send the Report of Disqualification From Participation form to USDA.

***No response from the household should be considered a negative response.***

# Notes

# MEAL PATTERNS AND OTHER REQUIREMENTS

# CHILD MEAL PATTERN

<b>Breakfast</b> (Select all three components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Vegetables, Fruits, or Portions of Both<sup>4</sup></b>	1/4 cup	1/2 cup	1/2 cup	1/2 cup
<b>Grains (oz eq)<sup>5, 6</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched, or fortified, cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) <sup>7</sup>				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

- <sup>1</sup> Must serve all three components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1%) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1%), unflavored fat-free (skim) milk, flavored lowfat (1%), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>5</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>6</sup> Meat and Meat Alternates may be used to meet the entire Grains requirement a maximum of three times a week. One ounce of Meat and Meat Alternates is equal to one ounce equivalent (oz eq) of Grains.
- <sup>7</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

# CHILD MEAL PATTERN

<b>Lunch and Supper</b> (Select all five components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/Meat Alternates</b>				
Lean meat, poultry, or fish	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Tofu, soy product, or alternate protein products <sup>4</sup>	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Large egg	1/2	3/4	1	1
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup	1/2 cup
Peanut butter or soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp	4 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	4 ounces or 1/2 cup	6 ounces or 3/4 cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50 percent of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in Program guidance, or an equivalent quantity of any combination of the above Meat/Meat Alternates (1 oz of nuts/seeds = 1 oz of cooked, lean meat, poultry, or fish)	1/2 ounce = 50%	3/4 ounce = 50%	1 ounce = 50%	1 ounce = 50%
<b>Vegetables<sup>6</sup></b>	1/8 cup	1/4 cup	1/2 cup	1/2 cup
<b>Fruits<sup>6, 7</sup></b>	1/8 cup	1/4 cup	1/4 cup	1/4 cup
<b>Grains (oz eq)<sup>8</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup

- <sup>1</sup> Must serve all five components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1%) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1%), unflavored fat-free (skim) milk, flavored lowfat (1%), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.
- <sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- <sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>7</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- <sup>8</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>9</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams r sugars per 100 grams of dry cereal).

# CHILD MEAL PATTERN

<b>Snack</b> (Select two of the five components for a reimbursable snack)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/Meat Alternates</b>				
Lean meat, poultry, or fish	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products <sup>4</sup>	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Cheese	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Large egg	1/2	1/2	1/2	1/2
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup	1/4 cup
Peanut butter or soy nut butter or other nut or seed butters	1 Tbsp	1 Tbsp	2 Tbsp	2 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	2 ounces or 1/4 cup	2 ounces or 1/4 cup	4 ounces or 1/2 cup	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1/2 ounce	1/2 ounce	1 ounce	1 ounce
<b>Vegetables<sup>6</sup></b>	1/2 cup	1/2 cup	3/4 cup	3/4 cup
<b>Fruits<sup>6</sup></b>	1/2 cup	1/2 cup	3/4 cup	3/4 cup
<b>Grains (oz eq)<sup>7</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8</sup>				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

- <sup>1</sup> Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1%) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1%), unflavored fat-free (skim) milk, flavored lowfat (1%), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.
- <sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- <sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>7</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).



# MILK

*CACFP regulations require that to be eligible for reimbursement, each program participant's breakfast, lunch, or supper must include fluid milk.*

## **Fluid Milk Basics**

### **Ages and Milk Requirements**

- Age 1 year:
  - Unflavored whole milk
- Ages 2-5 years:
  - Unflavored lowfat (1%)
  - Unflavored fat-free (skim)
- Ages 6 years and older and adults
  - Unflavored lowfat (1%)
  - Unflavored fat-free (skim)
  - Flavored fat-free (skim)
- Adults (Only)
  - Yogurt may be served in place of fluid milk once per day. Yogurt may not served as a substitute for fluid milk and as a meat alternate in the same meal.

### **Updated Requirements**

- Milk served to 1-year-old children must be unflavored whole milk.
- A one-month transition period is allowed to switch from whole milk to lowfat or fat-free milk when a child turns 2 years old. Meals served to children 24 months to 25 months old that contain whole milk or reduced-fat milk (2%) may be claimed for reimbursement.
- Flavored milk, including flavored nondairy beverages, cannot be served to children aged 1 through 5 years.
- Fat-free flavored milk may be served to children 6 years and older and adults only. Flavored milk may be commercially prepared or flavored using syrup or flavored milk powders (includes flavored straws) using fat-free milk.
- Yogurt may be served in place of fluid milk for adults once per day.

### **Nondairy Milk Substitute**

- Nondairy milk substitutes that are nutritionally equivalent to cow's milk may be served to children or adults with special dietary needs.
- Nondairy beverages must meet the nutritional standards found in cow's milk as outlined in 7 CFR 226.20(g)(3).
- Parents, guardians, adult participants, or a person on behalf of the adult participant may request in writing that a nondairy milk substitute that meets the Nutrition Standards be served in place of milk.
- A medical statement signed by a state-recognized medical authority is only required for non-dairy substitutions that, due to a disability, do not meet the Nutrition Standards of cow's milk as described in 7 CFR 226.20(g)(3)

# MILK

## Questions and Answers About Milk

### **1. If a participant cannot have milk, can I be reimbursed for breakfast and lunch?**

Yes, you may be reimbursed if a child is unable to have milk for medical reasons or other special dietary needs when you obtain a written medical statement from a recognized medical authority or parent request stating that the participant should not be served milk. An appropriate substitution must be provided to the participant. Nondairy beverages offered as fluid milk substitutes must be nutritionally equivalent to milk and provide specific levels of calcium, protein, vitamins A and D, magnesium, phosphorus, potassium, riboflavin, and vitamin B12. See example of Milk Substitution Form on **page 353**.

### **2. If a participant cannot drink milk for religious or ethical reasons, can I be reimbursed for breakfast, lunch, or supper?**

Children who do not consume milk for religious reasons must be covered by an exemption granted by the Department. Meals for Jewish participants have been granted an exemption from the service of fluid milk for lunches and dinners containing meat or poultry under FNS Instruction 783-13, Rev. 3. Please see this instruction for options and documentation requirements. The exemption requested (FNS Instruction 783-14, Rev. 1) for Seventh Day Adventist participants only covers the use of alternate protein products (APP) to meet the meat/meat alternate requirement. It is not an exemption from milk consumption. An exemption is not currently in place to exempt Muslim participants from other meal pattern requirements.

The religious exemptions cited above do not extend to ethical reasons such as vegetarian ethical dietary practices. Meals served without milk for ethical reasons are not reimbursable.

### **3. Can the milk used in the preparation of products such as puddings, cream sauces, and ice cream count toward the milk requirement?**

No. Milk must be served as a beverage and/or poured over cereal in order to be credited toward the milk requirement.

### **4. Can milk be purchased directly from a farm?**

Yes, as long as it is pasteurized fluid milk that meets state and local health standards. Also, it must include vitamins A and D at levels consistent with state and local standards.

**5. Can commercial milkshakes be served to meet the milk requirement?**

FNS Instruction 783-7, Rev. 1 permits the use of commercial milkshake powders added to fluid milk by the program operator; however, only the volume of fluid milk served is creditable toward the milk requirement. Since milkshakes tend to be filling, be aware that preschool children and some adult participants may not be able to consume sufficient quantities of milkshakes or, alternately, may choose not to consume other portions of the meal. This nutritional consideration should be a factor in your decision to serve milkshakes and under which circumstances.

**6. Why is milk not permitted for children under 1 year of age and fat-free/lowfat/reduced-fat milk not recommended for children under 2 years of age?**

Our regulations do not permit the use of cow's milk or evaporated milk before the age of 12 months. If whole milk is served prior to a child's first birthday, there must be a doctor's statement on file. This reflects the position of the American Academy of Pediatrics, which recommends that breast milk or iron-fortified formula be used for the entire first year.

Pediatric nutrition authorities agree that fat-free (skim) milk or lowfat milk should not be fed to children younger than aged 2. These milks contain insufficient quantities of fat (including linoleic acid) for children under aged 2.

***NOTE: Reference USDA Memo CACFP-17-2016 under the Resource Library on the CACFP Web site for additional guidance.***

***NOTE: Water MUST be offered and made available throughout the day to children. It is not part of the reimbursable meal and MAY NOT be served in place of milk, but it may be offered alongside milk at meals.***

*EXAMPLE*

## MILK SUBSTITUTION REQUEST

Child's Name: <i>Jude Johnson</i>	Age: <i>4</i>
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My child cannot consume milk for the following reason(s):
<i>Cultural</i>

Signature of Parent/Guardian: <i>Mrs. Johnson</i>	Date: <i>10/3/YYYY</i>
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INSTITUTION APPROVAL:  Signature: <i>Ima Fishul</i>	  Date: <i>10/5/YYYY</i>
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### **Nondairy Beverages**

In the case of children who cannot consume fluid milk due to medical or other special dietary needs other than a disability, nondairy beverages may be served in lieu of fluid milk. Nondairy beverages must be nutritionally equivalent to milk and meet the Nutrient Standards found in cow's milk. Nondairy beverage nutrient requirements per cup include each of the following:

- Calcium        276 mg
- Protein        8 g
- Vitamin A      500 IU
- Vitamin D      100 IU
- Magnesium    24 mg
- Potassium     349 mg
- Phosphorus    222 mg
- Riboflavin     0.44 mg
- Vitamin B-12  1.1 mcg

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request of the child's caretaker asking that a milk substitution be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. ***Such substitutions are at the option and the expense of the facility.*** The requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a licensed physician, physician's assistant, or nurse practitioner remain unchanged.

# MEAT/MEAT ALTERNATES

CACFP regulations require that a lunch or supper contain the required serving of meat/meat alternate specified in the meal patterns. The meat/meat alternate for lunch or supper must be served in the main dish or in the main dish and *one other menu item*.

When a meat/meat alternate is served as one of the two required components of a reimbursable snack, the amount specified in the snack pattern must be served.

Meat/meat alternates may replace the entire grains component at breakfast a maximum of three times per week.

## Meat/Meat Alternates Basics

### *Meat*

- Meat options include lean meat, poultry, or fish.
- The creditable quantity of meat/meat alternates must be the edible portion.
- Lunch meats are only creditable if they can be found in the USDA Food Buying Guide (FBG) and the label on the package reads exactly as stated in the “As Purchased” (AP) column of the FBG, or a CN Label/Product Formulation Statement can be obtained for the product. If the lunch meat does not meet one of those criteria, meals containing lunch meat may be disallowed during the review.

### *Meat Alternates*

- Meat alternates such as cheese, eggs, yogurt, and nut butters may be used to meet all or a portion of the meat/meat alternates component.

### *Tofu and Soy Products*

- Commercial tofu may be used to meet all or part of the meat/meat alternates component in accordance with FNS guidance.
- Noncommercial and nonstandardized tofu and soy products are not creditable.
- Commercial tofu must be easily recognized as a meat substitute. For example, tofu sausage would credit as a meat substitute because it is easily recognized as a meat. However, tofu noodles would not credit as a meat substitute because it looks like a grain instead of a meat.
- Commercial tofu or soy products must contain 5 grams of protein per 2.2 ounces (1/4 cup) to equal 1 ounce of the meat/meat alternate.

### *Yogurt*

- Yogurt may be plain or flavored, unsweetened or sweetened.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- Noncommercial or nonstandardized yogurt products are not creditable food items. Some common examples include frozen yogurt, drinkable yogurt products, homemade yogurt, yogurt bars, and yogurt-covered fruit or nuts.
- For adults, yogurt may be used as a meat alternate only when it is not being used to meet the milk component in the same meal.
- There are many types of yogurt that meet this requirement. It is easy to find them by using the Nutrition Facts label and following the steps below.

1	Use the Nutrition Facts label to find the <b>Serving Size</b> , in ounces (oz) or grams (g), of the yogurt.
2	Find the <b>Sugars</b> line. Look at the number of grams next to Sugars.
3	Use the serving size identified in Step 1 to find the serving size of your yogurt in the table below.

Serving Size* Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars Grams (g)
If the serving size is:		Sugars must not be more than:
2.25 oz	64 g	9 g
3.5 oz	99 g	13 g
4 oz	113 g	15 g
5.3 oz	150 g	20 g
6 oz	170 g	23 g
8 oz	227 g	31 g
4	In the table, look at the number to the right of the serving size amount under the <i>Sugars</i> column. <b><i>If your yogurt has that amount of sugar or less, the yogurt meets the sugar requirement.</i></b>	

Nutrition Facts	
Serving Size 8 oz (227 g)	
Servings about 4	
Amount Per Serving	
<b>Calories</b> 130	Calories from Fat 20
% Daily Value*	
<b>Total Fat</b> 2g	<b>3%</b>
Saturated Fat 1.5g	<b>8%</b>
Trans Fat 0g	
<b>Cholesterol</b> 10mg	<b>3%</b>
<b>Potassium</b> 400mg	<b>1%</b>
<b>Sodium</b> 160mg	<b>7%</b>
<b>Total Carbohydrate</b> 21g	<b>7%</b>
Dietary Fiber 4g	<b>17%</b>
Sugars 9g	
<b>Protein</b> 10g	
Vitamin A 6%	Vitamin C 4%
Calcium 35%	Iron 0%
Vitamin D 6%	

### TEST YOURSELF:

Does the yogurt above meet the sugar requirement?

Serving Size: 8

Sugars: 9

Yes  No

### Beans and Peas (Legumes)

- Cooked dry beans and peas may be used to meet all or part of the meat/meat alternates component. Beans and peas include black beans, garbanzo beans, lentils, kidney beans, mature lima beans, navy beans, pinto beans, and split peas.
- Beans and peas may be credited as either a meat alternate or as a vegetable, but not as both in the same meal

### Nuts, Seeds, and Nut Butters

- For lunch and supper, nuts and seeds may be used to meet half (1/2) of the meat/meat alternates component. They must be combined with other meat/meat alternates to meet the full requirement for a reimbursable meal.
- Nut and seed butter may be used to meet the entire meat/meat alternates requirement.
- Nut and seed meal or flour may be used only if they meet the requirements for alternate protein products.
- Acorns, chestnuts, and coconuts are noncreditable meat alternates because of their own protein and iron content.

## SUGAR LIMITS IN YOGURT

Serving Size Ounces (oz)	Serving Size Grams (g) (Use when the serving size is not listed in ounces)	Sugars
If the serving size is:		Sugar must not be more than:
1 oz	28 g	0-4 g
1.25 oz	35 g	0-5 g
1.5 oz	43 g	0-6 g
1.75 oz	50 g	0-7 g
2 oz	57 g	0-8 g
2.25 oz	64 g	0-9 g
2.5 oz	78 g	0-10 g
2.75 oz	85 g	0-11 g
3 oz	85 g	0-11 g
3.25 oz	92 g	0-12 g
3.5 oz	99 g	0-13 g
3.75 oz	106 g	0-14 g
4 oz	113 g	0-15 g
4.25 oz	120 g	0-16 g
4.5 oz	128 g	0-17 g
4.75 oz	135 g	0-18 g
5 oz	142 g	0-19 g
5.25 oz	149 g	0-20 g
5.3 oz	150 g	0-20 g
5.5 oz	156 g	0-21 g
5.75 oz	163 g	0-22 g
6 oz	170 g	0-23 g
6.25 oz	177 g	0-24 g
6.5 oz	184 g	0-25 g
6.75 oz	191 g	0-26 g
7 oz	198 g	0-27 g
7.25 oz	206 g	0-28 g
7.5 oz	213 g	0-29 g
7.75 oz	220 g	0-30 g
8 oz	227 g	0-31 g

# MEAT/MEAT ALTERNATES

## Questions and Answers About Meat/Meat Alternates

### 1. Why are nuts, seeds, and nut/seed butters allowed as meat alternates?

Peanut butter has always been included as a meat alternate in the CNP because of its high protein content. Other nut and seed butters have become available and are also now creditable. Food consumption habits and preferences are influenced by many cultural, ethnic, economic, religious, and environmental factors. The use of these products as a meat alternate reflects current food consumption habits and nutrition information. *Nuts are not recommended for children under aged three because choking may occur. Please also be aware that some individuals may have food intolerances or allergies to these foods.*

### 2. Are grated Romano and Parmesan cheeses creditable?

Yes; however, small amounts of these cheeses, when used as a garnish, a seasoning, or in a breading, should not be counted toward the meat/meat alternate requirement. For both Romano and Parmesan cheeses, 3/8 cup provides 1 ounce of meat alternate.

### 3. Can pizza be credited as a meat/meat alternate?

Yes. Meats, cheeses, or other meat alternates on a pizza are creditable toward the meat/meat alternate requirement. The weights of the sauce, vegetables, and crust may contribute toward the vegetable/fruit and grains/breads requirements. Pizza should be either homemade with a standardized recipe on file, CN-labeled, or have a Product Formulation Statement that is signed by an authorized company representative (not a sales person).

### 4. Can vegetarian meals be served in the CACFP?

Yes; however, these foods must meet meal pattern requirements. Examples of acceptable vegetarian meal alternates for the CACFP include natural and processed cheese, cheese foods, cheese spreads, cottage cheese, eggs, yogurt, cooked dry beans and peas, mustard seeds, nut and seed butters, or any combination of these. In planning for the use of products containing APPs, purchase CN-labeled products or contact your State agency for crediting information. Remember that some participants may have allergies to certain ingredients, so the identification of products containing APP is critical.

### 5. We have several participants who attend our center who cannot eat certain foods because of religious reasons. Can we claim these participants on the food program?

Yes. Substitutions may be made to accommodate religious dietary restrictions within existing meal pattern requirements. Please refer to FNS Instructions 783-13, Rev. 3, and 783-14, Rev. 1

### 6. Must yogurt be offered in 4-oz portions in order to be credited?

Although yogurt is credited at a ratio of 4 ounces of yogurt to 1 ounce of meat alternate, this does not mean that programs are limited to offering yogurt in 4-oz or 8-oz servings.



**7. What is the smallest amount of yogurt that may be credited toward the meat/meat alternate requirement?**

Meal planners may use their discretion to vary the portion sizes in the reimbursable meal in a range from 2 ounces (credited as 1/2 ounce of meat alternate) to 8 ounces (credited as 2 ounces meat alternate).

**8. How are cups of commercially prepared yogurt containing fruit credited? Does the volume of fruit have to be subtracted from the total weight of the containers?**

Commercially prepared fruit and nonfruited yogurt products receive full crediting toward the meat/meat alternate required based on the portion size by weight/volume in the carton (i.e., 4 ounces of fruit or nonfruited yogurt fulfill the equivalent of 1 ounce of meat/meat alternate). It should be noted that the fruit in yogurt may be credited only when the provider adds sufficient quantities of fresh, frozen, or canned fruit to commercial yogurt.

**9. Chicken nuggets, hot dog nuggets, and fish sticks are very popular in our center. How many nuggets or sticks should we serve to meet requirements?**

These products vary in size and in the amount of meat and breading or batter used. Some states or sponsors may require the use of CN-labeled products for these foods. Check with your State agency in this regard. If a CN label is not required, obtain a Product Formulation Statement to determine the number of pieces per serving and document that portions meet requirements. This formation should be maintained on file and is especially important when serving novelty-shaped products.

**10. We would like to use items containing APP for our children who do not choose to eat meat. We want to use products that meet regulatory requirements and provide the documentation needed to support our production records. Do you have guidance in this area?**

Many vegetarian products are CN-labeled and should be documented in the same way as any other CN-labeled product. If the product does not have a CN label, you will need to obtain a manufacturer's Product Formulation Statement.

# VEGETABLES AND FRUITS

*A reimbursable breakfast shall contain a serving of vegetable(s) or fruit(s), full-strength vegetable or fruit juice, or an equivalent quantity of any combination of these foods.*

## **Fruit and Vegetable Components**

### *Separation of Vegetable and Fruit Component*

The updated child and adult meal pattern requirements separate the vegetable and fruit components at lunch, supper, and snack. Separate vegetable and fruit components will help increase the variety of vegetables and fruits served and consumed by children and adults. This change means you can offer those in your care a serving of vegetables and a serving of fruit at lunch and supper. In addition, a snack with a vegetable and fruit, in the appropriate minimum serving sizes, is reimbursable.

### *Two Vegetables at Lunch and Supper*

To increase flexibility in menu planning, you can choose to serve two vegetables at lunch and supper rather than a serving of vegetables and a serving of fruit. This change means that the fruit component at lunch and supper may be substituted by a vegetable. When two vegetables are served at lunch or supper, they must be two different kinds of vegetables. Please note that vegetables do not need to be from different vegetable subgroups (e.g., dark green vegetables, red and orange vegetables, starchy vegetables, beans and peas (legumes), or other vegetables).

## **Vegetable and Fruit Basics**

### *Vegetables*

- Vegetables may be served fresh, frozen, canned, or as 100 percent pasteurized vegetable juice.
- Pasteurized, 100 percent vegetable juice (or fruit juice) may be served at only one meal, including snacks, per day.
- Cooked dry beans and peas may credit as either a vegetable or as a meat alternate, but not as both in the same meal.
- A vegetable may be used to meet the entire fruit requirement at lunch and supper. When two vegetables are served at lunch or supper, two different types of vegetables must be served.
- When crediting vegetables, they are credited based on volume, except 1 cup raw leafy greens credits as 1/2 cup vegetable.

## ***Fruits***

- Fruits may be served fresh, frozen, canned, dried, or as 100 percent pasteurized fruit juice.
- Pasteurized, full-strength, 100 percent fruit juice (or vegetable juice) may be served at one meal, including snack meals, per day.
- When crediting fruits, they are credited based on volume, except 1/4 cup of dried fruit counts as 1/2 cup of fruit.

Vegetables and fruits are credited as served. A minimum of 1/8 cup vegetable/fruit per serving is required. Small amounts (less than 1/8 cup) of fruits and vegetables used for flavorings or optional ingredients, such as garnishes, may not be counted to meet the vegetable/fruit requirement. Condiments and seasonings are not creditable food items; they serve as extras to enhance the acceptability of the meal.

Vegetables or fruits served as a combination item (e.g., fruit cocktail, succotash, peas and carrots, mixed vegetables, and vegetables used in soups and stews) may be credited to meet only one of the two required items for lunch and supper.

No home-canned fruit or vegetable products are allowed for service in the CACFP because of health and safety reasons.

Snack chips such as banana, fruit, vegetable, and potato chips may not be credited as a fruit or vegetable. However, 100 percent dried fruits or vegetables are creditable based on the volume served. See the *Food-Buying Guide*. Please keep in mind that young children—especially aged 2 to 3 years—are at risk of choking on these foods. ***Always supervise participants during meals and snacks.***

# VEGETABLES AND FRUITS

## Questions and Answers About Vegetables/Fruits

### 1. What type of *whole* vegetable or fruit would be appropriate for infants aged 6 through 11 months?

It is essential for child care providers and parents or guardians to communicate regularly about the readiness of an infant to accept solid foods. Clear communication will help providers choose the specific foods to introduce and facilitate consistency between the home and child care setting during this period of rapid change. Once an infant is developmentally ready to accept solid foods, some examples of vegetables and fruit that can be served include:

- Commercially prepared baby food such as: green beans, green peas, squash, sweet potatoes, carrots, beets, spinach, applesauce, apricots, bananas, peaches, pears, and plums.
- Home-prepared vegetables (cooked and processed to the appropriate texture) such as: avocado, broccoli, cabbage, cauliflower, green beans, green peas, kohlrabi, plantain, potatoes, summer or winter squash, and sweet potatoes.
- Home-prepared fruits (which can be mashed after peeling if ripe and soft) such as: apricots, bananas, cantaloupe, mango, melon, nectarines, papaya, peaches, pears, and plums.

The term *whole* refers to all fresh, frozen, canned, and dried fruits and vegetables, rather than juice. For infants consuming solid foods, these whole vegetables and fruits must be cooked and processed as needed to the appropriate texture for their developmental stage. More guidance is available in *Feeding Infants: A Guide for Use in the Child Nutrition Programs* (<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>).

### 2. Can two servings of broccoli be served at lunch to fulfill the vegetable component and fruit component?

No, two servings of broccoli to meet the vegetable component and fruit component would not be reimbursable under the updated lunch and supper child and adult meal patterns. While centers and day care homes may serve two servings of vegetables at lunch and supper, the two servings of vegetables must be different.

The two servings of vegetables do not need to be from different subgroups (e.g., dark green vegetables, red and orange vegetables, starchy vegetables, beans and peas [legumes], or other vegetables). For example, a lunch or dinner with a serving of carrots and a serving of red peppers (both red and orange vegetables) would be allowable. Although serving vegetables from different subgroups is not a requirement in CACFP, offering a variety of vegetables can help improve the overall nutritional quality of the meals served to participants.

### 3. Is a tomato a fruit or a vegetable? What about an avocado?

Both tomatoes and avocados are considered vegetables. CACFP centers and day care homes can refer to the *Food-Buying Guide for School Meal Programs* (<http://www.fns.usda.gov/tn/food-buying-guide-school-meal-programs>), which provides a list of creditable vegetables and a list of creditable fruit.

CACFP centers may also reference ChooseMyPlate.gov to determine if a food is a vegetable or a fruit. The Web site includes a list of vegetables, including vegetable subgroups, and a list of fruits. CACFP centers should work with their sponsor or State agency, as appropriate, when they have questions about the crediting of foods.

**4. How do raw leafy greens contribute to the vegetable component? Similarly, how does dried fruit contribute to the fruit component?**

One cup of leafy greens (e.g., lettuce, raw spinach) counts as 1/2 cup of vegetables and 1/4 cup dried fruit counts as 1/2 cup of fruit under the updated CACFP meal patterns.

**5. With separate vegetable and fruit components at lunch, supper, and snack in the updated CACFP meal patterns, how do food items that are mixtures of vegetables and fruit, such as carrot-raisin salad, credit?**

Food items that are mixtures of vegetables and fruits, such as a carrot-raisin salad, can only credit toward the vegetable component **OR** the fruit component, not both, at lunch, supper, and snack. For a mixed food item to credit toward the vegetable component or fruit component, it must contain at least 1/8 cup vegetable or fruit per serving.

**6. May food ingredients that are unrecognizable contribute to meal pattern requirements (for example, carrots pureed in a sauce for macaroni and cheese)?**

Pureed vegetables or fruits may contribute to the CACFP meal pattern requirements as long as the dish also provides an adequate amount (1/8 cup) of recognizable, creditable fruits or vegetables. If the dish does not contain at least 1/8 cup of a recognizable component, then the blended foods do not contribute to the meal requirements. Therefore, in the carrots and mac and cheese scenario, the pureed or mashed carrots can count toward the vegetable/fruit component if there is at least 1/8 cup of another recognizable vegetable or fruit in the dish.

**7. How should vegetables, fruits, or other foods not listed in the Food-Buying Guide be credited?**

Foods not listed in the Food-Buying Guide may be served in CACFP. If a food is served as part of a reimbursable meal but not listed in the Food-Buying Guide, the yield information of a similar food or in-house yield may be used to determine the contribution toward meal pattern requirements with State agency approval.

**8. What meal would be disallowed if a center provides juice at lunch and snack?**

If juice is served more than once a day, the meal with the lowest reimbursement rate in which juice was served is disallowed. In this example, snack would be disallowed because it is the meal with the lower reimbursement rate.

**9. Can a 100 percent fruit and vegetable juice blend be served to fulfill both the vegetable component and the fruit component?**

One hundred percent fruit and vegetable juice blends are allowable in CACFP, but they cannot fulfill both the vegetable component and fruit component in the same meal. A 100-percent fruit and vegetable blend may contribute to the fruit component when fruit juice or puree is the most prominent ingredient; and a 100 percent fruit and vegetable blend may contribute to the vegetable component when vegetable juice or puree is the most prominent ingredient. Keep in mind that fruit or vegetable juice may not be served to infants and may only be served once per day to children aged 1 year and older and adults.

# VEGETABLES AND FRUITS

## Serving Size and Yield for Selected Fresh Vegetables and Fruits

Please note that the serving sizes and yields are approximate. This chart is intended as a reference only. These serving sizes are listed in the *Food-Buying Guide*. Double check to ensure that your portion sizes meet meal pattern requirements.

Vegetable	Serving Size and Yield
<b>Carrot Sticks</b>	1 stick is 4 inches long and 1/2 inch wide •3 sticks = 1/4 cup
<b>Cauliflower</b>	1 medium head = about 6 cups florets •Serving = 1/4 cup cooked or raw florets
<b>Celery Sticks</b>	1 stick is 4 inches long and 3/4 inch wide •3 sticks = 1/4 cup
<b>Cucumber Sticks Pared or Unpared</b>	1 stick = 3 inches long and 3/4 inch wide; 1 cucumber = 12 sticks •3 sticks = 1/4 cup
<b>Radishes</b>	7 radishes (small) = 1/4 cup
<b>Cherry Tomatoes</b>	•5 half cherry tomatoes = 1/4 cup •3 whole cherry tomatoes = 1/4 cup

# GRAINS

The updated meal pattern requirements focus on serving healthy grains three key ways:

## Grain Basics

### Whole Grain-Rich Items

- At least one serving of grains per day must be whole grain-rich.
- Whole grain-rich foods are those that contain 100 percent whole grains or at least 50 percent whole grains, and the remaining grains in the food are enriched.
- Common and usual names for whole grains include:
  - Whole listed before grain (e.g., whole wheat and whole corn)
  - Berries or groats
  - Rolled oats and oatmeal

### Breakfast Cereals

- Breakfast cereals include ready-to-eat, instant, and regular hot cereals.
- Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams of sucrose and other sugars per 100 grams of dry cereal).
- Centers and homes may use any WIC-approved breakfast cereals. See link below for approved WIC cereals.
  - <https://www.ok.gov/health2/documents/2015%20Oklahoma%20Unified%20WIC%20Approved%20Food%20Card.pdf>
- You can also find cereals that meet the requirement using the Nutrition Facts label and by following the steps below.

<b>1</b>	Use the Nutrition Facts label to find the <b>Serving Size</b> , in ounces (oz) or grams (g), of the cereal.
<b>2</b>	Find the <b>Sugars</b> line. Look at the number of g next to Sugars.
<b>3</b>	Use the serving size identified in Step 1 to find the serving size of your cereal in the table below.

Serving Size	Sugars
If the serving size is:	Sugars cannot be more than:
12-16 grams	3 grams
26-30 grams	6 grams
31-35 grams	7 grams
45-49 grams	10 grams
55-58 grams	12 grams
59-63 grams	13 grams
74-77 grams	16 grams

<b>4</b>	In the table, look at the number to the right of the serving size amount under the <i>Sugars</i> column. <b><i>If your cereal has that amount of sugar, or less, your cereal meets the sugar requirement.</i></b>
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YUMMY BRAND CEREAL		
<b>Nutrition Facts</b>		
Serving Size 3/4 cup (30g)		
Servings Per Container about 15		
Amount Per Serving	Cereal	with 1% cups skim milk
<b>Calories</b> 100	100	140
Calories from Fat	5	5
<b>% Daily Value*</b>		
<b>Total Fat</b> 0.5g	<b>1%</b>	<b>1%</b>
Saturated Fat 0g	<b>0%</b>	<b>0%</b>
Trans Fat 0g		
Polyunsaturated Fat 0g		
Monounsaturated Fat 0g		
<b>Cholesterol</b> 0mg	<b>0%</b>	<b>1%</b>
<b>Potassium</b> 90mg	<b>3%</b>	<b>8%</b>
<b>Sodium</b> 140mg	<b>6%</b>	<b>9%</b>
<b>Total Carbohydrate</b> 22g	<b>7%</b>	<b>9%</b>
Dietary Fiber 3g	<b>11%</b>	<b>11%</b>
Sugars 5g		
Other Carbohydrate 14g		
<b>Protein</b> 140mg		

## SUGAR LIMITS IN CEREAL

If the serving size is:	Sugars cannot be more than:
8-11 grams	0-2 grams
12-16 grams	0-3 grams
17-21 grams	0-4 grams
22-25 grams	0-5 grams
26-30 grams	0-6 grams
31-35 grams	0-7 grams
36-40 grams	0-8 grams
41-44 grams	0-9 grams
45-49 grams	0-10 grams
50-54 grams	0-11 grams
55-58 grams	0-12 grams
59-63 grams	0-13 grams
64-68 grams	0-14 grams
69-73 grams	0-15 grams
74-77 grams	0-16 grams
78-82 grams	0-17 grams
83-87 grams	0-18 grams
88-91 grams	0-19 grams
92-96 grams	0-20 grams
97-100 grams	0-21 grams



## TEST YOURSELF:

Does the cereal above meet the sugar requirement?

Serving Size: 30g

Sugars: 5

Yes    No

### Grain-Based Desserts

- Grain-based desserts do not count toward the grains requirement.
- Grain-based desserts are identified in Exhibit A in the memorandum CACFP-02-2017 *Grains Requirements in the Child and Adult Care Food Program; Questions and Answers*
- The following grain-based desserts are not allowed:
  - Brownies
  - Cakes, including coffee and cupcakes
  - Cereal bars, breakfast bars, and granola bars
  - Cookies, including vanilla wafers
  - Doughnuts, any kind
  - Fig rolls/bars/cookies and other fruit-filled rolls/bars/cookies
  - Gingerbread
  - Sweet pie crusts of desserts pies, cobblers, and fruit turnover
  - Sweet bread puddings
  - Sweet biscotti, such as those made with fruits, icing, and chocolate
  - Sweet croissants, such as chocolate-filled
  - Sweet pita chips, such as cinnamon-sugar flavored
  - Sweet rice pudding
  - Sweet roll, including cinnamon rolls
  - Sweet scones, such as those made with fruits, icing, and chocolate
  - Toaster pastries, such as pop-tarts

## Identifying Whole Grains

Whole grains consist of the entire cereal grain seed or kernel. The kernel has three parts—the bran, the germ, and the endosperm. Usually, the kernel is cracked, crushed, or flaked during the milling process. If the finished product retains the same relative proportions of bran, germ, and endosperm as the original grain, it is considered a whole grain.

When looking for whole grain-rich foods, there are some key terms to remember to ensure you purchase just what you need.

- The word *whole* listed before a grain; for example, *whole* corn.
- The words *berries* and *groats* are also used to designate whole grains; for example, wheat berries or oat groats.
- Rolled oats and oatmeal (including old-fashioned, quick-cooking, and instant oatmeal).

Whole Grains	Non-Whole Grains
•Amaranth	•All-Purpose Flour
•Cracked Wheat	•Bread Flour
•Crushed Wheat	•Bromated Flour
•Whole-Wheat Flour	•Cake Flour
•Graham Flour	•Corn Grits
•Entire-Wheat Flour	•Degerminated Corn Meal
•Bromated Whole-Wheat Flour	•Durum Flour
•Millet Flakes	•Enriched Flour
•Whole Durum Wheat Flour	•Enriched Rice
•Quinoa	•Enriched Self-Rising Flour
•Brown Rice, Wild Rice	•Enriched Wheat Flour
•Bulgur	•Farina
•Whole-Grain Barley	•Instantized Flour
•Whole-Specialty Grains	•Long-Grain White Rice
•Whole-Wheat Pasta such as Macaroni, Spaghetti, Vermicelli, or Whole-Grain Noodles	•Pearled (also called Pearl) Barley
•Soba Noodles (with whole buckwheat flour as primary ingredient)	•Phosphated Flour
	•Rice Flour
	•Self-Rising Flour
	•Self-Rising Wheat Flour
	•Unbleached Flour
	•White Flour

## Identifying Whole Grain-Rich Foods

There are two key ways for identifying Whole Grain-Rich Foods

1. Whole grains are the primary ingredient by weight.

### Nonmixed Dishes

Breads, cereals, and other nonmixed dishes: A whole grain is listed as the first ingredient on the product's ingredient list or second after water. Some examples of whole grain-rich ingredients are whole wheat, brown rice or wild rice, oatmeal, bulgur, whole-grain corn, and quinoa.

When a whole grain is not listed as the first ingredient, the primary ingredient by weight may be whole grains if there are multiple whole-grain ingredients and the combined weight of those whole grains is more than the weight of the other ingredients.

### Multiple Ingredients Example

A bread may be made with three grain ingredients:

- Enriched wheat bread (40 percent of grain weight)
- Whole-wheat flour (30 percent of grain weight)
- Whole oats (30 percent of grain weight)

This bread could meet the whole grain-rich criteria with proper documentation from the manufacturer or a recipe for food prepared by a CACFP operator because the combined weight of the two whole-grain ingredients (whole wheat and whole oats) is greater (60 percent) than the enriched wheat flour (40 percent), even though the enriched wheat flour may be listed first on the ingredient list. All grains in the food that are not whole-grain must be enriched (e.g., enriched flour).

## Mixed Dishes

- Pizza, burritos, and other mixed dishes: A whole grain is the first grain ingredient listed on the product’s ingredient list or multiple whole grains are the primary grain ingredient by weight. Proper documentation from the manufacturer or a recipe for foods prepared by a CACFP operator is used as the basis for calculating whether the total weight of the whole-grain ingredients is higher than the total weight of the grain ingredients that are not whole grain. All grains in the food that are not whole grain must be enriched (e.g., enriched flour).
2. The product includes one of the following FDA-approved whole-grain health claims on the food products packaging:

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 some 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.

## Acceptable Forms of Documentation for Items That Meet Whole Grain-Rich Criteria

In order to document that the grain items served meet whole grain-rich criteria, maintain one or more of the following types of documentation on file:

- The ingredient’s list from a product package that shows a whole grain as the primary ingredient by weight.
- A copy of a food label displaying one of the FDA’s whole-grain health claims.
- USDA-authorized CN labels for entrée items that include grains.
- A customized Product Formulation Statement on manufacturer letterhead. Sample product formulation templates for grain products can be accessed through the CN labeling Web site at <http://bit.ly/2IBLscY>.
- A recipe that includes the ingredients and ingredient amounts by weight and volume.
- USDA Foods Fact Sheet (applicable for USDA Foods indicated as meeting the whole grain-rich criteria. Please note that fact sheets must be accompanied by acceptable manufacturer documentation if it is not clear that the item meets whole grain-rich criteria. You can access the fact sheets at <https://whatscooking.fns.usda.gov/fdd/household-material-fact-sheets>.

# CACFP GRAINS CHART

## Exhibit A—Grains for the Food-Based Menu-Planning Alternates in the Child Nutrition Programs<sup>1,2</sup>

GROUP A	MINIMUM SERVING SIZE FOR GROUP A
<ul style="list-style-type: none"> <li>•Bread-type coating</li> <li>•Breadsticks (hard)</li> <li>•Chow mein noodles</li> <li>•Croutons</li> <li>•Pretzels (hard)</li> <li>•Savory crackers (saltines and snack crackers)</li> <li>•Stuffing (dry)</li> </ul> <p><b>NOTE: Weights apply to bread in stuffing.</b></p>	<p>1 oz eq = 22 gm or 0.8 oz            3/4 oz eq = 17 gm or 0.6 oz            1/2 oz eq = 11 gm or 0.4 oz            1/4 oz eq = 6 gm or 0.2 oz</p>
GROUP B	MINIMUM SERVING SIZE FOR GROUP B
<ul style="list-style-type: none"> <li>•Bagels</li> <li>•Batter-type coating</li> <li>•Biscuits</li> <li>•Breads (white, wheat, whole-wheat, French, Italian)</li> <li>•Buns (hamburger and hot dog)</li> <li>•Egg roll skins</li> <li>•English muffins</li> <li>•Pita bread (white, wheat, whole-wheat)</li> <li>•Pizza crust</li> <li>•Pretzels (soft)</li> <li>•Rolls (white, wheat, whole-wheat, potato)</li> <li>•Sweet crackers (graham crackers—all shapes, animal crackers)</li> <li>•Tortillas (wheat or corn)</li> <li>•Tortilla chips (wheat or corn)</li> <li>•Taco shells</li> </ul>	<p>1 oz eq = 28 gm or 1.0 oz            3/4 oz eq = 21 gm or 0.75 oz            1/2 oz eq = 14 gm or 0.5 oz            1/4 oz eq = 7 gm or 0.25 oz</p>
GROUP C	MINIMUM SERVING SIZE FOR GROUP C
<ul style="list-style-type: none"> <li>•Cookies<sup>3</sup> (plain, includes vanilla wafers)</li> <li>•Cornbread</li> <li>•Corn muffins</li> <li>•Croissants</li> <li>•Pancakes</li> <li>•Pie crust (dessert pies<sup>3</sup>, fruit turnovers<sup>3</sup>, cobbler<sup>3</sup>, and meat/meat alternate pies)</li> <li>•Waffles</li> </ul>	<p>1 oz eq = 34 gm or 1.2 oz            3/4 oz eq = 26 gm or 0.9 oz            1/2 oz eq = 17 gm or 0.6 oz            1/4 oz eq = 9 gm or 0.3 oz</p>

<sup>1</sup> Under the CACFP, the following foods are whole grain or enriched or made with enriched or whole-grain meal and/or flour, bran, and/or germ. For meals and snacks served to children and adults, at least one serving of grains per day in the CACFP must be whole grain-rich starting October 1, 2017. Under the NSLP and SBP, the following food quantities from Group A-G must contain at least 16 grams of whole grain or can be made with 8 grams of whole grain and 8 grams of enriched meal and/or enriched flour to be considered whole grain-rich.

<sup>2</sup> Some of the following foods or their accompaniments may contain more sugar, salt, and/or fat than others. This should be a consideration when deciding how often to serve them.

<sup>3</sup> Considered a grain-based dessert and cannot count toward the grain component at any meal served under the CACFP beginning October 1, 2017, as specified in §226.20(a)(4).

<sup>4</sup> Refer to program regulations for the appropriate serving size for supplements served to children and adult participants. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

<sup>5</sup> Under the CACFP, cereals may be whole grain, enriched, or fortified, and must contain no more than 6 grams of sugar per dry ounce.

# CACFP GRAINS CHART

## Exhibit A continued

<b>GROUP D</b>	<b>MINIMUM SERVING SIZE FOR GROUP D</b>
<ul style="list-style-type: none"> <li>•Doughnuts<sup>3</sup> (cake and yeast-raised, unfrosted)</li> <li>•Granola bars<sup>3</sup> (plain, cereal bars, breakfast bars)</li> <li>•Muffins (all except corn)</li> <li>•Sweet roll<sup>3</sup> (unfrosted)</li> <li>•Toaster pastry<sup>3</sup> (unfrosted)</li> </ul>	<p>1 oz eq = 55 gm or 2.0 oz            3/4 oz eq = 42 gm or 1.5 oz            1/2 oz eq = 28 gm or 1.0 oz            1/4 oz eq = 14 gm or 0.5 oz</p>
<b>GROUP E</b>	<b>MINIMUM SERVING SIZE FOR GROUP E</b>
<ul style="list-style-type: none"> <li>•Cookies<sup>3</sup> (with nuts, raisins, chocolate pieces, fruit purees)</li> <li>•Doughnuts<sup>3</sup> (cake and yeast-raised, frosted and glazed)</li> <li>•French toast</li> <li>•Granola bars<sup>3</sup> (with nuts, and/or chocolate pieces, dried fruit)</li> <li>•Sweet rolls<sup>3</sup> (frosted)</li> <li>•Toaster pastry<sup>3</sup> (frosted)</li> </ul>	<p>1 oz eq = 69 gm or 2.4 oz            3/4 oz eq = 52 gm or 1.8 oz            1/2 oz eq = 35 gm or 1.2 oz            1/4 oz eq = 18 gm or 0.6 oz</p>
<b>GROUP F</b>	<b>MINIMUM SERVING SIZE FOR GROUP F</b>
<ul style="list-style-type: none"> <li>•Cake<sup>3</sup> (plain, unfrosted)</li> <li>•Coffee cake<sup>3</sup></li> </ul>	<p>1 oz eq = 82 gm or 2.9 oz            3/4 oz eq = 62 gm or 2.2 oz            1/2 oz eq = 41 gm or 1.5 oz            1/4 oz eq = 21 gm or 0.7 oz</p>
<b>GROUP G</b>	<b>MINIMUM SERVING SIZE FOR GROUP G</b>
<ul style="list-style-type: none"> <li>•Brownies<sup>3</sup> (plain)</li> <li>•Cake<sup>3</sup> (all varieties, frosted)</li> </ul>	<p>1 oz eq = 125 gm or 4.4 oz            3/4 oz eq = 94 gm or 3.3 oz            1/2 oz eq = 63 gm or 2.2 oz            1/4 oz eq = 32 gm or 1.1 oz</p>
<b>GROUP H</b>	<b>MINIMUM SERVING SIZE FOR GROUP H</b>
<ul style="list-style-type: none"> <li>•Cereal grains (barley, quinoa, etc.)</li> <li>•Breakfast cereals<sup>4,5</sup> (cooked)</li> <li>•Bulgur or cracked wheat</li> <li>•Macaroni (all shapes)</li> <li>•Noodles (all varieties)</li> <li>•Pasta (all shapes)</li> <li>•Ravioli (noodle only)</li> <li>•Rice (enriched white or brown)</li> </ul>	<p>1 oz eq = 1/2 cup cooked or            (28 gm) dry</p>
<b>GROUP I</b>	<b>MINIMUM SERVING SIZE FOR GROUP I</b>
<ul style="list-style-type: none"> <li>•Ready-to-eat breakfast cereal<sup>4,5</sup> (cold, dry)</li> </ul>	<p>1 oz eq = 1 cup or 1.0 oz, for flakes or rounds            1 oz eq = 1.25 cups or 1 oz for puffed cereal            1 oz eq = 1/4 cup or 1 oz for granola</p>

<sup>3</sup> Considered a grain-based dessert and cannot count toward the grain component at any meal served under the CACFP beginning October 1, 2017, as specified in §226.20(a)(4).

<sup>4</sup> Refer to program regulations for the appropriate serving size for supplements served to children and adult participants. Breakfast cereals are traditionally served as a breakfast menu item but may be served in meals other than breakfast.

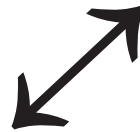
<sup>5</sup> Under the CACFP, cereals may be whole grain, enriched, or fortified, and must contain no more than 6 grams of sugar per dry ounce.

## Whole Grain-Rich Foods and Disallowed Meals

Each day, one whole grain-rich food must be served. When whole grain-rich foods are not served in a given day, the meal (or snack) that contained a grain with the lowest reimbursement will be disallowed as illustrated in the examples below.

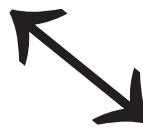
<b>Friday's Menu</b>	
<b>Breakfast</b>	Diced peaches Blueberry pancake Milk
<b>Lunch</b>	Macaroni and cheese Cornbread Okra Tropical fruit Milk
<b>Snack</b>	<b>Cheddar cheese slices</b> <b>Crackers</b> <b>Water</b>

**Friday's menu does not contain a whole grain-rich food. Therefore, the Snack meal is disallowed because it is the meal with the lowest reimbursement.**



<b>Tuesday's Menu</b>	
<b>Breakfast</b>	<b>Banana slices</b> <b>Multigrain waffle</b> <b>Milk</b>
<b>Lunch</b>	Chicken stir-fry Broccoli Carrots White rice Milk
<b>Snack</b>	Yogurt Apple slices Water

**Tuesday's menu does not contain a whole grain-rich food and a grain was not served during Snack. Therefore, the Breakfast meal is disallowed because it is the meal with the lowest reimbursement.**



# GRAINS

## Questions and Answers About Grains

### I. WHOLE GRAIN-RICH

#### 1. How will centers and day care homes identify whole grain-rich foods?

Centers and day care homes can identify whole grain-rich foods using one of several methods. First, if a whole grain is listed as the first ingredient on the product's ingredient list or second after water, then the product meets the whole grain-rich criteria. Second, a center or day care home can work with a manufacturer to get the proper manufacturing documentation demonstrating that whole grains are the primary grain ingredient by weight. For foods prepared by a CACFP center or day care home, a recipe can be used to determine that whole grains are the primary grain ingredient by weight.

Additionally, centers or day care homes can look for one of the following FDA-approved whole-grain health claims on its packaging: *Diets rich in whole-grain foods and other plant foods and low in total fat and cholesterol may reduce the risk of heart disease and some 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.*

In recognizing that whole grain-rich products are not always easy to identify, FNS is developing training worksheets in English and Spanish to help CACFP centers and day care homes identify whole grain-rich foods. Additionally, USDA's Team Nutrition developed the *Nutrition and Wellness Tips for Young Children: Provider Handbook for the Child and Adult Care Food Program* that includes tips on how to include more 100 percent whole-grain foods on menus ([http://www.fns.usda.gov/sits/default/files/whole\\_grains.pdf](http://www.fns.usda.gov/sits/default/files/whole_grains.pdf)). Foods that contain 100 percent whole grains meet the whole grain-rich criteria.

#### 2. Can centers and day care homes use the Whole Grain Stamp (from the Whole Grain Council) to determine if a grain product meets the whole grain-rich criteria?

No. While the Whole Grain Stamp provides useful information on the amount of whole grains a product contains, the product must still be evaluated against the whole grain-rich criteria outlined in this memorandum. Products that display the Whole Grain Stamp contain at least 8 grams of whole grain per serving. However, they may also contain some nonenriched refined flour which does not meet the grains criteria for Child Nutrition Programs. Therefore, just because a product has 8 grams of whole grains does not mean the product meets the whole grains-rich criteria.

#### 3. Do grain products have to be 100 percent whole grain to meet the whole grain-rich requirement?

No, grain products do not need to be 100 percent whole grain to meet the whole grain-rich criteria. However, grain products that contain 100 percent whole grain **DO** meet the whole grain-rich criteria. Whole grain-rich foods contain at least 50 percent whole grains and the remaining grains, if any, must be enriched.

For child and adult meals and snacks, centers and day care homes must serve at least one whole grain-rich food per day. Requiring that at least one grain served per day be whole



grain-rich instead of 100 percent whole grain gives centers and day care homes flexibility in choosing what grains they serve while still offering the nutritional benefits of whole grains. This flexibility will make it easier for centers and day care homes to find grain products that meet the updated meal pattern requirements.

**4. Are fully cooked grain products such as pasta, whose ingredient list has water as the first ingredient and a whole grain as the second ingredient, considered whole grain-rich?**

Yes, a grain product is considered whole grain-rich if water is listed as the first ingredient and a whole grain is listed as the second ingredient on the ingredient list.

**5. Can wheat bread, rolls, and buns labeled as 100 percent whole wheat be used to meet the whole grain-rich requirement?**

Yes, grain products that are specifically labeled as *whole-wheat bread*, *entire wheat bread*, *whole-wheat rolls*, *entire wheat rolls*, *whole-wheat buns*, and *entire wheat buns* are 100 percent whole wheat and are easily identifiable as meeting the whole grain-rich requirement. These products will not have any refined grains listed in the ingredient statement. Please note that foods with the label *whole grain* do not necessarily meet the whole grain-rich criteria.

**6. In a recipe for bread, would ingredients listed as 2 cups of whole-wheat flour and 2 cups of enriched white flour meet the whole grain-rich requirement?**

Yes, as long as there are not other grain ingredients in the food; a food that contains 2 cups of whole-wheat flour and 2 cups of enriched white flour would meet the grain-rich requirement. This is because it contains at least 50 percent whole grains and the remaining grains in the food are enriched.

**7. Do centers and day care homes have the discretion to choose which meals will include a whole grain-rich grain?**

Yes, centers and day care homes may choose to serve a whole grain-rich item at any meal or snack as long as one grain per day over the course of all the meals and snacks served that day is whole grain-rich. For example, a center may serve a whole grain-rich cereal at breakfast one day and a whole grain-rich pasta at lunch the next day. This will help expose participants to a variety of whole grains and the wide range of vitamins and minerals whole grains provide.

## **II. GRAIN-BASED DESSERTS AND BREAKFAST CEREALS**

**1. Why are grain-based desserts no longer allowed to contribute to the grain component of a meal?**

The Dietary Guidelines for Americans (Dietary Guidelines) identify grain-based desserts as sources of added sugars and saturated fats and recommends Americans reduce their consumption of added sugars and saturated fats. The Healthy, Hunger-Free Kids Act of 2010 required USDA to revise the CACFP meal patterns to better align them with the Dietary Guidelines. Therefore, in order to be more consistent with the Dietary Guidelines, grain-based desserts cannot be counted toward the grain components in CACFP.

**2. Are homemade granola bars or other homemade grain-based desserts allowed?**

No, homemade and commercially prepared grain-based desserts cannot count toward the grain component in CACFP. There are no exceptions to allow a grain-based dessert to count toward the grain component, including the place of preparation or the preparation method.

**3. Are quick breads such as banana bread and zucchini bread still allowed?**

Yes, quick breads are credited in the same group as muffins under Group D in Exhibit A and both may continue to contribute toward the grain component.

**4. Can centers and day care homes serve cake or another grain-based dessert for special celebrations such as a birthday?**

Centers and day care homes may choose to serve grain-based desserts such as cakes and cookies during celebrations or other special occasions as an additional food item that is not reimbursable. FNS recognizes that there may be times when a center or day care home would like to serve foods or beverages that are not reimbursable. FNS encourages centers and day care homes to use their discretion when serving nonreimbursable foods and beverages, which may be higher in added sugar, saturated fats, and sodium, to ensure children and adult participants nutritional needs are met.

**5. If a center or day care home chooses to serve a grain-based dessert with fruit, can the fruit count toward the fruit requirement?**

Yes, the fruit in the grain-based dessert can credit toward the fruit component. The grains portion of a grain-based dessert with fruit, such as pies, cobblers, or crisps, cannot count toward the grain component. Centers and day care homes should serve sweetened fruit in moderation to help reduce children and adults' consumption of added sugars and help children develop a taste preference for unsweetened fruit.

**6. Pancakes and waffles are not grain-based desserts according to Exhibit A. If syrup, honey, jam, or another sweet topping is served with the pancakes or waffles, are they then considered grain-based desserts?**

No, adding a sweet topping such as syrup to pancakes or waffles does not make them grain-based desserts and they continue to be counted toward the grain component. However, FNS strongly encourages centers and day care homes to explore healthier alternatives for toppings, such as fruit or yogurt. Minimizing sweet toppings will help reduce children's and adults' consumption of added sugars. When sugars are added to foods and beverages to sweeten them, they add calories without contributing essential nutrients.

**7. How does a center or day care home determine if a breakfast cereal has no more than 6 grams of sugar per dry ounce (21.2 grams of sugar per 100 grams)?**

There are several ways a center or day care home can determine if a breakfast cereal is within the sugar limit. First, centers and day care homes can use any State agency's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)-approved breakfast cereal list. Some stores also have labels on the shelves indicating which breakfast cereals are WIC-approved. All WIC-approved breakfast cereals contain no more than 6 grams of sugar per dry ounce (21.2 grams of sugar per 100 grams).

Second, centers and day care homes may do some math to determine the sugar content of a breakfast cereal. Using the Nutrition Facts label, the center or day care home may divide the amount of sugar per serving (listed toward the middle) by the serving size in grams (listed at the top). If the amount of sugar per serving divided by the serving size in grams is 0.212 or less, then the cereal is within the sugar limit and may be creditable in CACFP. For example, Cereal A's Nutrition Facts label shows that the serving size is 55 grams and the amount of sugar per serving is 13 grams. Therefore, 13 grams (serving size) divided by 55 grams of sugar equals 0.236. Cereal A exceeds the sugar limit because 0.236 is greater than 0.212.

FNS is developing an easy-to-use chart to further help CACFP centers and day care homes identify breakfast cereals within the sugar limit.

### III. COMPLIANCE

#### 1. When submitting menus for review, do centers and day care homes need to document which grains foods are whole grain-rich?

Yes, centers and day care homes must document when a food is whole grain-rich on their menus and may do this by using terms such as *whole grain-rich*, *whole-wheat*, or simply listing a whole grain. For example, a menu may say *peanut butter and jelly sandwich on whole grain-rich bread*, *whole-wheat pasta and chicken*, or *brown rice and vegetables*. Common and usual names for whole grains that are helpful to know and can be used to identify whole grain-rich foods on menus are:

- The word *whole* listed before a grain, such as *whole-wheat* or *whole corn*.
- The words *berries* and *groats* are used to designate a whole grain such as *wheat berries* or *oat groats*.
- Rolled oats and oatmeal (including old-fashioned, quick cooking, and instant oatmeal).
- Other whole-grain foods that do not use the word *whole* in their description, such as brown rice, brown rice flour, wild rice, quinoa, millet, teff, amaranth, buckwheat, and sorghum.

It is the responsibility of the State agency or sponsor, as applicable, when conducting reviews, to check labels and product information to ensure that the whole grain-rich items being served meet the whole grain-rich criteria presented in this memorandum.

#### 2. If a day care home serves breakfast and snack and a grain is served at both breakfast and snack but neither of the grains are whole grain-rich, which meal is disallowed?

The snack would be disallowed. This is because the snack is the meal with the lowest reimbursement rate that contained a grain. Conversely, if a grain was not served at snack and the grain at breakfast is not whole grain-rich, then the breakfast meal would be disallowed. In that situation, the breakfast meal is the meal with the lowest reimbursement rate that contained a grain.

#### 3. If a center serves breakfast and lunch and the whole grain-rich grain is planned for lunch but the center is forced to close before serving lunch due to severe weather, will meals be disallowed?

No, if a center or day care home is unable to serve the meal with a whole grain-rich grain due to extenuating circumstances and the menu demonstrates that a whole grain-rich grain was planned for the missed meal(s), no meals will be disallowed on the basis that the whole grain-rich requirement was not met. Menus must show that at least one whole grain-rich grain is offered each day the center or home is operating.

#### 4. If a different group of children are at lunch than at breakfast, do both meals have to contain a whole grain-rich grain?

No, the whole grain-rich requirement applies to the center or day care home, not to each child or adult participant. If a center or day care home serves breakfast and lunch and two different groups of children or adults are at each meal, only one meal must contain a whole grain-rich food.

FNS strongly encourages centers and day care homes that have different groups of participants at each meal (such as one group of children at breakfast and a second group at lunch) to vary the meal in which a whole grain-rich grain is served. For example, whole grain-rich toast could be served at breakfast on Monday and brown rice could be served at lunch on Tuesday. This will help ensure that all participants are served whole grains and benefit from

the important nutrients they provide.

**5. If a program only serves snacks, would all the grains served at snack have to be whole grain-rich?**

Yes, if the snack includes a grain such as crackers with apples, the grain must be whole grain-rich. However, programs that only serve snack, such as an at-risk after-school program, are not required to serve a grain at snack because it is not a required component at snack. A program may offer a reimbursable snack with a fruit and vegetable, milk and fruit, a meat alternate and vegetable, and so forth. Conversely, if a center or day care home only serves one meal (breakfast, lunch, or supper) per day, then the grain served at that meal must be whole grain-rich.

## CREDITING COMBINATION FOODS

You may credit some combination foods for a total of three different meal components:

1. Meat/meat alternate
2. Grains
3. Vegetable/fruit (count as one component only)

Combination items such as pizzas vary greatly as to how they may be credited. Crediting for pizza typically includes the crust, the cheese and/or meat, and vegetable/fruit. This crediting will vary by pizza. Use items that have a CN label, Product Formulation Statement, or a standardized recipe. Maintain a copy of the documentation on file for review. Examples for crediting other combination foods are listed below.

**Example 1:** Hamburger on a bun with lettuce and tomatoes.

**Credit as:**

Meat/meat alternate	Hamburger (at least 1/4 oz per serving)
Grains	Hamburger bun (at least 1/4 serving)
Vegetable/fruit	Lettuce and tomato (at least 1/8 cup per serving)

**Example 2:** Chef salad with hard-boiled egg, turkey, cheese, lettuce, tomato, celery, cucumber.

**Credit as:**

Meat/meat alternate	Egg, turkey, cheese (at least 1/4 oz per serving)
Vegetable/fruit	Lettuce, tomato, celery, cucumber (at least 1/8 cup total per serving)

**Example 3:** Fruit salad with cottage cheese, peaches, pineapple, pears, bananas, blueberries. In this case, the fruits are not mixed together and are separately identifiable. For example, peach or pear halves set on a platter with pineapple rings in comparison with bits of peaches, pears, and pineapple mixed in a fruit cocktail.

**Credit as:**

Meat/meat alternate	Cottage cheese (at least 1/4 oz per serving)
Vegetable/fruit	A combination of the separate pear or peach halves, pineapple rings/chunks, banana slices, or blueberries (at least 1/8 cup total)

**Example 4:** Banana/strawberry smoothie (with banana, strawberries, and milk).

Combination foods in beverage form made from milk and solid fruits (or juice concentrates) may be credited at all meals and snacks as meeting the following meal components. However, the amounts served must meet meal pattern requirements.

**Credit as:**

Milk	Milk (at least 1/2 cup per serving)
Vegetable/fruit (count as one component only)	Bananas and strawberries (at least 1/8 cup total per serving)

# CHILD NUTRITION LABELS & PRODUCT FORMULATION STATEMENTS

## Child Nutrition Labels

CN labels, fact sheets, and product labels provide a way for food manufacturers to communicate with operators about how their products may contribute to the meal pattern requirements for meals served under USDA's CNP. Below are tips for acceptable documentation:

### How to identify a CN label:

A CN label will always contain the following information:

- The CN logo, which is a distinct border.
- The meal pattern contribution statement.
- A unique six-digit product identification number (assigned by the USDA Agricultural Marketing Service) appearing in the upper right hand corner of the CN logo.
- The USDA/FNS authorization statement.
- The month and year of the original FNS Final Approval appearing at the end of the authorization statement.
- 

The remaining required label features: product name, inspection legend, ingredient statement, manufacturer's name, signature/address line and net weight.

Note: The CN number on the following sample label is not an actual CN number. A valid CN label will never have XXXXXX as a CN number.

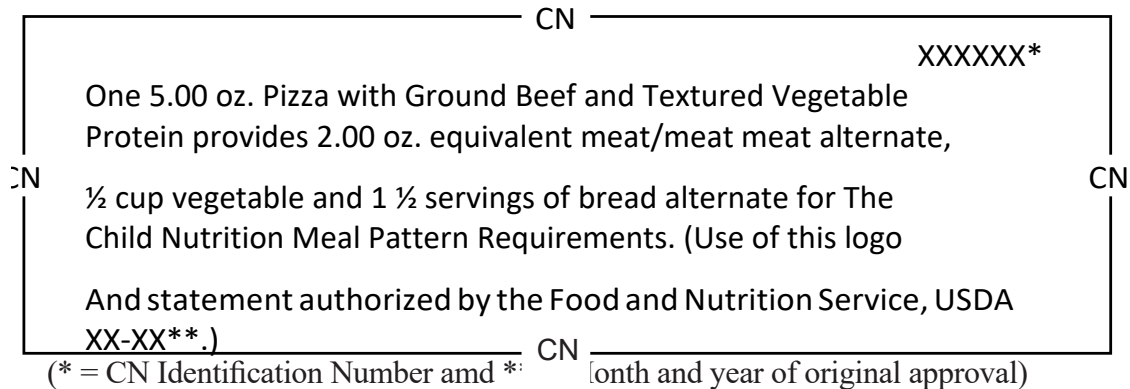
## CN-Labeled Products

- The CN label provides a warranty against review claims when the product is used according to the manufacturer's direction.
- Child care centers and FDCH operators may submit an original CN label, a photocopy or a photograph of the valid CN label during an AR as acceptable documentation.
  - CN labels that are laser-printed on the product carton or cannot be easily removed may be photocopied while attached to the original product carton.
  - A photograph of the CN label while it is attached to the original product carton. (CN labels that are photocopies or photographed must be visible and legible.)
- When a valid CN logo and crediting statement is provided, a Product Formulation Statement is not required.

## Watermarked CN Labels

- If the actual CN label, photography, or photocopy of the valid CN label is not available, operators may provide the Bill of Lading (invoice) containing the product name **AND**
  - A CN label copied with a watermark displaying the product name and CN number.
  - An electronic copy of the CN label with a watermark displaying the product name and CN number provided by the vendor.

## Sample CN Logo:



For any CN-labeled product to be valid, the purchased product label must have the CN logo on it. A company may have a legitimate CN label approval, but unless the product is produced under inspection following all CN \* CN identification number

\*\* Month and Year of original approval requirements and the CN logo is part of the printed label on the purchased product, it is not a CN-labeled product and is not warranted by USDA. A valid CN logo will never be a separate sticker. Printing a fact sheet or manufacturer's statement from a website does not document that the CN-labeled product was purchased. In addition, a fact sheet or other manufacturer documentation is never authorized to have the CN logo on it. Proper documentation of a CN-labeled product is an actual label on the purchased product carton.

For a detailed explanation of CN labeling Regulations for the CACFP, see 7 CFR Part 226, Appendix C or the FBG for CN programs, Appendix C. Program information is also available online at: <http://www.fns.usda.gov/cnlabelin.g/child-nutrition-cn-labeling-program>

## Product Formulation Statement (PFS)

A manufacturer's Product Formulation Statement (PFS) is a signed, certified document that provides a way for a manufacturer to demonstrate how a product may contribute to the meal pattern requirements of USDA's CNP. A PFS is typically provided for processed products that do not have a CN label. Program operators must request a signed manufacturer's PFS when purchasing a processed product without a CN label. Program operators are responsible for ensuring menu items meet meal pattern requirements; therefore, program operators should review and verify the crediting statement on a manufacturer's PFS before purchasing the product.

- A PFS may include crediting information for more than one meal component. For instance, a cheese pizza may credit toward the meat/meat alternate, grains, and the vegetable group. The crediting information for each meal component may be documented on the same PFS.

PFS templates for each meal component are available on the CN labeling Web site at <http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry>. Manufacturers may use PFS templates as a guide to help develop a PFS; however, they are not required to use the same format as the USDA's template, but they must present the same information on their company letterhead.

- The total creditable amount should **NEVER** be rounded up. The total creditable amount must

**round down** to the nearest 0.25 oz (e.g., total creditable amount of 0.99 oz must **round down** to 0.75 oz.).

- The meat/meat alternate credit cannot exceed the total serving size of the product (e.g., a 2.15-oz beef patty may not credit more than 2.00 oz meat/meat alternate).
- Fruits and vegetables (including purees) credit on the volume served (cup servings).

**The only exceptions are:**

- Tomato paste and tomato purée are credited based on their whole food equivalency using the percent natural tomato soluble solids in the paste or purée. See FBG for additional information on calculated volume.
- Dried fruits credit on the volume served (e.g., 1/4 cup raisins credit as 1/2 cup fruit).
- Raw leafy vegetables credit as half the volume served (e.g., 1 cup raw spinach credits as 1/2 cup vegetable). All other CN programs credit as volume served.

\* A **creditable ingredient** is a food/ingredient that contributes to one of the food components of USDA’s meal pattern requirements.

<b>CHECKLIST FOR EVALUATING A MANUFACTURER’S PFS</b>		
(If <i>N</i> is checked for any question below, contact the manufacturer to request the information)		
Y	N	Is the PFS on signed company letterhead? The signature on the PFS can be handwritten, stamped, or electronic.
Y	N	Does the PFS include product name, product code number, and serving/portion size?
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description as the ingredients listed on the product label? For example, if the PFS lists <i>ground beef (not more than 20% fat)</i> , the product label should also list <i>ground beef (not more than 20% fat)</i> .
Y	N	Do the creditable ingredients* listed on the PFS match or have a similar description to a food item listed in the <i>Food-Buying Guide</i> (FBG) (available at <a href="http://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs">http://www.fns.usda.gov/tn/food-buying-guide-for-child-nutrition-programs</a> )?
Y	N	If the product is a meat/meat alternate, does it contain an Alternate Protein Product (APP) such as soy concentrate? If <i>Yes</i> , does the manufacturer provide supporting documentation that meets USDA’s APP requirements? Specific requirements for APP products and examples of supporting documentation are available at <a href="http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry">http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry</a> .
Y	N	Does the PFS demonstrate how creditable ingredients* contribute toward the meal pattern requirement(s) (i.e., provides information to calculate crediting)?
Y	N	Are the manufacturer’s calculations correct and verified?



## **SOME FOODS MOST COMMONLY REQUIRING A CN LABEL OR PRODUCT FORMULATION STATEMENT**

There are many other things that require CN labels—This list is not all-inclusive.

BBQ Beef/Pork  
Corn Dogs  
Chicken Nuggets  
Steak Fingers  
Fish Sticks  
Canned Chili  
Canned Barbecue Beef  
Pizza (Frozen)  
Pizza Rolls and Pockets  
Bagel Bites  
Pancakes on a Stick  
Sausage Biscuits  
Breaded Okra (All Breaded Vegetables)  
Ravioli/Round Spaghetti  
Burrito  
Enchilada  
Lasagna  
Chicken Pot Pie  
Potato Salad (Purchased)  
Meatballs

# EXAMPLE MENU OF NEW MEAL PATTERN REQUIREMENTS

	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>Breakfast</b>	Whole-grain mini bagel Peaches Scrambled eggs 1% milk	Multigrain toast with all-fruit spread Banana Milk	Fresh plum slices Whole-grain cereal 1% milk	Apple slices Whole-grain waffle 1% milk	Fresh banana slices Whole-grain cereal 1% milk
<b>Lunch</b>	Cheese and chicken quesadilla Black beans Applesauce 1% milk	Mexican meatloaf Green beans Whole kernel corn Mexican whole-grain cornbread 1% milk	Oven-baked fish Strawberries Green beans Brown rice 1% milk	Chicken breast Buttered noodles Mixed fruit Roasted broccoli 1% milk	Black bean soup Carrot sticks Pears Soft enriched bread stick 1% milk
<b>Snack</b>	Multigrain crackers Juice	Smoothie prepared with lowfat yogurt and strawberries Water	Whole-grain English muffin with melted Cheddar cheese Juice	Apricot halves Cheese crackers Water	Fresh orange sections Yogurt Water

# OPTIONAL

## SAMPLE CYCLE MENU

BREAKFAST	LUNCH	SNACK
Whole-grain cereal Fresh strawberries and bananas 1% white milk	Toasted cheese sandwich Celery w/peanut butter Fresh carrots Pineapple 1% white milk	Graham crackers 1% white milk
Whole-grain toast Apple juice 1% white milk	Chicken and noodles Peas and carrots Fruit cup Noodles 1% white milk	Muffin 1% white milk
Biscuits Grapefruit juice 1% white milk	Fish sticks* Oven fries Green beans Stewed apples 1% white milk	Cheese toast (whole-grain) Water
French toast (whole-grain) Apples 1% white milk	Pinto beans Glazed carrots Fresh fruit Mexican cornbread 1% white milk	Animal crackers Orange juice
Whole-wheat pancakes Blueberries 1% white milk	Beef tacos Tossed salad Peaches Spanish rice 1% white milk	Apple slices and peanut butter 1% white milk

\*If commercially prepared, a CN label or product formulation statement must be maintained.

# DARK GREEN AND ORANGE VEGETABLES, DRY BEANS AND PEAS, AND WHOLE GRAINS

The following pages include examples of different foods that you may wish to incorporate into your menus. You should introduce new foods gradually. You may wish to begin with taste samples. As always, check your *Food-Buying Guide* to ensure that you are planning sufficient quantities to meet meal pattern requirements if you are including the new food as part of your reimbursable meal.

## Commonly eaten vegetables in each subgroup:

### Dark Green Vegetables

- bok choy
- broccoli
- collard greens
- dark green, leafy lettuce
- kale
- mesclun
- mustard greens
- romaine lettuce
- spinach
- turnip greens
- watercress

### Starchy Vegetables

- cassava
- corn
- fresh cowpeas, field peas, or black-eyed peas (not dry)
- green bananas
- green peas
- green lima beans
- potatoes
- taro
- water chestnuts

### Red and Orange Vegetables

- acorn squash
- butternut squash
- carrots
- hubbard squash
- pumpkin
- red peppers
- sweet potatoes
- tomatoes
- tomato juice

### Beans and Peas

- black beans
- black-eyed peas (mature, dry)
- garbanzo beans (chickpeas)
- kidney beans
- lentils
- navy beans
- pinto beans
- soy beans
- split peas
- white beans

### Other Vegetables

- artichokes
- asparagus
- avocado
- bean sprouts
- beets
- Brussels sprouts
- cabbage
- cauliflower
- celery
- cucumbers
- eggplant
- green beans
- green peppers
- iceberg (head) lettuce
- mushrooms
- okra
- onions
- turnips
- wax beans
- zucchini

### Whole Grains

*A whole-grain food either has whole grains listed as the primary ingredient by weight or has whole grains as the primary grain ingredient. Many recipes can easily be identified as whole-grain if the heaviest grain ingredient is made from whole grain.*

# WHOLE GRAINS

## LIST OF COMMON WHOLE GRAINS

While this list is extensive, it is **NOT** comprehensive and therefore may not contain all possible representations of whole-grain ingredient names on food labels.

### WHEAT (RED)—The Most Common Kind of Wheat in the United States

- wheat berries
- whole-grain wheat
- cracked wheat or crushed wheat
- whole-wheat flour
- bromated whole-wheat flour
- stone ground whole-wheat flour
- toasted, crushed whole wheat
- whole-wheat pastry flour
- graham flour
- entire wheat flour
- whole durum flour
- whole durum wheat flour
- whole-wheat flakes
- sprouted wheat
- sprouted wheat berries
- bulgur (cracked wheat)
- whole bulgur
- whole-grain bulgur

### WHEAT (WHITE)

- whole white flour
- whole white-wheat flour

### OATS

- whole oats
- oat groats
- oatmeal or rolled oats
- whole-oat flour

### BARLEY

- whole barley
- whole-grain barley
- whole barley flakes
- whole barley flour
- whole-grain barley flour
- dehulled barley
- dehulled barley flour

### CORN

- whole corn
- whole-corn flour
- whole-grain corn flour
- whole-grain cornmeal
- whole cornmeal
- whole-grain grits

### BROWN RICE

- brown rice
- brown-rice flour

### WILD RICE

- wild rice
- wild-rice flour

### RYE

- whole rye
- rye berries
- whole-rye flour
- whole-rye flakes

### LESS COMMON GRAINS: To Be Whole Grains, *Whole* Must Be Listed Before the Grain Name

- einkorn
- Kamut®
- emmer (farro)
- teff
- triticale
- spelt
- buckwheat
- amaranth
- sorghum (milo)
- millet
- quinoa

# WHOLE GRAINS

## Ideas for Adding Whole Grains to Menus in Child Nutrition Programs

Whole-grain ready-to-eat cereals

Whole-grain cooked breakfast cereals

Granola made from whole grains

Whole-grain cereal granola bars

Whole-grain pancakes or waffles

Whole-grain bagels or muffins

Whole-wheat breads, rolls, or buns

Other whole-grain breads, rolls, or buns

Whole-grain tortillas, taco shells

Whole-grain chips/pretzels

Whole-grain pita pockets

Whole-grain cornbread

Whole-grain crackers or cookies

Whole-grain side dishes; e.g., brown rice, wild rice, cracked wheat, whole-grain bulgur or barley, whole specialty grains

Whole-wheat pasta such as macaroni, spaghetti, vermicelli, or whole-grain noodles

Whole-grain salads (cracked wheat, whole-grain bulgur, whole specialty grains)

Other uses of whole grains (soups, casseroles, combination dishes)

Soba noodles (with whole buckwheat flour as primary ingredient)

## WAYS TO ENCOURAGE CHILDREN TO HAVE POSITIVE ATTITUDES TOWARD FOOD

Have a positive attitude toward foods and the mealtime experience. Remember, a negative attitude expressed by adults and other children may influence children not to try that food.

When introducing a new food to children, serve a small amount of the new food along with more popular and familiar foods.

Include children in food activities to encourage them to try new foods and also to gain self-confidence.

Serve finger foods such as meat or cheese cubes, vegetable sticks, or fruit chunks. Foods that are cut into smaller pieces are easier for children to handle.

Do not force a child to eat. It is normal for a child to ask for second helpings of food one day and yet eat very lightly the next day.

Provide a comfortable atmosphere at mealtime. Mealtime is also a social activity, so allow children to talk with others.

Encourage children to eat food or new foods in a low-key way. For instance, read a book about a new food that will be served that day and serve the new food at snacktime when children are hungrier.

Expose children to new foods five or six times instead of only once or twice. The more exposure that children have to a food, the more familiar and comfortable it becomes, and the more likely it is that they will try the food.

Offer the new food first to a child who eats most foods. Children will often follow other children and try the food.

Have staff eat with the children. Have them eat the same foods that have been prepared for the children.

Present food attractively. Remember that we all make decisions to try or not to try food depending upon how food looks and smells.

Do not offer bribes or rewards for eating foods. This practice only reinforces the idea that certain foods are not desirable.

## SAFETY AND SANITATION TIPS

The area of food terminology is expanding. New products require that providers continue to examine potential safety and sanitation concerns. This page stresses some safety and sanitation issues that have received recent media attention. For in-depth training regarding safety and sanitation concerns, contact your State agency or FNSRO. A number of excellent training resources are available.

Wash your hands before preparing food, and see that children wash their hands before eating. Never touch ready-to-eat foods with your bare hands. If using hands, wear disposable plastic gloves and do not touch anything unclean with the gloves. Throw the gloves away after using or touching anything other than food.

Do not serve foods made with raw eggs or allow children to eat raw batters; such products are at risk for bacterial contamination.

### Handling Produce

Wash all produce thoroughly under running water prior to serving or cutting. Do not rewash packaged produce labeled *ready-to-eat*, *washed*, or *triple-washed*.

Rinse fruits such as melons and oranges just before eating them. This prevents bacteria from spreading from the surface to the inside.

Remove stems which collect dirt.

Inspect produce for obvious signs of soil or damage prior to cutting, slicing, or dicing. When in doubt about damaged produce, either cut away the affected areas or do not use the item.

Keep cut fruit refrigerated. Bacteria multiply rapidly at room temperature.

### Avoiding Cross-Contamination

Wash utensils and surfaces that have touched raw meat or poultry with soap and hot water to avoid contaminating other foods. Do not use the same platters, cutting boards, and/or utensils for uncooked and cooked meat or poultry dishes and ready-to-eat foods. You may want to use two sets of cutting boards: one for meats and poultry and one for vegetables and fruits. Buying plastic cutting boards in different colors will help to keep them straight.

Prevent juices from raw meat, poultry, or seafood from dripping on ready-to-eat foods such as salad greens, either in the refrigerator or during preparation.

Store raw foods that must be cooked prior to serving on the refrigerator's **BOTTOM** shelf to prevent their juices from coming in contact with other foods. Store ready-to-eat foods **ABOVE** raw, uncooked foods. Sanitize equipment and work surfaces between uses, following local or state health codes regarding sanitation solutions.



## Proper Holding and Cooking Procedures

Take care that foods do not remain unrefrigerated for extended periods of time. Bacteria can grow rapidly between 40°F and 140°F, which includes room temperature. This is known as the danger zone. If the serving of a hot food must be delayed, keep it in a holding temperature of 140°F or above. All foods left out in the kitchen, at a barbecue or picnic, or on a salad bar should be monitored. Do not hold a food in the temperature danger zone for longer than two hours. After two hours, the food should be discarded.

Meats and poultry should be cooked completely. ***Follow local or state health codes regarding interior temperatures.*** Take appropriate safety and sanitation procedures with thermometers to avoid contamination of other foods.

Do not use leftover marinades to baste meats. Prepare and reserve a separate batch to baste. Do not reuse marinades.

## EXCEPTIONS FOR SPECIAL DIETARY NEEDS

Documentation must be on file and available for individual participants who are unable, because of medical or other special dietary needs, to consume certain foods. Substitutions due to medical needs shall be supported by a statement from a recognized medical authority and should include recommended alternate foods. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. If a medical statement is not available, meals lacking the required components/quantities cannot be claimed for reimbursement.

The home must provide all required food components for the meals served in order to claim reimbursement. This includes any substitutions made to a meal served as a child with special dietary needs unless supported by the medical statement.

Homes may consider ethnic and religious preferences when requested by a household. Food substitutions may be made, if requested by parents/guardians. Food items substituted must be a creditable item from the same food component if the meal is claimed for reimbursement. Variations on an experimental or continuing basis in the food components must have written approval from USDA.

# MEDICAL STATEMENT

<b>Part I</b> (to be filled out by <i>parent/guardian</i> )	
Name of Child: <b>John Doe, Jr.</b>	Age: <b>2</b>
Name of Parent/Guardian: <b>John Doe</b>	Telephone Number: <b>555-6789</b>
Name of Provider: <b>Martha Lindsay</b>	

<b>Part II</b> (to be filled out by a <i>medical authority</i> )
Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):
<b>Celiac Disease</b>
List food(s) to be omitted from diet:
<b>Anything that contains gluten</b>
List food(s) that may be substituted (diet plan):
<b>Any gluten-free products</b>
Additional information:

This child has a disability as defined by the American Disability Act:      Yes       No

<b>10/14/YYYY</b>	<i>R. J. Hoffman, M.D.</i>
Date	Signature of State-Recognized Medical Authority
	<b>555-1212</b>
	Telephone Number

# CHILD MEAL WAIVER

*A new waiver form must be obtained every fiscal year*

I wish to decline my child's participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Child: Jennifer King

Age: 10

Signature of Parent/Guardian: Don King

Date: 2/22/XXXX

One form per child

**Instructions:**

Enter child's name that is not participating

Enter the child's age when the form is filled out

Signature of parent or guardian

Enter the date the form is signed

# INFANTS

## PLANNING MEALS FOR INFANTS

Child care providers participating in the Child and Adult Care Food Program (CACFP) must offer program meals to all eligible children, including infants, who are enrolled for care in their family day care homes (FDCHs). A provider may not avoid this obligation by stating that the infants are not **ENROLLED** in CACFP or by citing some logistical or cost barrier to offering an infant meal. Decisions on offering Program meals must be based on whether the child is enrolled for care. As long as the infant is in care during the meal service period, the provider must offer the infant a meal that complies with Program requirements. As with all children in FDCHs, an infant's parent or guardian may decline what is offered and supply the infant's meals instead. The key factor is that the infant must be provided access to CACFP meals. If a parent or guardian does not want the provider to claim his or her infant's meals, an **Infant Meal Waiver** form must be on file for each infant.

Infants are children from birth to one year. Because they are so vulnerable nutritionally, FDCHs should design their feedings to meet individual needs by utilizing the United States Department of Agriculture (USDA) Infant Meal Pattern and any documented alteration of the meal pattern as prescribed by the child's doctor. Providers are advised to check with parents to be certain that an infant has tried, and had no reaction to, baby food products containing multiple fruits, vegetables, meat products, or other ingredients such as milk, nonfat dry milk, whole milk solids, cheese, whey, wheat flour or other wheat products, tomato, and/or corn or corn products. Providers should request that parents furnish a statement signed by a recognized medical authority if their infant is allergic to, and should not be fed, certain foods or ingredients. The statement must be signed by a licensed physician if the allergy is severe and life-threatening.

Meals served to infants from birth up to five months that contain only iron-fortified formula provided by the parent or the caregiver or bottled breast milk or breast-fed on-site may be claimed for reimbursement. To receive reimbursement, the caregiver must always offer a complete developmentally appropriate meal. Parents may now only supply one component of the reimbursable meal.

Infant meals served must be documented, using the **Infant Meals as Served** form. Documentation must include the infant's name, age, date, and actual components served to each infant at each meal service.

USDA Infant Meal Patterns are for breakfast, lunch, and snack meals. Young babies may need to eat every two to four hours. Older babies may need to eat more frequently than the specified times. When babies are hungry, give them part of their next feeding.

There are ranges given for each food portion in the meal pattern to allow for flexibility in how much food is served to the baby based on his or her appetite. Babies will vary day-to-day in the amounts they eat. The amounts listed are the **MINIMUM** portions you must serve to meet the requirements. Some babies will want more than these amounts. You may serve larger portions and additional foods to those babies. For example, a 3-month-old baby may be fed more than six ounces of formula or breast milk at a feeding or an 8-month-old baby may be fed an additional food such as bread at breakfast, lunch, or supper

# CHILD AND ADULT CARE FOOD PROGRAM

## INFANT MEAL PATTERN

<b>BREAKFAST</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	6-8 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-4 tablespoons (Tbsp) infant cereal <sup>2,3</sup> meat fish poultry whole egg cooked dry beans <b>or</b> cooked dry peas <b>or</b> 0-2 oz of cheese <b>or</b> 0-4 oz (volume) of cottage cheese <b>or</b>  0-4 oz or 1/2 cup of yogurt <sup>4</sup> <b>or</b> a combination of the above <sup>5</sup> <b>and</b>  0-2 Tbsp vegetable or fruit or a combination of both <sup>5,6</sup>

- <sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.
- <sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.
- <sup>3</sup> Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.
- <sup>4</sup> Yogurt must contain no more than 23 grams of total sugars per six ounces.
- <sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it.
- <sup>6</sup> Fruit and vegetable juices must not be served.

# CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

<b>LUNCH AND SUPPER</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	6-8 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-4 tablespoons (Tbsp) infant cereal <sup>2,3</sup> meat fish poultry whole egg cooked dry beans <b>or</b> cooked dry peas <b>or</b> 0-2 oz of cheese <b>or</b> 0-4 oz (volume) of cottage cheese <b>or</b>  0-4 oz or 1/2 cup of yogurt <sup>4</sup> <b>or</b> a combination of the above <sup>5</sup> <b>and</b>  0-2 Tbsp vegetable or fruit or a combination of both <sup>5,6</sup>

<sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

<sup>4</sup> Yogurt must contain no more than 23 grams of total sugars per six ounces.

<sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>6</sup> Fruit and vegetable juices must not be served.



## CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

<b>SNACK</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	2-4 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-1/2 slice bread <sup>3,4</sup> <b>or</b> 0-2 crackers <sup>3,4</sup> <b>or</b> 0-4 tablespoons (Tbsp) infant cereal <sup>2,3,4</sup> , <b>or</b> ready-to-eat breakfast cereal <sup>3,4,5,6</sup> <b>and</b>  0-2 Tbsp vegetable or fruit <b>or</b> a combination of both <sup>6,7</sup>

<sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> Beginning October 1, 2021, ounce equivalents (oz eq) are used to determine the quantity of creditable grains.

<sup>4</sup> A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

<sup>5</sup> Breakfast cereals must contain no more than six grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal.)

<sup>6</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>7</sup> Fruit and vegetable juices must not be served.

***NOTE: Do not serve honey or use in food served to infants under 1 year of age.***

## SUMMARIES OF THE UPDATED MEAL PATTERNS: INFANT

### Encourage and Support Breast-feeding

- In addition to serving expressed breast milk provided by a parent or guardian, providers may also receive reimbursement for meals when a breast-feeding mother comes to the child care setting and directly breast-feeds her infant.
- Only breast milk and infant formula are served to infants, birth through the end of 5 months, as developmentally appropriate.

### Developmentally Appropriate Meals

- There are now two age groups instead of three—birth through the end of 5 months and 6 months through the end of 11 months.
- Solid foods are gradually introduced around 6 months, as developmentally appropriate. See Developmental Readiness information below.

### More Nutritious Meals

#### The updated meal pattern requirements:

- Require a vegetable or fruit, or both, to be served at snack for infants 6 through 11 months.
- No longer allow juice, cheese food, or cheese spread to be served.
- Allows ready-to-eat cereals for snack only.

## DEVELOPMENTAL READINESS

Developmental readiness for solid foods is one of the most important times for infants, parents, and guardians. However, when is an infant ready for solid foods? This question is very important because of the significance of the associated health challenges of introducing solid foods to infants too early.

According to the *American Academy of Pediatrics* (AAP), introducing solid foods to infants before they are ready increases an infant's risk of weight gain during the early years and being overweight later in life. In addition, when infants are not physically ready to accept solid foods, they are at a higher risk of choking because they have not developed the necessary skills for eating solid foods. Another major challenge of serving solid foods too early is infants may consume less breast milk or iron-fortified formula and not get enough essential nutrients for proper growth and development. Therefore, it is important to introduce solid foods to infants around six months when they are developmentally ready to accept them.

There is no single, direct signal to determine when an infant is developmentally ready to accept solid foods. An infant's readiness depends on his or her rate of development. The AAP provides the following guidelines to help determine when an infant is developmentally ready to accept solid foods:

- The infant is able to sit in a high chair, feeding seat, or infant seat with good head control.
- The infant opens his or her mouth when food comes his or her way. He or she may watch others reach for food and seems eager to be fed.
- The infant can move food from a spoon into his or her throat.
- The infant has doubled his or her birth weight.

As an early childhood professional working in a CACFP setting, it is important to maintain constant communication with infants' parents or guardians about when and what solid foods should be served while the infant is in care. You may find it useful when talking to parents and guardians to use the AAP guidelines to help determine if an infant is developmentally ready to begin eating solid foods. Another great way to ensure you are meeting the needs of the infant is to request in writing when you should start serving solid foods to their infant.

# **INFANT MEALS SERVED**

## **INSTRUCTIONS**

1. Record the food items served to each infant at each meal service. Indicate food item provided by the parent with an asterisk (\*).
2. Child's Name and Age: Record the infant's name and age.
3. Date: Record the date of each meal.
4. Meals Served: Record food items served to each infant at each meal service.

Refer to the Infant Meal Pattern Requirements Section for further information.

**EXAMPLE**  
**INFANT MEALS SERVED**

*Jimmy James*

Age: 10 months

Infant's Name: \_\_\_\_\_

Date: <u>10/08</u>		Date: <u>10/09</u>	Date: <u>10/10</u>	Date: <u>10/11</u>	Date: <u>10/12</u>	
BREAKFAST		BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	
<b>Birth Through 5 Months</b> 4-6 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup>  <b>6 Through 11 Months</b> 6-8 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup> 0-2 Tbsp fruit and/or vegetable <sup>4,5</sup> 0-4 Tbsp infant cereal <sup>1,4</sup> 0-4 Tbsp meat, fish, poultry, whole egg, or cooked dry beans or peas, or 0-2 oz cheese, or 0-4 oz (volume) cottage cheese, or 0-4 oz or 1/2 cup yogurt <sup>3,4</sup>	/		Breast milk* Infant cereal Peaches		/	
	LUNCH		LUNCH	LUNCH	LUNCH	LUNCH
	/		Iron-fortified formula Infant cereal Carrots Cheese	Iron-fortified formula Infant cereal Mixed vegetables Beef	Iron-fortified formula Green beans Cottage cheese	
<b>6 Through 11 Months</b> 6-8 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup> 0-2 Tbsp fruit and/or vegetable <sup>4,5</sup> 0-4 Tbsp infant cereal <sup>1,4</sup> 0-4 Tbsp meat, fish, poultry, whole egg, or cooked dry beans or peas, or 0-2 oz cheese, or 0-4 oz (volume) cottage cheese, or 0-4 oz or 1/2 cup yogurt <sup>3,4</sup>	SUPPER		SUPPER		SUPPER	
	/		/		/	
	/		/		/	
SNACK		A.M. SNACK	A.M. SNACK	A.M. SNACK	A.M. SNACK	A.M. SNACK
<b>Birth Through 5 Months</b> 4-6 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup>  <b>6 Through 11 Months</b> 2-4 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup> 0-2 Tbsp fruit and/or vegetable <sup>4,5</sup> 0-4 Tbsp infant cereal <sup>1,4,6</sup> or ready-to-eat cereal <sup>4,6,7</sup> or 0-1/2 serving bread <sup>4,6</sup> or 0-2 crackers <sup>4,5</sup>	/		Breast milk* Saltine crackers		/	
	P.M. SNACK		P.M. SNACK	P.M. SNACK	P.M. SNACK	P.M. SNACK
	/		LATE P.M. SNACK	LATE P.M. SNACK	LATE P.M. SNACK	LATE P.M. SNACK

<sup>1</sup> Infant formula and dry infant cereal must be iron-fortified.  
<sup>2</sup> It is recommended that breast milk be served in place of formula from birth through 11 months. For some breast-fed 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 offered if the infant is still hungry.  
<sup>3</sup> Yogurt must contain no more than 23 grams of total sugars per 6 oz.  
<sup>4</sup> A serving of this component is required when the infant is developmentally ready.  
<sup>5</sup> Fruit and vegetable juice cannot be served.  
<sup>6</sup> Grains shall be made from whole-grain or enriched meal or flour.  
<sup>7</sup> Breakfast cereals *MUST* contain no more than 6 grams of sugar per dry ounce.  
 \*Food item provided by the parent.

# INFANT MEAL WAIVER

## INSTRUCTIONS

If a parent or guardian does not want his or her child to participate in the CACFP, an *Infant Meal Waiver* form must be completed and on file for each infant. The provider will not be able to claim the infant meals for reimbursement. The sponsor, as well as the provider, must have the Infant Meal Waiver on file.

- Record the infant's first and last names.
- Record the infant's birth date.
- Parent/guardian must sign waiver.
- Parent/guardian must date waiver.

***NOTE: If a parent/guardian wishes for his or her infant to participate in CACFP infant meals at a later date, annotate at bottom of form the date in which this change is to occur.***

*EXAMPLE*

**INFANT MEAL WAIVER**

I wish to decline my child's participation in infant meals. I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Infant:                                 *Esmeralda Jane Simmons*                                

Date of Birth:                                 *2/04/YYYY*                                

Signature of Parent/Guardian:                                 *Mrs. Simmons*                                

Date:                                 *10/4/YYYY*

# CREDITING FOODS FOR INFANT MEAL PATTERN

## BREAST MILK AND FORMULA

- Meals containing breast milk or formula provided by the parent are reimbursable.
- Meals are reimbursable when a mother directly breast-feeds the child at the facility.
- All infant formulas, including soy-based formulas, may be served as long as they are iron-fortified and served according to the directions on the label.
- Whole milk may **NOT** be served to infants.
- Lowfat and skim milk (fat-free) may not be served until children reach the age of two.

## FRUITS AND VEGETABLES

- Fruits and vegetables are required at all meals, if developmentally ready.
- Commercial baby food fruits and vegetables that list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby food fruits and vegetables that contain multiple fruits or multiple vegetables and list fruit or vegetable as the first ingredient in the ingredient listing on the label may be credited.
- Commercial baby foods in the **JARRED CEREAL WITH FRUIT** category are **NOT CREDITABLE** as a meal component in the fruit or infant cereal categories.
- Commercial baby foods in the **DESSERT CATEGORY** (these generally have *dessert* or *pudding* as part of the product name on the front of the label) that list a fruit as the first ingredient in the ingredient listing are **NOT** creditable meal components.

## FRUIT JUICE

- Juice **MAY NOT** be claimed at any meals served to infants.

## MEAT AND MEAT ALTERNATES

- Commercial baby food meats with meat or poultry as the first ingredient in the ingredient listing are reimbursable.
- Junior baby food meat products (i.e., beef and beef gravy, chicken and chicken gravy, ham and ham gravy, turkey and turkey gravy, and veal and veal gravy) are creditable even if they do contain additional ingredients such as cornstarch and, in some cases, lemon juice concentrate.
- Meat sticks or *finger sticks* (which look like miniature hot dogs) are not creditable as a meat/meat alternate. They present a choking risk in infants and, by the manufacturer's declaration, are designed to match the skills of children over 12 months of age.
- Commercial fish sticks, other commercial breaded or battered fish or seafood products, canned fish with bones, hot dogs, and sausages are **NOT** creditable as a meat/meat alternate. These foods are not designed by their manufacturers for consumption by infants. Infants may choke on these food items, and there may be an incidental bone in fish sticks and other breaded fish products.



- Yogurt is creditable as a meal component in the Infant Meal Pattern as long as it contains no more than 23 grams of total sugars per 6 oz.
- Whole eggs are now an allowable meat alternate.
- Nuts, seeds, and nut and/or seed butters are **NOT** creditable. These foods can cause an infant to choke and can also cause allergic reactions in some infants.
- Cheese food and cheese spread are no longer a creditable item.

## **BREADS, CRACKERS, AND INFANT CEREALS**

- Only infant cereal and bread or cracker-type products made from whole-grain or enriched meal or flour that is suitable for an infant to use as a finger food may be credited. ***The Infant Meal Pattern does not specify the broad category of bread alternate.***
- Any iron-fortified dry cereal specially formulated for and generally recognized as cereal for infants that is routinely mixed with formula or breast milk prior to consumption may be credited. ***A serving of infant cereal must be fortified to a minimum level of 45 percent of the Daily Value for iron as listed on the product's Nutrition Facts label.***
- Breads made from whole-grain or enriched meal or flour that are creditable at snack for infants aged 6 to 11 months include:
  - Breads (white, wheat, whole-wheat, French, Italian, and similar breads—all without nuts, seeds, or hard pieces of whole-grain kernels)
  - Biscuits
  - Bagels (made without nuts, seeds, or hard pieces of whole-grain kernels)
  - English muffins
  - Pita bread (white, wheat, whole-wheat)
  - Rolls (white, wheat, whole-wheat, potato, all without nuts, seeds, or hard pieces of whole-grain kernels)
  - Soft tortillas (wheat or corn)
- Cracker-type products creditable at snack for infants aged 6 to 11 months include:
  - Crackers (saltines or snack crackers made without nuts, seeds, or hard pieces of whole-grain kernels; matzo crackers, graham crackers, animal crackers)
- All bread and cracker-type products, if they are served, must be prepared in a form that is suitable for an infant to use as a finger food and reduce the chance of choking.
- Iron-fortified dry infant cereals containing fruit are **NOT** creditable.
- Commercial jarred baby food cereals (which are *wet*, not *dry*) are **NOT** creditable.
- Ready-to-eat breakfast cereals (cold, dry) containing less than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal) are creditable when the infant is developmentally ready to accept it.

# QUESTIONS AND ANSWERS ON INFANT MEAL PATTERN

## I. GENERAL QUESTIONS

1. **Q. What does it mean to feed an infant in a way that is *consistent with the infant's eating habits*?**

- A. CACFP centers and day care homes must offer all infants in their care meals that comply with the infant meal pattern requirements (7 CFR 226.20[b]). However, infants do not eat on a strict schedule so it is best to watch the infant for hunger cues and not the clock. Along with watching for hunger cues, child care providers should watch for cues to know when the infant is full. As long as all the required food components are offered over the course of the day, the meals may be reimbursable. Infant meals must not be disallowed due solely to the fact that they are served outside of the established meal time periods.

For example, if an infant was breast-fed at home right before arriving at the center or day care home, the infant may not be hungry for the breakfast meal when he or she first arrives. The center or day care home may offer the meal to the infant later in the morning when the infant is hungry and still claim it. Additionally, if an infant who is developmentally ready to eat pureed vegetables and is not hungry at lunch, then the pureed vegetable can be offered at another time during the day and the lunch meal may still be claimed for reimbursement. As a reminder, program participants, including infants, do not need to consume the entire meal offered in order for the meal to be reimbursed.

2. **Q. May a parent donate extra formula or food received through WIC to his or her infant's center or day care home?**

- A. A parent may provide one meal component for his or her own infant or infants, such as infant formula received through WIC. However, parents or guardians cannot donate formula or food they receive through WIC to the center or day care home for general use. Parents or guardians with formula or food received through WIC that their infant has not consumed should be referred back to their WIC program for guidance.

3. **Q. Why are parents or guardians no longer allowed to provide the majority of the meal components for infants in the updated meal patterns?**

- A. FNS made this change to help maintain the integrity of the CACFP. The previous infant meal pattern allows parents or guardians to supply all but one of the required components of a reimbursable meal. Under the updated infant meal patterns, parents or guardians may only supply one component of a reimbursable meal. FNS recognizes that infants have unique dietary needs and parents or guardians are often most in touch with their infant's dietary preferences. However, this change will help ensure that centers or day care homes are not encouraging or requiring parents or guardians to supply the food in order to reduce costs.

4. **Q. What meal components can a parent or guardian provide for his or her infant?**

- A. Parents or guardians may choose to provide one of the meal components in the updated CACFP infant meal patterns as long as this is in compliance with local health codes. A parent or guardian may choose to supply expressed breast milk or a creditable infant formula, even when the infant is only consuming breast milk or infant formula. And starting October 1, 2017, a mother may directly breast-feed her infant on-site and the meal will be reimbursable.

If an infant is developmentally ready to consume solid foods and the parent or guardian chooses to supply expressed breast milk or a creditable infant formula or directly breast-feed on-site, then the center or day care home must provide all the other required meal components in order for the meal to be reimbursable. Alternatively, a parent or guardian may choose to provide a solid food component if the infant is developmentally ready to consume solid foods. In this situation, the center or day care home must supply all the other required meal components, including iron-fortified infant formula.

It must be ensured that the parent or guardian is truly choosing to provide the preferred component and that the center or day care home has not requested or required the parent or guardian to provide the components in order to complete the meal and reduce costs.

5. **Q. An infant is breast-feeding and the parent wants the infant to be fed organic vegetables, but the food the center or day care home serves is not organic. Therefore, the parent decides to provide food for his or her infant. Can the center or day care home claim those meals for reimbursement?**

A. No. This is because the parent is providing more than one meal component; breast milk and solid foods. Under the updated meal pattern requirements, parents and guardians may only provide one component of a reimbursable meal.

6. **Q. How should centers or day care homes document infant menus when the items each infant eats varies so much?**

A. Centers or day care homes can have a standard menu for all the infants in their care and adapt the menu for each infant based on what each infant is offered. For example, a center or day care home could use a template that outlines the meal pattern requirements in one column and space in another column for the center or day care home to fill in what components are served to each infant. As a reminder, centers or day care homes will need to vary the foods served to each infant based on the infant's developmental readiness. All infants must be served breast milk or infant formula, but not all infants should be served solid foods unless they are developmentally ready.

## II. BREAST MILK AND INFANT FORMULA

1. **Q. Do CACFP infant formulas have to be approved by WIC?**

A. No. CACFP infant formulas do not have to be approved by WIC. WIC's infant formula requirements vary slightly from CACFP's, including a higher iron requirement (1.5 mg of iron per 100 calories). Therefore, some infant formulas may be creditable in CACFP, such as infant formulas with 1 mg of iron per 100 calories, may not be eligible in WIC

2. **Q. What is an *iron-fortified* infant formula?**

A. The FDA considers an infant formula to be *iron fortified* if it has 1 mg of iron or more per 100 kilocalories. The AAP recommends formula-fed infants receive iron-fortified infant formula to prevent iron-deficiency anemia.

3. **Q. When an infant receives both breast milk and formula, is the meal eligible for reimbursement?**

A. Yes. Meals served to infants younger than 12 months of age may contain iron-fortified infant formula, breast milk (including expressed breast milk and a mother directly breast-feeding on-site), or a combination of both.

4. **Q. How should meals be documented when a mother directly breast-feeds her infant on-site?**
- A. There is great flexibility on how to document a meal when a mother directly breast-feeds her infant on-site. Centers or day care homes must document if the infant is served breast milk or infant formula to demonstrate compliance with the meal pattern requirements. They do not need to document the delivery method of the breast milk (e.g., directly breast-feed on-site or expressed breast milk in a bottle).

When an infant is served expressed breast milk or infant formula in a bottle, the center or day care home must document the quantity of breast milk or infant formula served to the infant. However, when an infant is breast-fed on-site, it is acceptable to simply indicate that the infant was breast-fed on-site. In this situation, the quantity of breast milk the infant is served cannot be determined and, therefore, does not need to be documented.

5. **Q. If a center or day care home is unable to provide a private place for mothers to breast-feed and a mother chooses to breast-feed in her car, is that meal still reimbursable?**
- A. Yes. Centers or day care homes are strongly encouraged, but not required, to offer a quiet, private place that is comfortable and sanitary for mothers who come to the center or day care home to breast-feed. However, if a mother chooses to breast-feed her infant in her car on the grounds of the center or day care home, the meal could still be claimed for reimbursement. If the mother chooses to leave the premises to breast-feed her infant, the meal would not be reimbursable.
6. **Q. Can a staff member or provider of a day care breast-feed her own infant on-site and claim the meal for reimbursement? If Yes, does the staff member or provider have to be *on the clock*?**
- A. A staff member of a day care or provider of a day care home may breast-feed her infant on-site, and the day care may claim the meal for reimbursement if the infant is enrolled at the center or home. The staff member or provider can breast-feed her infant while she is working, during a break, or during off-work hours. Whether a staff member or provider is *on the clock* when she breast-feeds her infant is a business decision to be made by the day care. As long as the staff member or provider breast-feeds her infant on-site and the infant is enrolled for care, the meal can be claimed for reimbursement.
7. **Q. If an infant does not finish the required minimum serving size of expressed breast milk or formula offered to him or her, is the meal still reimbursable?**
- A. Yes. As long as the infant is offered the minimum required serving size of expressed breast milk or iron-fortified formula, the meal is reimbursable. Infants do not eat on a strict schedule and should not be force fed. Infants need to be fed during a span of time that is consistent with the infant's eating habits. Therefore, there may be times when an infant does not consume the entire serving size that is offered.

In particular, some infants who are regularly breast-fed may consume less than the minimum serving size of breast milk per feeding. In these situations, infants may be offered less than the minimum serving size of breast milk and additional breast milk must be offered at a later time if the infant will consume more (7 CFR 226.20[b][2][ii]). This flexibility encourages breast-feeding practices and helps prevent wasting expressed breast milk.

8. **Q. If a physician or state-recognized medical authority prescribes whole cow's milk as a substitute for breast milk or infant formula for an infant younger than 12 months of age, is the meal reimbursable?**

- A. For children younger than 12 months of age, cow's milk may be served as a substitute for breast milk and/or infant formula and be part of a reimbursable meal if the substitution is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law.

The statement must explain the need for the substitution and must be kept on file by the center or day care home in order for the meal to be reimbursable.

FNS recognizes that infants have unique dietary needs and that decisions concerning diet during the first year of life are for the infant's health care provider and parents or guardians to make together. In addition, FNS understands that a transition period is needed when infants are weaned from breast milk or infant formula to cow's milk. Therefore, a one-month transition period is allowed for children 12 to 13 months of age. Please see Question 12 for more information.

9. **Q. If a mother breast-feeds her 13-month-old or older child at the center or day care home, is the meal reimbursable?**

- A. Yes. Breast milk is an allowable substitute for fluid milk for children of any age. Therefore, if a mother chooses to breast-feed her infant past 1 year of age, she may breast-feed the child on-site or provide expressed breast milk and the center or day care home may claim reimbursement for those meals.

10. **Q. If a mother breast-feeds her 13-month-old or older child at the center or day care home prior to or after a meal service, which meal is it counted toward?**

- A. When a mother breast-feeds her 13-month-old or older child on-site, the center or day care home should count it toward the meal that was closest to when the mother breast-fed the child.

11. **Q. Must a parent submit a written request to substitute breast milk or fluid milk for children aged 1 year or older? Does it matter if the substituted breast milk is expressed or breast-fed?**

- A. No. If a parent wants his or her child (aged 1 year or older) to be served breast milk in place of fluid milk, a written request is not required. This is true no matter the delivery method. Therefore, a parent may provide expressed breast milk for his or her child or a mother may breast-feed her child on-site and the parent does not need to provide a note.

12. **Q. If a 1-year-old child is still being breast-fed and the mother is only able to provide 2 fluid ounces of expressed breast milk, can 2 fluid ounces of whole, unflavored milk be served as a supplement to meet the minimum milk requirement?**

- A. Yes. If a mother chooses to breast-feed her 1-year-old child, the minimum fluid milk serving size must still be met. If a mother is unable to provide enough expressed breast milk to meet the fluid milk requirement, then whole, unflavored milk may be served alongside the breast milk to the child to make up the difference and meet the minimum milk requirement. The two milks do not need to be mixed into the same cup. Please note that in this situation the center or day care home must provide all other required meal components in order for the meal to be reimbursable.

**13. Q. Are meals served to children aged 12 months and older reimbursable if they contain infant formula?**

- A. Yes, for a period of one month; when children are 12 to 13 months of age, meals that contain infant formula may be reimbursed to facilitate the weaning from infant formula to cow's milk. While weaning, infants should be presented with both types of foods at the same meal service to gradually encourage acceptance of new food. Breast milk continues to be considered an acceptable fluid milk substitute for children over 12 months of age, and a medical statement is not required.

Meals containing infant formula that are served to children aged 13 months and older are reimbursable when it is supported by a medical statement signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. The statement must explain the need for the substitution and must be kept on file by the center or day care home.

**14. Q. If a parent supplies an infant formula that is not iron-fortified (*low iron*), would service of this product require a medical statement to be creditable toward a reimbursable infant meal?**

- A. Infant formulas that are not iron-fortified are generally not reimbursable in the CACFP. However, infant formulas that are not iron-fortified may be creditable toward a reimbursable meal if the substitution is supported by a medical statement. The medical statement must explain the need for the substitution, indicate the recommended infant formula, and be signed by a licensed physician or a state-recognized medical authority. A state-recognized medical authority for this purpose is a state-licensed health care professional who is authorized to write medical prescriptions under state law. The statement must be submitted and kept on file by the center or day care home.

**15. Q. If a parent chooses to provide infant formula and remixes it at home, how is the center or day care home supposed to know if it is iron-fortified?**

- A. If a parent or guardian declines the iron-fortified infant formula that the center or day care home offers and he or she chooses to provide his or her own infant formula, it is the responsibility of the center or day care home to inform the parent or guardian that he or she must provide formula that is creditable (e.g., it is iron-fortified and is regulated by FDA). A center or day care home may choose to have a form that indicates the parent or guardian declined the offered infant formula and that he or she will provide either breast milk or an infant formula that is iron-fortified and is regulated by FDA. Or, a center or day care home may request the infant formula label to determine if it is iron-fortified. However, this documentation is not a federal requirement

16. **Q. Can iron-fortified infant formula and iron-fortified infant cereal credit toward a reimbursable meal when they are used in a pancake or muffin recipe?**
- A. When using iron-fortified infant formula and iron-fortified infant cereal for making pancakes, muffins, or other grain foods, the iron-fortified cereal in these types of recipes can credit toward a reimbursable meal. However, the iron-fortified infant formula cannot credit toward a reimbursable meal when used in these types of recipes. Iron-fortified infant formula is only creditable when it is served as a beverage.

### III. SOLID FOODS

1. **Q. Can solid foods be served to infants younger than 6 months of age?**
- A. Yes. Meals containing solid foods are reimbursable when the infant is developmentally ready to accept them, even if the infant is younger than 6 months of age. A written note from a parent or guardian stating his or her infant should be served solid foods is recommended as a best practice, but is not required. Infants develop at different rates, meaning some infants may be ready to consume solid foods before 6 months of age and others may be ready after 6 months of age. Centers or day care homes are required to serve solid foods once an infant is ready to accept them. In general, infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy) by 7 to 8 months of age.
2. **Q. If an infant is just starting to be introduced to solid foods such as infant cereal, does the center or day care home have to serve that solid food at every meal where that component is required?**
- A. It depends. Solid foods are introduced gradually, which means that it may be appropriate to serve the solid foods only once per day. The infant does not need to be offered a solid food component that is part of every meal pattern until the infant has established tolerance for that solid food component.
3. **Q. If parents and the child care provider are in agreement that a five-month-old infant is developmentally ready to start eating some solid foods such as applesauce, may the child care provider still claim reimbursement for those meals with solid foods?**
- A. Yes. If an infant is developmentally ready to accept solid foods prior to 6 months of age, the center or day care home may serve the solid foods and claim reimbursement for those meals. Most infants are not developmentally ready to accept solid foods until around 6 months of age; however, infants develop at different rates. Centers or day care homes should talk about the introduction of solid foods with infants' parents or guardians and can share the signs for developmental readiness discussed in the body of this memorandum.
4. **Q. What documentation is required when solid foods are served prior to 6 months of age?**
- A. Once an infant is developmentally ready for solid foods, the center or day care home must indicate on menus what solid foods are being served and the serving size of the food served. Otherwise, there are no additional federal documentation requirements for serving solid foods prior to 6 months of age. As a best practice, FNS encourages centers or day care homes to work closely with each infant's parents or guardians and to obtain a written note from the parents or guardians indicating that solid foods should be served to the infant while in care. In addition, it is good practice for center or day care home providers to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preferences on how and what solid foods are introduced.

5. **Q. At what age should monitors expect to see infants being served all the solid food components for each meal and snack?**
- A. The AAP recommends introducing solid foods to infants around six months of age. In addition, the AAP recommends that by 7 or 8 months of age infants should be consuming solid foods from all food groups (vegetables, fruits, grains, protein foods, and dairy). However, it is important to keep in mind that infants develop at different rates. Not all infants will be eating solid foods at 6 months of age, nor will all infants be eating solid foods from each food group by 7 or 8 months of age. Monitors should engage in a conversation with the center or day care home to learn more about the infants' eating habits and ensure that the meal being served is appropriate for that infant's developmental readiness.
6. **Q. What should a monitor do when conducting an on-site review and he/she finds an 8-month-old infant is not being served solid foods?**
- A. The monitor should speak with the center or day care home to understand why the infant is not being served solid foods. Infants are typically developmentally ready to consume solid foods by 8 months of age; however, each infant develops at his or her own rate. If an 8-month-old infant is not developmentally ready for solid foods and the center is serving the required serving size for breast milk or infant formula for the 6- through 11-month-old age group, the meal is reimbursable. Monitors can remind center or day care home to work with each infant's parents or guardians to determine when and what solid foods should be served to the infant.
7. **Q. What should a center or day care home do if they feel an infant is developmentally ready to start eating solid foods but the infant's parents or guardians do not want the infant to be introduced to solid foods?**
- A. If a center or day care home believes that an infant is developmentally ready to start eating solid foods, they should engage in a conversation with the infant's parents or guardians. The provider can tell the parents or caregiver about the signs they have seen indicating the infant is ready to start solid foods and ask if they would like solid foods to be served while the infant is in day care. Child care providers should be in constant communication with the infant's parents or caregivers about the infant's eating habits as well as when and what solid foods should be served while the infant is in their care.
- If the parent or guardian does not want his or her infant to be served solid foods while the infant is in care, the center or day care home should respect that decision and should not serve the infant solid foods. In this situation, as long as the center or day care home continues to serve the infant the required amount of breast milk or iron-fortified infant formula, then the meals are still reimbursable.
8. **Q. Are tofu and soy yogurt allowed in the infant meal pattern?**
- A. No. Tofu and soy yogurt are only allowed as a meat alternate in the CACFP meal patterns. Allowable meat/meat alternates in the infant meal pattern are meat, poultry, fish, dry beans and peas, whole eggs, cheese, cottage cheese, and yogurt. This is consistent with the National Academy of Medicine's report, which only recommended tofu as a meat alternate for children and adult participants.
9. **Q. Is there a whole grain-rich requirement for infants?**
- A. No. The requirement to serve at least one whole grain-rich food per day is only required under the CACFP children and adult meal patterns.



10. **Q. Is there a sugar limit for ready-to-eat cereals served to infants?**  
A. Yes. All breakfast cereals served in the CACFP must contain no more than 6 grams of sugar per dry ounce (21 grams of sugar per 100 grams of dry cereal). Breakfast cereals include ready-to-eat cereals, instant, and regular hot cereals.
11. **Q. Can infant cereal be served in a bottle to infants?**  
A. No. Serving infant cereal in a bottle to infants is not allowed. Neither the infant cereal nor the infant breast milk or formula in the bottle may be claimed for reimbursement when they are served in the same bottle unless it is supported by a medical statement.
12. **Q. Is yogurt creditable in the infant meal pattern?**  
A. Yes. Yogurt is an allowable meat alternate for infants consuming solid foods. All yogurts served in the CACFP, including those served to infants, must contain no more than 23 grams of sugar per 6 ounces. Yogurt is a good source of protein and the AAP recommends infants consume foods from all food groups to meet infants' nutritional needs. Please note, though, that soy yogurt is not allowed in the infant meal pattern; see Question 8.
13. **Q. Are foods that are considered to be a major food allergen or foods that contain these major food allergens allowed for infant meals?**  
A. Foods that contain one or more of the eight major food allergens identified by the FDA (milk, egg, fish, shellfish, tree nuts, peanuts, wheat, and soybeans) and are appropriate for infants, are allowed and can be part of a reimbursable meal. The AAP recently concluded that there is no current convincing evidence that delaying the introduction of foods that are considered to be major food allergens has a significant positive effect on the development of food allergies.

To align with scientific recommendations, FNS is allowing whole eggs to credit toward the meat alternate component of the updated infant meal patterns. Under the updated infant meal pattern requirements, the whole egg (yolk and white) must be served to the infant in order to be creditable. Previously, only egg yolks were allowed due to concerns with developing food allergies when infants were exposed to the protein in egg whites. Please see memorandum SP-42-2016, CACFP 14-2016: *Early Implementation of the Child and Adult Care Food Program Meal Patterns*, [www.fns.usda.gov/sites/default/files/cn/SP42\\_CACFP14\\_2016os.pdf](http://www.fns.usda.gov/sites/default/files/cn/SP42_CACFP14_2016os.pdf), for more information.

Even though most food allergies cause relatively mild and minor symptoms, some food allergies can cause severe reactions, possibly life-threatening. With this in mind, it is good practice to check with parents or guardians of all infants to learn about any concerns of possible allergies and their preference on how solid foods are introduced.

14. **Q. Are commercially prepared mixed or combination infant foods (e.g., infant dinners with vegetables and chicken) reimbursable in the infant meal pattern?**  
A. Commercially prepared mixed or combination foods that contain more than one food component are not reimbursable in the infant meal pattern. It is extremely difficult to identify the required food components and prove that the amount of the food components in mixed infant meals meet the meal pattern requirements. For example, an infant dinner with vegetables and chicken is not reimbursable. However, infant foods with more than one vegetable or fruit may be reimbursable because vegetables and fruit are one component under the infant meal pattern. Additionally, many commercially prepared mixed infant food products may have added sugar that may promote the development of tooth decay as well as provide few nutrients.

**15. Q. Are baby pouch food products allowed in CACFP?**

- A.** Commercially prepared infant foods that contain one food component and are packaged in a jar, plastic container, pouch, or any other packaging are creditable in CACFP. The way a food is packaged does not impact whether a food is creditable or not.

Providers should serve food from a pouch in the same way that it is served from a jar or plastic container, which is by using a spoon. Spoon-feeding is the most appropriate method for feeding pureed or mashed foods to infants. Infants benefit developmentally from the experience of eating from a spoon. Different tongue and lip motions are used for sucking than for eating from a spoon. Additionally, the American Academy of Pediatric Dentistry warns that sucking on baby food pouches may have the same negative effect as the practice of prolonged sucking of juice from bottles or sippy cups.<sup>1</sup>

# SERIOUSLY DEFICIENT PROCEDURES

- Seriously Deficient
- Proposed Termination and Disqualification
- Appeal Procedures
- Suspensions/Termination and Disqualification

**Sponsors must request pre-approval from the State agency prior to mailing out a notice of serious deficiency.**

## SPONSORING ORGANIZATION PROVISIONS Excerpts from 7 CFR 226.16

### (1) *Serious Deficiency Process*

A serious deficiency is when a sponsoring organization or day care home is non-compliant with one or more areas of the CACFP. The serious deficiency process offers a systematic way for sponsoring organizations to take actions allowing day care homes to correct problems and give them an opportunity for due process. If day care homes are unwilling or incapable of correcting serious problems, the serious deficiency process protects Program integrity by terminating and disqualifying those in noncompliance of Program requirements.

A day care home may be declared seriously deficient if the sponsoring organization finds Program violations or issues of non-compliance with CACFP requirements at any time during a day care home's participation. If a sponsoring organization determines that a day care home has committed one or more serious deficiencies, it must be thoroughly documented. Once a provider has been determined seriously deficient, the serious deficiency process must be followed within 10 calendar days. The provider must be notified in writing and must be given an opportunity to take corrective action. A serious deficiency determination is not an appealable action. The sponsoring organization must provide a copy of the serious deficiency notice to the State agency at the **same** time. A provider is seriously deficient if he or she does one or more of the following:

If a sponsor has determined that a provider has committed one or more of the above serious deficiencies it must:

(1) Identify the serious deficiencies. The sponsor should use its discretion to determine whether the specific problem rises to the level of serious deficiency. Sponsors should consider, but not limit themselves to the following items:

- The severity of the problem. Is the noncompliance on a minor or substantial scale? Are the violations indicative of a recurring problem at the day care home, or is the problem an isolated event? Even minor problems may be serious if systemic. Some problems are serious even though they have occurred only once.
- The degree of responsibility attributable to the day care home. To the extent that evidence is available, can the sponsoring organization determine whether the violations were inadvertent errors of an otherwise responsible day care home provider? Is there evidence of negligence or a conscious indifference to regulatory requirements? Or, is there evidence of deception, or intentional noncompliance?
- The provider's history of participation in the Program. Are problems of noncompliance frequently recurring at the same day care home?

(2) *List of serious deficiencies for day care homes.* Serious deficiencies for day care homes are:

Here is a list examples of how the Sponsor should cite each SD determined with CAP on a provider: These are only examples and will vary on a case-by-case basis.

(i.) 7 CFR 226.16(l)(2)(i) - Submission of false information on the application;

(ii.) 7 CFR 226.16(l)(2)(ii) - Submission of false claims for reimbursement;

- (iii.) 7 CFR 226.16(l)(2)(iii) - Simultaneous participation under more than one sponsoring organization;
- (iv.) 7 CFR 226.16(l)(2)(iv) - Noncompliance with the Program meal pattern;
- (v.) 7 CFR 226.16(l)(2)(v) - Failure to keep required records;
- (vi.) 7 CFR 226.16(l)(2)(vi) - Conduct or conditions that threaten the health or safety of children in care, or the public health or safety;
- (vii.) 7 CFR 226.16(l)(2)(vii) - A determination that the day care home has been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity. A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the State agency, or the concealment of such a conviction;
- (viii.) 7 CFR 226.16(l)(2)(viii) - Failure to participate in training; or
- (ix.) 7 CFR 226.16(l)(2)(ix) - Any other circumstances related to nonperformance under the sponsoring organization-day care home agreement, as specified by the sponsoring organization or the State agency.  
***(Note: An error rate of 25% or more indicates the provider is seriously deficient)***

**(3) Serious deficiency notification procedures.**

- (i) **Notice of serious deficiency.** *Within 10 calendar days*, The sponsoring organization must notify the day care home that it has been found to be seriously deficient. The sponsoring organization must send a copy of the serious deficiency notice to the State agency **at the same time**. The notice must specify:
  - (A) The serious deficiencies;
  - (B) The actions to be taken by the day care home to correct the serious deficiencies;
  - (C) The time allotted to correct the serious deficiencies (as soon as possible, but not to exceed 30 days);
  - (D) That the serious deficiencies determination is not subject to appeal.
  - (E) That failure to fully and permanently correct the serious deficiencies within the allotted time will result in the institution's proposed termination of the day care home's agreement and the proposed disqualification of the day care home and its principals; and
  - (F) That the day care home's voluntary termination of its agreement with the institution after having been notified that it is seriously deficient will still result in the day care home's formal termination by the State agency and placement of the day

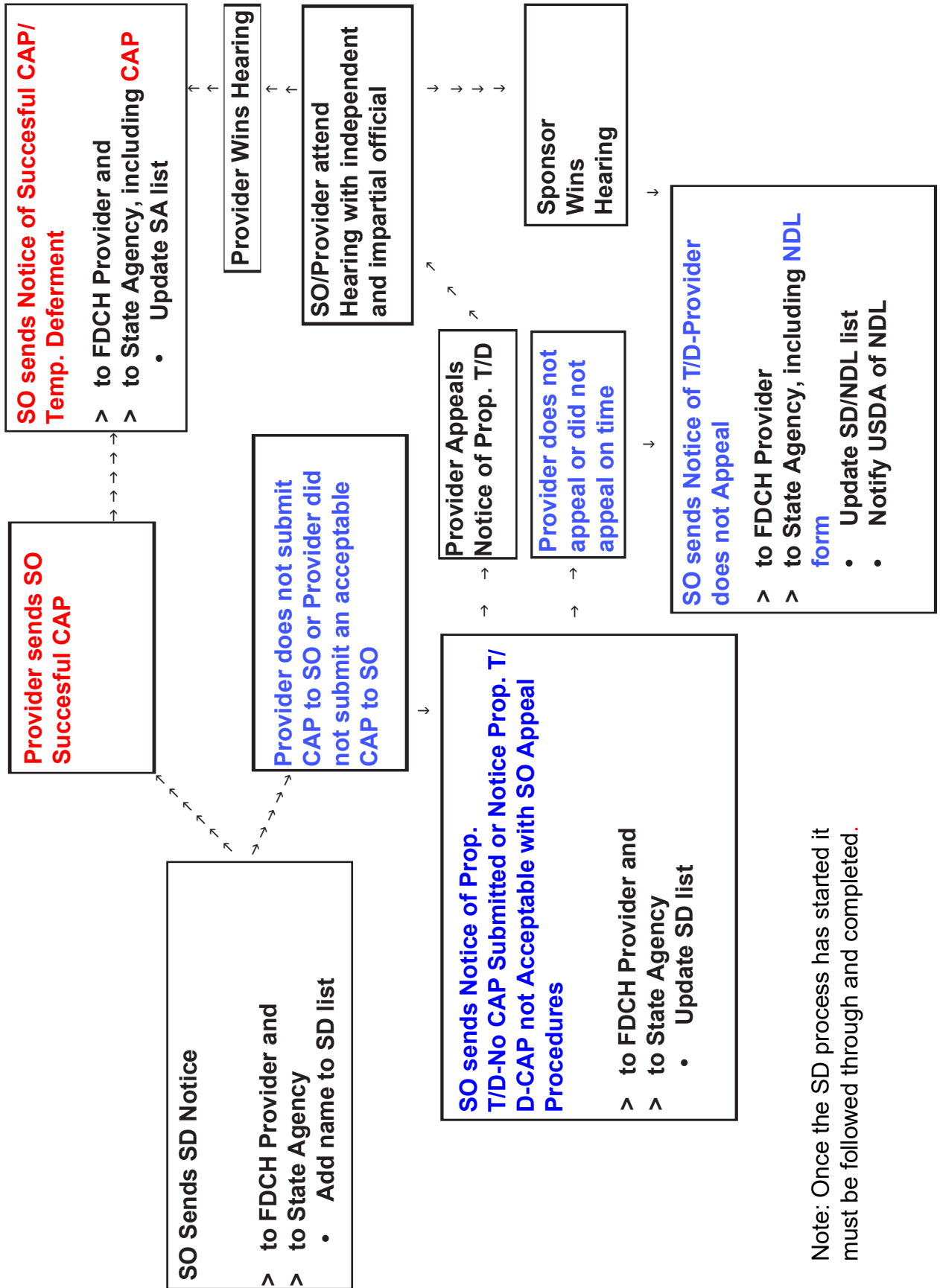
care home and its principals on the National Disqualified List.

- (ii) **Successful corrective action.** If the day care home corrects the serious deficiencies within the allotted time and to the sponsoring organization's satisfaction, the sponsoring organization must notify the day care home, **within 10 calendar days**, that it has temporarily deferred its determination of serious deficiency. The sponsoring organization must also send a copy of the notice to the State agency at the same time.
  - (iii) **Propose termination/disqualification.** If timely corrective action is not taken to fully and permanently correct the serious deficiencies cited, the sponsoring organization must issue a notice to propose termination/disqualification of the day care home's agreement for cause. **Within 10 calendar days**, the notice must explain the day care home's opportunity for an appeal of the proposed termination in accordance with §226.6(l). The sponsoring organization must send a copy of the notice to the State agency **at the same time**. The notice must:
    - (A) Inform the day care home that it may continue to participate and receive Program reimbursement for eligible meals served until its appeal is concluded.
    - (B) Inform the day care home that termination of the day care home's agreement will result in the day care home's termination for cause and disqualification; and
    - (C) State that if the day care home seeks to voluntarily terminate its agreement after receiving the notice of intent to terminate/disqualify, the day care home will still be placed on the National Disqualified List.
  - (iv) Program payments. The sponsoring organization must continue to pay any claims for reimbursement for eligible meals served until the serious deficiencies are corrected or the day care home's agreement is terminated, including the period of any appeal.
  - (v) Agreement termination and disqualification. The sponsoring organization must immediately terminate the day care home's agreement and disqualify the day care home when the appeal official upholds the sponsoring organization's proposed termination and proposed disqualification, or when the day care home's opportunity to request an appeal expires. At the same time the notice is issued, the sponsoring organization must provide a copy of the termination and disqualification letter to the State agency.
- (4) Suspension of participation for day care homes.
- (i) General. If state or local health or licensing officials have cited a day care home for serious health or safety violations, the sponsoring organization must immediately suspend the home's CACFP participation prior to any formal action to revoke the home's licensure or approval. If the sponsoring organization determines that there is an imminent threat to the health or safety of participants at a day care home, or that the day care home has engaged in activities that threaten the public health or safety, and the licensing agency cannot make an immediate on-site visit, the sponsoring organization **must immediately notify** the appropriate state or local licensing and health authority and take action that is consistent with the recommendations and requirements of those authorities. An imminent threat to the health or safety of participants and engaging in activities that threaten the public health or safety constitute serious deficiencies; however, the sponsoring organization must use the procedures in this paragraph (l)(4) (and not the procedures in paragraph [1][3] of this section) to provide the day care home notice of the suspension of participation, serious deficiency, and proposed termination

of the day care home's agreement.

- (A) Inform the day care home that it may continue to participate and receive Program
- (ii) ***Notice of suspension, serious deficiency, and proposed termination.*** The sponsoring organization must notify the day care home ***immediately*** that its participation has been suspended, that the day care home has been determined seriously deficient, and that the sponsoring organization proposes to terminate the day care home's agreement for cause, and must provide a copy of the notice to the State agency. The notice must:
  - (A) Specify the serious deficiencies found and the day care home's opportunity for an appeal of the proposed termination in accordance with §226.6(1);
  - (B) State that participation (including all Program payments) will remain suspended until the appeal is concluded;
  - (C) Inform the day care home that if the appeal official overturns the suspension, the day care home may claim reimbursement for eligible meals served during the suspension;
  - (D) Inform the day care home that termination of the day care home's agreement will result in the placement of the day care home on the National Disqualified List; and
  - (E) State that if the day care home seeks to voluntarily terminate its agreement after receiving the notice of proposed termination/disqualification, the day care home will still be terminated for cause and disqualified.
- (iii) ***Agreement termination and disqualification.*** The sponsoring organization must immediately terminate the day care home's agreement and disqualify the day care home when the appeal official upholds the sponsoring organization's proposed termination or when the day care home's opportunity to request an appeal expires.
- (iv) ***Program payments.*** A sponsoring organization is prohibited from making any Program payments to a day care home that has been suspended until any appeal of the proposed termination is completed. If the suspended day care home prevails in the administrative review of the proposed termination, the sponsoring organization must reimburse the day care home for eligible meals served during the suspension period

# FLOW CHART: SERIOUS DEFICIENCY PROCESS DAY CARE HOME PROVIDERS



Note: Once the SD process has started it must be followed through and completed.



# NOTICE OF SERIOUS DEFICIENCY

The Notice of Serious Deficiency must include the following:

- A description of the *serious deficiency*.
- The *corrective action* required to resolve the serious deficiency and the *deadline* by which the action must be taken. (Homes are allowed up to 30 days to correct a serious deficiency.)
- A statement that indicates the serious deficiency determination is *not subject to appeal*.
- A statement that indicates *failure to fully and permanently correct* the serious deficiency by this *deadline* will result in:
  - The sponsor’s proposed termination of the provider’s agreement for cause.
  - The disqualification of the provider.
- The notice must also inform the provider of whether he or she will receive *Program payments* during the period of corrective action—usually he or she will.
- Enclosure of Corrective Action Plan.
- It must state that if the provider *voluntarily terminates* his or her agreement after he or she receives the Notice of Serious Deficiency, the sponsor will still proceed with the intended disqualifications.
- The Notice of Serious Deficiency must be sent by *certified mail/return receipt requested*, an equivalent private delivery service, fax, or e-mail as required by §226.2 in the regulations. If returned *Undeliverable* (at least five days later), proceed with proposed termination procedures. If the U.S. Postal Service is used, the following Web site may be accessed to track and confirm delivery: <[www.usps.com/shipping/trackandconfirm.htm](http://www.usps.com/shipping/trackandconfirm.htm)>.
- A copy of the documentation must be sent to the State agency *at the same time*.
- A copy of the Notice of Serious Deficiency *MUST* be sent to the State agency.

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF SERIOUS DEFICIENCY**  
**NOTICE FOR PROVIDERS**

**NOTE:** *Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.*

Date

Provider Name  
Provider Street Address  
Provider City, State 00000-0000

Dear **Provider**:

This letter concerns the **brief description of the basis for the serious deficiency determination—review, audit, etc., and date** of your operation of the Child and Adult Care Food Program (CACFP).

**SERIOUS DEFICIENCY DETERMINATION**

Based on the **review/audit, etc.**, the **sponsoring organization (SO)** has determined that you are seriously deficient in your operation of the CACFP. If you do not fully and permanently correct all of the serious deficiencies and submit documentation of the corrective action by **date**, we will propose to:

- Terminate your agreement to participate in the CACFP for cause.
- AND**
- Disqualify you from future CACFP participation.

If you voluntarily terminate your agreement after receiving this letter, we will propose to disqualify you from future CACFP participation. If disqualified, **provider** will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

You will remain on the NDL until USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education (the *State agency*), determines that the serious deficiencies have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

These actions are being taken pursuant to 7 CFR 226.16(1).

Provider  
Page 2  
Date

## SERIOUS DEFICIENCIES AND REQUIRED CORRECTIVE ACTION

The following paragraphs detail each serious deficiency and the corrective action required. ***Insert discussion of serious deficiencies and required corrective action. Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2) (ix), any other circumstances related to nonperformance under the SO/day care home agreement.***

### SUMMARY

We have determined that you are seriously deficient in your operation of the CACFP. Documentation showing the corrective action for each of the serious deficiencies cited in this letter is required. The documentation must be **RECEIVED** (not just postmarked) by **corrective action deadline**. ***Different deadlines for different serious deficiencies may be established.***

If we do not **RECEIVE** the documentation of your corrective action by **date**, or if we determine that the actions taken do not fully and permanently correct all of the serious deficiencies, we will propose to terminate your CACFP agreement for cause and disqualify you.

You may not appeal the serious deficiency determination. However, if we propose to terminate your agreement for cause and disqualify you, you will be able to appeal those actions and you will be advised the appeal procedures at that time.

You may continue to participate in the CACFP during the corrective action period. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

If we receive the documentation of your corrective action by the due date and determine that it fully and permanently corrects all of the serious deficiencies, we will temporarily defer the serious deficiency determination. We may conduct an unannounced follow-up review to verify the adequacy of the corrective action. If we find in the follow-up review, or any subsequent review, that the serious deficiency(ies) has/have not been fully and permanently corrected, we will immediately propose to terminate your agreement for cause and disqualify you without any further opportunity for corrective action.

Sincerely,

Sponsoring Organization Employee Name and Title

Enclosure: Corrective Action Plan  
cc: State agency

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF SUCCESSFUL CORRECTIVE ACTION AND TEMPORARY  
DEFERMENT OF SERIOUS DEFICIENCY FOR PROVIDERS**

***NOTE: Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.***

Date

Provider Name  
Provider Street Address  
Provider City, State 00000-0000

Dear ***Provider:***

This letter concerns the ***date*** Notice that you are seriously deficient in your operation of the Child and Adult Care Food Program (CACFP). On ***date, insert if applicable: before the corrective action deadline***, we received the documentation you sent us detailing the actions you have taken to correct this/these serious deficiency(ies).

**SERIOUS DEFICIENCY DETERMINATION TEMPORARILY DEFERRED**

Based on our review of the documentation, we have determined that you have fully and permanently corrected the serious deficiency(ies). As a result, we have temporarily deferred our serious deficiency determination as of the date of this letter. ***NOTE: Conducting a follow-up review is not required to accept a corrective action and should NOT delay the temporary deferral of a serious deficiency determination.*** This also means that we will not propose to terminate your agreement for cause based on this serious deficiency finding or disqualify you.

**ADEQUACY OF CORRECTIVE ACTIONS (Optional)**

The following paragraphs describe the results of our review of the corrective action. ***Insert discussion of each serious deficiency and why the corrective action is adequate. Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l)(2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstance related to nonperformance under the SO/day care home agreement. Insert if appropriate: Our report on the date follow-up review will be provided to you in a separate letter.***

Provider

Page 2

Date

## **SUMMARY**

We have temporarily deferred our serious deficiency determination. We may conduct an unannounced review to determine the adequacy of your corrective action(s). If we find on the follow-up review or, in any subsequent review, that the serious deficiency(ies) has/have not been fully and permanently corrected, we will immediately propose to terminate your agreement for cause and to disqualify you without any further opportunity for corrective action.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF PROPOSED TERMINATION AND DISQUALIFICATION  
FOR PROVIDERS—NO CORRECTIVE ACTION SUBMITTED**

**NOTE:** *Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.*

Date

Provider Name  
Provider Street Address  
Provider City, State 00000-0000

Dear **Provider**:

This letter concerns the **date** Notice that you are seriously deficient in your operation of the Child and Adult Care Food Program (CACFP).

On or before **date**, you were required to submit the documentation detailing the actions taken to correct the serious deficiency(ies). As of this date, you have not submitted the required correction(s).

**PROPOSED TERMINATION AND DISQUALIFICATION**

As a result, effective **date**, we propose to:

- Terminate your agreement to participate in the CACFP for cause.
- AND**
- Disqualify you from future CACFP participation.

***The effective date for the termination/disqualification must be after the deadline for requesting an appeal.***

If you voluntarily terminate your agreement after receiving this letter, we will propose to disqualify you from future CACFP participation. If disqualified, you will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

You will remain on the NDL until USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education, determines that the serious deficiencies have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

Provider  
Page 2  
Date

These actions are being taken pursuant to 7 CFR 226.16(l).

### **STATUS OF SERIOUS DEFICIENCY(IES) (Optional)**

The following paragraphs detail each serious deficiency and its status based on your failure to submit the corrective action(s) documentation. *Insert discussion of each serious deficiency and the reasons why corrective action was inadequate (the corrective action may be adequate for some items and not for others; make sure you specify the status of the corrective action for each serious deficiency). Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l) (2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstance related to non-performance under the SO/day care home agreement.*

### **APPEAL OF PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION**

The proposed termination of your agreement for cause and your disqualification may be appealed. A copy of the appeal procedures is enclosed. If you choose to appeal the proposed actions, follow the appeal procedures exactly as failure to do so may result in the denial of your request for an appeal.

### **SUMMARY**

You have not fully and permanently corrected the serious deficiencies identified in the Serious Deficiency Notice. For this reason, the **Sponsoring Organization** is proposing to terminate your CACFP agreement for cause and to disqualify you from future program participation.

If you appeal the proposed termination and disqualification, the actions will not take effect until the hearing official issues a decision. If you do not make a timely request for an appeal, your agreement will be terminated for cause. You will be disqualified from future CACFP participation effective **date** and placed on the NDL.

You may continue to participate in the CACFP until **termination/disqualification effective date** or if you appeal the proposed actions until the hearing official issues a decision on the appeal. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

Sincerely,

Sponsoring Organization Employee Name and Title

Enclosure: Appeal Procedures

cc: State agency

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF PROPOSED TERMINATION AND DISQUALIFICATION  
FOR PROVIDERS—REQUIRED CORRECTIVE ACTION NOT ACCEPTABLE**

***NOTE: Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.***

Date

Provider Name  
Provider Street Address  
Provider City, State 00000-0000

Dear ***Provider:***

This letter concerns the ***date*** Notice that you are seriously deficient in your operation of the Child and Adult Care Food Program (CACFP).

On ***date***, we received the documentation detailing the actions taken to correct the serious deficiency(ies). Based on our review of the documentation, we have determined that you have not fully and permanently corrected the serious deficiency(ies) stated in the Notice.

**PROPOSED TERMINATION AND DISQUALIFICATION**

As a result, we propose to:

- Terminate your agreement to participate in the CACFP for cause.
- AND***
- Disqualify you from future CACFP participation.

***The effective date for the termination/disqualification must be after the deadline for requesting an appeal.***

If you voluntarily terminate your agreement after receiving this letter, we will propose to disqualify you from future CACFP participation. If disqualified, you will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

You will remain on the NDL until USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education, determines that the serious deficiencies have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.



Provider  
Page 2  
Date

These actions are being taken pursuant to 7 CFR 226.16(l).

### STATUS OF SERIOUS DEFICIENCY(IES)

The following paragraphs detail each serious deficiency and its status based on our review of the corrective action(s) documentation. *Insert discussion of each serious deficiency and the reasons why corrective action was inadequate (the corrective action may be adequate for some items and not for others; make sure you specify the status of the corrective action for each serious deficiency). Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l) (2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstance related to nonperformance under the SO/day care home agreement.*

### APPEAL OF PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION

The proposed termination of your agreement for cause and your disqualification may be appealed. A copy of the appeal procedures is enclosed. If you choose to appeal the proposed actions, follow the appeal procedures exactly as failure to do so may result in the denial of your request for an appeal.

### SUMMARY

You have not fully and permanently corrected the serious deficiencies identified in the Serious Deficiency Notice. For this reason, the **Sponsoring Organization** is proposing to terminate your CACFP agreement for cause and to disqualify you from future program participation.

If you appeal the proposed termination and disqualification, the actions will not take effect until the hearing official issues a decision. If you do not make a timely request for an appeal, your agreement will be terminated for cause. You will be disqualified from future CACFP participation effective **date** and placed on the NDL.

You may continue to participate in the CACFP until **termination/disqualification effective date** or if you appeal the proposed actions until the hearing official issues a decision on the appeal. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

Sincerely,

Sponsoring Organization Employee Name and Title

Enclosure: Appeal Procedures

cc: State agency

**EXAMPLE  
SPONSOR LETTERHEAD**

**NOTICE OF TERMINATION AND DISQUALIFICATION  
FOR PROVIDERS—PROVIDER DOES NOT APPEAL**

***NOTE: Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.***

Date

Provider Name  
Provider Street Address  
Provider City, State 00000-0000

Dear ***Provider:***

This letter concerns the determination in ***sponsoring organization's (SO)*** Notice which proposed to terminate your agreement to participate in the Child and Adult Care Food Program (CACFP) for cause. In that letter, we also proposed to disqualify you from further CACFP participation. These actions were based on your failure to submit acceptable corrective action(s) for the serious deficiency(ies) noted in our ***date*** Notice of Serious Deficiency.

You received the Notice of Proposed Termination and Disqualification on ***date received***. You had until ***insert deadline for requesting appeal*** to submit a request for an appeal of the proposed actions. No request for an appeal was submitted by that deadline.

**TERMINATION AND DISQUALIFICATION**

Because the time to request an appeal has now expired, the ***SO*** is:

- Terminating your agreement to participate in the CACFP for cause.
- AND***
- Disqualifying you from future CACFP participation, effective ***date***.

***The effective date for the disqualification should generally be the same as the agreement termination date and not earlier; otherwise, the provider could be disqualified and ineligible to participate before the agreement is terminated.***

As a result of your disqualification, your name will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

Provider  
Page 2  
Date

These actions are being taken pursuant to 7 CFR 226.16(l) of the CACFP regulations.

You will remain on the NDL unless USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education, determines that the serious deficiency(ies) has/have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

### **SUMMARY**

The **SO** is terminating your CACFP agreement for cause and disqualifying you. You **MAY NOT APPEAL** the termination for cause or the disqualification. You may continue to participate in the CACFP until **termination/disqualification effective date**. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF TERMINATION AND DISQUALIFICATION  
FOR PROVIDERS—SPONSORING ORGANIZATION PREVAILS IN APPEAL**

**NOTE:** *Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.*

Date

Provider Name

Provider Street Address

Provider City, State 00000-0000

Dear **Provider**:

This letter concerns our **date** Notice which proposed to terminate your agreement to participate in the Child and Adult Care Food Program (CACFP) for cause. In that letter, we also proposed to disqualify you from further CACFP participation. These actions were based on the determination in our **date** Notice that you are seriously deficient in your operation of the CACFP.

You filed a timely appeal of the proposed termination and disqualification. On **date of hearing official's decision**, the hearing official issued a decision on the appeal. In that decision, the hearing official upheld our proposed actions.

**TERMINATION AND DISQUALIFICATION**

As a result, the **SO** is:

- Terminating your agreement to participate in the CACFP for cause.

**AND**

- Disqualifying you from future CACFP participation, effective **date**.

***The effective date for the termination/disqualification should generally be the same as the agreement termination date and not earlier; otherwise, the provider could be disqualified and ineligible to participate before the agreement is terminated.***

As a result of your disqualification, your name will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

Provider  
Page 2  
Date

These actions are being taken pursuant to 7 CFR 226.16(l) of the CACFP regulations.

You will remain on the NDL unless USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education (the *State agency*), determines that the serious deficiency(ies) has/have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

### **SUMMARY**

The **SO** is terminating your CACFP agreement for cause and disqualifying you. You ***MAY NOT APPEAL*** the termination for cause or the disqualification. You may continue to participate in the CACFP until ***termination/disqualification effective date***. We will pay any valid claims for reimbursement submitted by you for this period. You must submit the claims by the normal deadline.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF TEMPORARY DEFERMENT OF SERIOUS DEFICIENCY AND  
TERMINATION AND DISQUALIFICATION—PROVIDER PREVAILS IN APPEAL**

***NOTE: Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.***

Date

Provider Name

Provider Street Address

Provider City, State 00000-0000

Dear ***Provider:***

This letter concerns our ***date*** Notice which proposed to terminate your agreement to participate in the Child and Adult Care Food Program (CACFP) for cause. In that letter, we also proposed to disqualify you from further CACFP participation. These actions were based on the determination in our ***date*** Notice that you are seriously deficient in your operation of the CACFP.

You filed a timely appeal of the proposed termination and disqualification. On ***date of hearing official's decision***, the hearing official issued a decision on the appeal. In that decision, the hearing official overturned our proposed actions. Therefore, ***name of sponsoring organization (SO)*** is prohibited from terminating your agreement and disqualifying your future participation in the program.

**SERIOUS DEFICIENCY DETERMINATION TEMPORARILY DEFERRED**

You must still implement procedures and policies to permanently correct the serious deficiency(ies). Upon approval of an acceptable corrective plan, the ***SO*** will temporarily defer the determination that ***institution*** and its RPIs are seriously deficient. If the ***SO*** initially determines that the corrective action is complete but later determines that the serious deficiency(ies) has/have recurred, the ***SO MUST*** move to immediately issue a notice of intent to terminate and disqualify the institution and RPIs.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF SERIOUS DEFICIENCY, SUSPENSION, AND PROPOSED  
TERMINATION AND DISQUALIFICATION FOR PROVIDERS—COMBINED  
NOTICE FOR IMMINENT THREAT TO HEALTH AND SAFETY**

**NOTE:** *Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.*

Date

Provider Name  
Provider Street Address  
Provider City, State 00000-0000

Dear **Provider**:

This letter concerns the **brief description of the basis for the serious deficiency determination—review, audit, etc.—and date** of your operation of the Child and Adult Care Food Program (CACFP).

**SERIOUS DEFICIENCY DETERMINATION**

Based on the **review/audit, etc., sponsoring organization (SO)** has determined that you are seriously deficient in your operation of the CACFP.

**SUSPENSION**

The serious deficiency identified is the imminent threat to the health or safety of CACFP participants or the public (for details, see the description of the serious deficiencies later in this letter). Because of this imminent risk, the SO is suspending your CACFP participation (including all program payments).

The suspension of CACFP participation (including all program payments) will take effect on the date of this letter. This action is being taken pursuant to 7 CFR 226.16(1)(4).

**TERMINATION AND DISQUALIFICATION**

As a result, effective **date** we propose to:

- Terminate your agreement to participate in the CACFP for cause.
- AND**
- Disqualify you from future CACFP participation, effective **date**.

***The effective date for the termination and disqualification must be after the deadline for requesting an appeal.***

Provider  
Page 2  
Date

If you voluntarily terminate your agreement after receiving this letter, we will propose to disqualify you from future CACFP participation. If disqualified, you will be placed on the National Disqualified List (NDL). While on the list, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

These actions are being taken pursuant to 7 CFR 226.16(l) of the CACFP regulations.

You will remain on the NDL until USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education (the *State agency*), determines that the serious deficiency(ies) has/have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

### **SERIOUS DEFICIENCIES**

The following paragraphs detail each serious deficiency. *Insert discussion of each serious deficiency. Each serious deficiency discussed must include a citation for the relevant serious deficiency in the regulations at 7 CFR 226.16(l) (2). If the serious deficiency is not specifically listed, cite: 7 CFR 226.16(l)(2)(ix), any other circumstance related to nonperformance under the SO/day care home agreement.*

### **APPEAL OF PROPOSED TERMINATION AND PROPOSED DISQUALIFICATION**

You may appeal the suspension, the proposed termination of your program agreement for cause and your proposed disqualification. A copy of the appeal procedures is enclosed. If you choose to appeal the proposed actions, follow the appeal procedures exactly as failure to do so may result in the denial of your request for an appeal.

### **SUMMARY**

The **SO** is suspending your CACFP participation (including all program payments). In addition, **name of SO** is proposing to terminate your agreement for cause and to disqualify you.

The suspension will remain in effect during the period of any appeal. However, if you request an appeal and the hearing official overturns the suspension, all valid claims for reimbursement submitted by you for the period of the suspension will be paid. As always, the SO will deny any portion of a claim that is determined to be invalid.

If you appeal the proposed termination and disqualification, these actions will not take effect until the hearing official issues a decision. If you do not make a timely request for an appeal, your agreement will be terminated for cause on **date**. You will be disqualified from future CACFP participation and your name placed on the NDL.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency



**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF TERMINATION AND DISQUALIFICATION  
SUSPENSION AND PROPOSED TERMINATION AND DISQUALIFICATION—  
PROVIDER DOES NOT APPEAL**

***NOTE: Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.***

Date

Provider Name  
Provider Street Address  
Provider City, State 00000-0000

Dear ***Provider:***

On ***date received***, you received a combined Notice of Serious Deficiency, Suspension, Proposed Termination and Disqualification. This letter concerns that Notice which suspended your participation in the Child and Adult Care Food Program (CACFP). In that Notice, ***name of sponsoring organization (SO)*** also proposed to terminate your CACFP agreement for cause and to disqualify you from further CACFP participation. These actions were based on the determination that you were operating under conditions that posed an imminent threat to the health and safety of program participants, ***if applicable, or the day care home had engaged in activities that threaten the public health or safety.***

You had until ***insert deadline for requesting appeal*** to submit a request for an appeal. No request for an appeal was submitted by that deadline.

**TERMINATION AND DISQUALIFICATION**

As a result of this decision, effective ***date***, the ***name of SO*** is:

- Terminating your agreement to participate in the CACFP for cause.
- AND***
- Disqualifying you from future CACFP participation, effective ***date***.

As a result of your disqualification, your name will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility.

Provider  
Page 2  
Date

These actions are being taken pursuant to 7 CFR 226.16(l) of the CACFP regulations.

You will remain on the NDL unless USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education (the *State agency*), determines that the serious deficiency(ies) has/have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

### **SUMMARY**

The **SO** is terminating your CACFP agreement for cause and disqualifying you. You ***MAY NOT APPEAL*** the termination for cause or the disqualification. Since your participation was suspended, you may only claim reimbursement for valid meals served up until ***insert date of suspension***. You must submit a claim for these meals by ***insert a date that will give the provider an appropriate length of time to submit these claims***.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency

**EXAMPLE**  
**SPONSOR LETTERHEAD**

**NOTICE OF TERMINATION AND DISQUALIFICATION—  
IMMINENT THREAT TO HEALTH OR SAFETY AFTER  
SPONSORING ORGANIZATION PREVAILS IN APPEAL**

**NOTE:** *Send this letter by certified mail/return receipt requested, an equivalent private delivery service (such as FedEx), fax, OR e-mail as required by 7 CFR 226.2, definition of notice in the regulations. A copy of the documentation must be sent to the State agency at the same time.*

Date

Provider Name

Provider Street Address

Provider City, State 00000-0000

Dear **Provider**:

On **date received**, you received a combined Notice of Serious Deficiency, Suspension, Proposed Termination and Disqualification. This letter concerns that Notice which suspended your participation in the Child and Adult Care Food Program (CACFP). In that Notice, **name of sponsoring organization (SO)** also proposed to terminate your CACFP agreement for cause and to disqualify you from further CACFP participation. These actions were based on the determination that you were operating under conditions that posed an imminent threat to the health and safety of program participants, **if applicable, or the day care home had engaged in activities that threaten the public health or safety.**

You filed a timely appeal of the suspension and proposed termination and disqualification. On **date of appeal official's decision**, the Administrative Review official issued a decision on all of the appeals. In that decision, the suspension and proposed actions were upheld.

**TERMINATION AND DISQUALIFICATION**

As a result of this decision, effective **date**, the **name of SO** is:

- Terminating your agreement to participate in the CACFP for cause.
- AND**
- Disqualifying you from future CACFP participation, effective **date**.

Provider

Page 2

Date

As a result of your disqualification, your name will be placed on the National Disqualified List (NDL). While on the NDL, you will not be able to participate in the CACFP as a day care home provider. In addition, you will not be able to serve as a principal in any CACFP institution or facility

These actions are being taken pursuant to 7 CFR 226.16(l) of the CACFP regulations.

You will remain on the NDL unless USDA's Food and Nutrition Service (FNS), in consultation with the Oklahoma State Department of Education (the *State agency*), determines that the serious deficiency(ies) has/have been corrected or until seven years after your disqualification. However, if any debt relating to the serious deficiencies has not been repaid, you will remain on the list until the debt has been repaid.

#### **SUMMARY**

The ***name of SO*** is terminating your CACFP agreement for cause and disqualifying you. You ***MAY NOT APPEAL*** the termination for cause or the disqualification. Since your participation was suspended, you may only claim reimbursement for valid meals served up until ***insert date of suspension***. You must submit a claim for these meals by ***insert a date that will give the provider an appropriate length of time to submit these claims***.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency

Provider  
Page 2  
Date

You must still submit a corrective action plan to implement procedures and policies to permanently correct the serious deficiency(ies). Upon approval of an acceptable corrective plan, the **SO** will temporarily defer the determination that you are seriously deficient. If the **SO** initially determines that the corrective action is complete but later determines that the serious deficiency(ies) has recurred, the **SO must** move immediately to issue a notice of intent to terminate and disqualify you.

Sincerely,

Sponsoring Organization Employee Name and Title

cc: State agency

# PROVIDER APPEAL PROCEDURES

A family day care home (FDCH) must be provided an opportunity to appeal to the sponsor when there is:

- **PROPOSED** termination of a provider's agreement for cause and the related **PROPOSED** disqualification of the home.
- The suspension of an FDCH's participation for serious health or safety violations.

The law does not require an opportunity to appeal other actions, such as the denial of claims or the recovery of overpayments.

Regulations require that a provider have the opportunity to appeal a decision to terminate its agreement for cause **BEFORE** the termination takes effect. Thus, the **Proposed to Terminate** action is appealable.

Regulations require that providers be given a copy of the appeal procedures:

- On an annual basis, in the sponsor/provider application/agreement.
- Whenever an appealable action is taken.
- Upon request.

## Minimum Appeal Procedures

Sponsors must follow the procedures established in the regulations when providing appeals to homes.

- **Uniformity.** The same procedures apply to all homes.
- **Representation.** Providers may:
  - Represent themselves.
  - Retain legal counsel.
  - Be represented by any other person of their choosing.
- **Review of the Record and Opposition.** The provider must have the opportunity to review the record on which the sponsor's action was based and refute the action in writing. Sponsors may establish a requirement that the sponsor taking the action has the opportunity to review any documentation or evidence the provider intends to offer to dispute the sponsor's action.
- **In-Person Hearing.** Sponsors may choose to offer in-person hearings, but there is no requirement that they do so. A review of the written record provides a sufficient opportunity for providers to contest an appealable action by their sponsor.

- **Hearing Official.** The person hearing the appeal must be:
  - Independent.
  - Impartial.

This means that they must **NOT** have been involved in the action that is the subject of the appeal. Also, they must **NOT** have a direct personal or financial interest in the outcome.

A hearing official may be:

- An employee or board member of the sponsor.
- OR**
- A contractor, such as member of a statewide sponsor association.

- **Deadline for Requesting an Appeal.** This time frame is an administrative requirement for sponsors.
- **Deadline for Submitting Written Documentation.** This time frame is an administrative requirement for sponsors.
- **Basis for Decision.** The hearing official must make a determination based only on the information provided by the sponsor and the provider and on federal laws, regulations, policies, and procedures governing the Program.
- **Time for Issuing a Decision.** The hearing official must inform the sponsor and the provider of the appeal's outcome within the period of time specified in the sponsor's appeal procedures. This time frame is an administrative requirement for sponsors and may not be used as a basis for overturning the termination if a decision is not made within the specified time frame.
- **Final Decision.** The determination made by the hearing official is the final administrative determination to be afforded the home. The home may not then appeal the decision to the State agency.

This does not preclude, however, a provider from pursuing the matter through a court of law. In fact, a court may refuse to hear a case until such time as all administrative remedies have been exhausted.

*EXAMPLE*

## SPONSOR LETTERHEAD

### APPEAL PROCEDURES

1. A provider will be notified in writing by certified mail, ***return receipt requested***, of the grounds upon which the sponsor based its action. The notice will inform the provider of its right to appeal. Two types of appeals are authorized:
  - a. The provider may request a review of the records. Upon receipt of such a request, the sponsor will appoint a review official to conduct the review.

***OR***

- b. The provider may request a hearing, but there is no requirement that the sponsor must offer this type of appeal. Upon receipt of a request for a hearing, the sponsor will appoint a review official to conduct the hearing.
2. The written request for a review of records or for a hearing must be filed by the provider no later than 15 calendar days from the date the provider receives the notice of action. The 15 days shall begin on the day the notice of action was received. A hearing will be held by the review official in addition to, or in lieu of, a review of written information submitted by the provider ***only if*** the provider so specifies in the letter requesting the appeal. ***Therefore, the written request must specify which type of appeal is requested.*** The sponsor will acknowledge the receipt of the request for appeal within 10 calendar days.
3. The provider may refute the information contained in the notice of action in person or by written documentation presented to the review official. The provider must have the opportunity to review the record on which the sponsor's action was based. In order to be considered, written documentation must be filed with the review official not later than 30 calendar days after the provider received the notice of action. The 30 days shall begin on the day the notice of action was received. The provider may be represented by legal counsel or another person. The following applies to the two types of appeals:
  - a. ***Review of Records***
    - Upon receipt of an appeal requesting a review of the records, the review official will notify the provider and the sponsor of the timelines for submission of documents.
    - Failure to submit written documentation to refute the action taken by the sponsor within the 30-day time period will constitute the provider's waiver of the appeal, resulting in the action taken by the sponsor being upheld
  - b. ***Hearing***
    - Upon receipt of an appeal requesting a hearing, the review official will notify the provider and the sponsor of the timelines for submission of documents.



- Written documentation submitted after the 30-day time period will not be considered at any point during the appeal process, including the hearing.
  - If the provider chooses to be represented by legal counsel, it will notify the sponsor of the counsel's name and address.
  - The review official will notify the provider and the sponsor by certified mail of the time, date, and place of the hearing. The notice must be provided at least 10 calendar days prior to the hearing.
  - The provider must be permitted to contact the administrative review official directly if he/she so desires.
  - Failure of the provider or his/her representative to appear at a scheduled hearing will constitute the provider's waiver of the right to a personal appearance before the review official, unless the review official agrees to reschedule the hearing.
  - The sponsor will have representatives in attendance at the hearing who may provide information and documentation supporting the action taken.
4. Sponsor documents and information relating to the provider and the action taken will be available for inspection and copying pursuant to the Open Records Fee Schedule at the office of the sponsor.
  5. The review official will be an independent and impartial official other than, and not accountable to, any person authorized to make decisions that are subject to appeal.
  6. The review official will make a determination based on information provided by the sponsor, the provider, and the laws and regulations governing the Child Nutrition Programs (CNP).
  7. Within 60 calendar days of receipt of the request for appeal, the review official's determination must be delivered to the provider and the sponsor.
  8. Participating providers may continue to operate under the Program during an appeal of proposed termination unless the action is based on imminent danger to the health or welfare of participants. If the provider has been terminated for this reason, the sponsor must specify this in its notice of action.
  9. The determination by the review official is the final administrative determination to be afforded to the provider.
  10. Pursuant to the federal regulations, appeals will not be allowed on decisions made by Food and Nutrition Service (FNS).

**EXAMPLE**  
**Child and Adult Care Food Program (CACFP)**  
**Report of Disqualification From Participation**  
**Family Day Care Home (FDCH) Provider**

State Agency (SA) Imposing Disqualification: **Oklahoma State Department of Education (OSDE)**

Name of Provider: Last Name Biggs First Name/MI: Bertha

Also Known As (AKA): N/A

Address of Provider: 311 Sunshine Drive, Anywhere, OK 01230

Date of Birth (DOB) of Provider: 08/04/YYYY (mm/dd/yyyy)

Termination Date: February 14, YYYY (mm/dd/yyyy)

Has the PROVIDER failed to repay debts owed under the Program? Yes/No (Circle One)  
 Amount: \$ 1000.00

Sponsoring Organization (SO) Name: Big Bucks

SO Address: 112 Fast Lane Drive, Anywhere, OK 01230

Reason(s) for Disqualification: (Check all that apply)	
<input type="checkbox"/> Submission of false information on application	<input type="checkbox"/> Failure to keep required records
<input checked="" type="checkbox"/> Submission of false claims for reimbursement	<input checked="" type="checkbox"/> Conduct or conditions that threaten the health or safety of children in care or the public
<input type="checkbox"/> Simultaneous participation under more than one SO	<input type="checkbox"/> Noncompliance with Program meal pattern
<input type="checkbox"/> A determination that the FDCH has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity. A lack of business integrity includes fraud, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the SA, or concealment of such a conviction.	<input type="checkbox"/> Any other circumstances related to nonperformance under the SO-FDCH agreement, as specified by the SO or the SA.
<input type="checkbox"/> Other:	<input type="checkbox"/> Failure to participate in training

**Child and Adult Care Food Program (CACFP)  
Report of Disqualification From Participation  
Family Day Care Home (FDCH) Provider**

Comments: Provider reported to DHS that she would be closed the week of  
December 5-9, YYYY. However, 5 children were claimed that  
week. Licensing was called due to unsanitary conditions for  
food service. Electricity had been shut off at the time of monitor  
review, and refrigerator temp was 70°F.  
   
   
   
   
   
 

**Janie Smith**  
Print Name of Sponsoring Organization  
Authorized Representative

*Janie Smith*  
Signature of Sponsoring Organization  
Authorized Representative

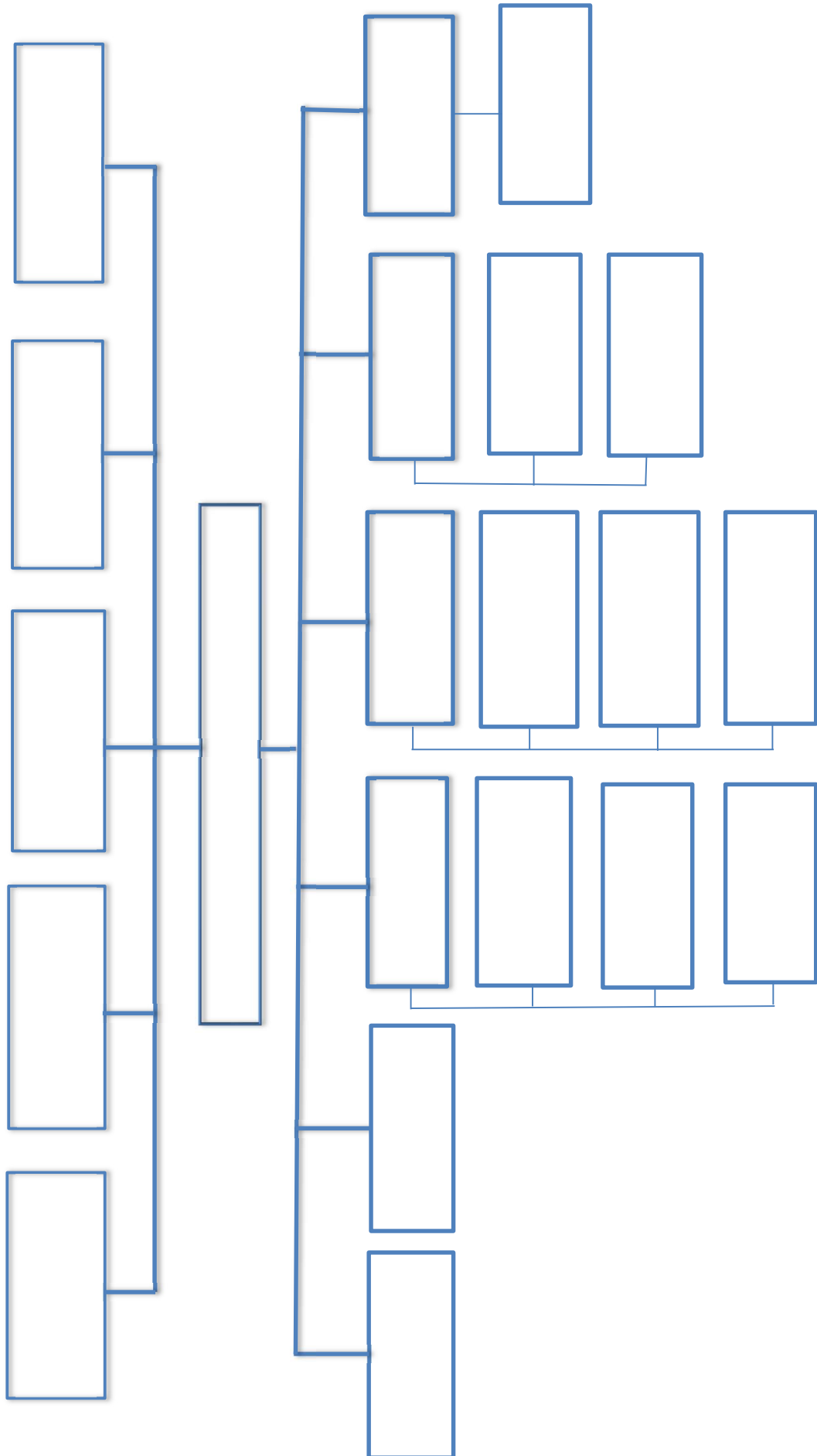
**CACFP Specialist**  
Title

**02/14/YYYY**  
Date (mm/dd/yyyy)

# Notes

# FDCH ORIGINALS

**Organizational Chart**



# EXPENDITURE WORKSHEET

Maintain with sponsoring organization records.      MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_

Date	Item Entry (Vendor or Personnel)	Check #	ADMINISTRATIVE COSTS (\$)							Misc.	
			CACFP Admin. Labor \$ (1)	CACFP Admin. Supplies \$ (2)	CACFP Admin. Expenses \$ (3)	CACFP-Related Travel \$ (4)	CACFP-Related Training/Education \$ (5)	Indirect Cost \$ (6)	Other Admin. Services \$ (7)		
									\$ (6)	\$ (7)	\$ (8)

# CLAIM DOCUMENTATION—MEAL COUNTS BY PROVIDER

*Use this form to complete the claim for reimbursement*

Month: \_\_\_\_\_ 20 \_\_\_\_\_ Sponsoring Organization: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

**Complete and maintain on file at the office of the SO with the claim for reimbursement. List only the names of the providers claiming for the month.**

1	2	3	4	5				6	7	8		
				TIER STATUS OF PROVIDER I, II-H, II-L, OR II-M)*	PROVIDER NUMBER	LIST EACH PROVIDER UNDER CONTRACT Last Name Only	TIER LEVEL OF MEALS				NUMBER OF MEALS SERVED TO CHILDREN (Add first- and second-shift meals together)	
				BREAK-FASTS	AM SNACKS	LUNCHES	PM SNACKS	SUPPERS	LATE SNACKS	TOTAL ENROLLMENT	ADA	NUMBER OF DAYS
			Tier 1 (Same as Tier II Higher)									
			Tier 2 (Same as Tier II Lower)									
			Tier 1 (Same as Tier II Higher)									
			Tier 2 (Same as Tier II Lower)									
			Tier 1 (Same as Tier II Higher)									
			Tier 2 (Same as Tier II Lower)									
			Tier 1 (Same as Tier II Higher)									
			Tier 2 (Same as Tier II Lower)									
			Tier 1 (Same as Tier II Higher)									
			Tier 2 (Same as Tier II Lower)									
			Tier 1 (Same as Tier II Higher)									
			Tier 2 (Same as Tier II Lower)									

I = Tier I home that receives Tier I reimbursement rates. II-L = Tier II-Lower Tier II home that receives all Tier II reimbursement rates  
 II-H = Tier II-Higher Tier II home that receives all Tier I reimbursement rates. \*II-M = Tier II-Mixed Tier II home that receives both Tier I and Tier II reimbursement rates.



Agreement #: H-\_\_\_\_\_

Sponsor Name: \_\_\_\_\_

### Claims Revision Form

Claim Month: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

Provider: \_\_\_\_\_ Amount: \_\_\_\_\_

(Use another form if more spaces needed)

Total Revision:

\_\_\_\_\_ Operating

\_\_\_\_\_ Administrative

\_\_\_\_\_ Total

Once the claim has been opened, then you must click the “SELECT” button on the Inactive claim.

Next, go to the provider’s name, and make any adjustments needed. Enter the correct amounts that should have been paid the first time.

View the claim summary, and verify that the claim total is the correct amount; then certify the claim.

SDE office use only-

Date received: \_\_\_\_\_

Date entered: \_\_\_\_\_

Agreement #: H-\_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Claim Month \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Site Number: \_\_\_\_\_

Provider Tier: \_\_\_\_\_

Item	Previous Claim	Revised Claim	\$ amount of change	Correct total
Number of days claimed			N/A	N/A
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
Late Snack				
Total operating revision				

Reason for Revision: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Site Number: \_\_\_\_\_

Provider Tier: \_\_\_\_\_

Item	Previous Claim	Revised Claim	\$ amount of change	Correct total
Number of days claimed			N/A	N/A
Breakfast				
AM Snack				
Lunch				
PM Snack				
Supper				
Late Snack				
Total operating revision				

Reason for Revision: \_\_\_\_\_

September 2018

# Budget Revision Justification Form

Date: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

Budget Amendment Justification Month and Year: \_\_\_\_\_

**NOTE:** Budget amendments can only be effective beginning the first of the month in which the amendment is received. Example: A budget amendment received on October 25 can be effective on October 1.

Budget Line-Item Number/Type of Expense: \_\_\_\_\_

Original projected amount: \_\_\_\_\_

Adjusted projected amount: \_\_\_\_\_

Justification Explanation:

Budget Line-Item Number/Type of Expense: \_\_\_\_\_

Original projected amount: \_\_\_\_\_

Adjusted projected amount: \_\_\_\_\_

Justification Explanation:

Budget Line-Item Number/Type of Expense: \_\_\_\_\_

Original projected amount: \_\_\_\_\_

Adjusted projected amount: \_\_\_\_\_

Justification Explanation:

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
FAMILY DAY CARE HOME (FDCH)  
PROVIDER APPLICATION**

**Fiscal Year:** \_\_\_\_\_

**Section A—General**

<p>A. Home Agreement Number: _____</p>	<p>B. Provider Information:</p> <p>Full Last Name: _____</p> <p>Full First Name: _____</p> <p>Middle Initial: _____</p> <p>Date of Birth: _____</p>
<p>C. Address of Provider:</p>   <p>Phone Number of Provider: _____</p>	<p>Primary Caregiver (if different from Provider): _____</p> <p>Primary Caregiver Date of Birth: _____</p>
<p>D. Is the home licensed? <input type="checkbox"/> Yes <input type="checkbox"/> No License Type: <input type="checkbox"/> DHS <input type="checkbox"/> Tribal</p> <p>E. License Number: _____</p> <p>F. License Capacity: _____</p>	<p>G. Name and Address of Sponsoring Organization</p>   
<p>H. Age Range of Enrolled Participants: From _____ to _____</p> <p>I. Number Enrolled in CACFP: _____</p>	

**Section B—Operating Data**

<p>A. Hours of Operation: From _____ to _____ (hhmm)</p> <p>B. Number of operating days per week? _____</p> <p>Days of the week:</p> <p><input type="checkbox"/> Monday                      <input type="checkbox"/> Friday  <input type="checkbox"/> Tuesday                      <input type="checkbox"/> Saturday  <input type="checkbox"/> Wednesday                      <input type="checkbox"/> Sunday  <input type="checkbox"/> Thursday</p>	<p>Do you care for participants in shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, explain:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>
---	---

<b>OSDE Official Use Only</b>			
<p>D. Months of Operation:</p> <p><input type="checkbox"/> January</p> <p><input type="checkbox"/> February</p> <p><input type="checkbox"/> March</p>	<p><input type="checkbox"/> April</p> <p><input type="checkbox"/> May</p> <p><input type="checkbox"/> June</p>	<p><input type="checkbox"/> July</p> <p><input type="checkbox"/> August</p> <p><input type="checkbox"/> September</p>	<p><input type="checkbox"/> October</p> <p><input type="checkbox"/> November</p> <p><input type="checkbox"/> December</p>

Section C—Meal Service Data

<b>A. MEAL TYPES—MONDAY-FRIDAY MEAL SERVICE</b>												
Meal Served	Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
Type of Shift	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
Beginning Time of Meal Service												
<b>WEEKEND MEAL SERVICE</b>												
Meal Served	Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
Type of Shift	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd	1st	2nd
Beginning Time of Meal Service												

Section D—Eligibility

<p>A. Is family-size and income information available at the sponsoring organization to establish eligibility of children in a Tier II home receiving Tier I rates and provider’s own children?</p> <p style="text-align: right;"> <input type="checkbox"/> Yes  <input type="checkbox"/> No         </p>	<p>B. Number of children provider cares for that are:</p> <p>Provider’s Own/Residential: _____</p> <p>Nonresidential: _____</p>
---	---

Justification to serve on a weekend:

I certify that, to the best of my knowledge, this home is not participating in the Child and Adult Care Food Program (CACFP) under any other sponsoring organization. I further certify that all of the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, sex (including gender identity and sexual orientation), national origin, disability, age, reprisal, and retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

By submitting this information, the sponsor is verifying that it has a signed Application/Agreement for this provider on file at its organization’s office.

**OKLAHOMA STATE DEPARTMENT OF EDUCATION  
CHILD NUTRITION PROGRAMS (CNP)  
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
Family Day Care Home (FDCH) Provider Agreement—FDCH-1B  
PERMANENT AGREEMENT BETWEEN  
SPONSORING ORGANIZATION (SO)  
AND FAMILY DAY CARE HOME PROVIDER (§226.18[b])**

As an FDCH provider, I am aware that organizations are available in Oklahoma to sponsor FDCHs in the CACFP. I understand that I may not change SOs during the current fiscal year. I further understand the SOs are nonprofit institutions that are not employed by the State Department of Education (the *State agency*) or the United States Department of Agriculture (USDA).

The Agreement entered into this date \_\_\_\_\_ between:

Name and Address of Sponsor:

Name and Address of Provider:

**Section A**

**RIGHTS AND RESPONSIBILITIES OF SPONSORING ORGANIZATION**

In accordance with CACFP regulations, the SO agrees to:

1. Conduct on-site preapproval visit to discuss Program benefits, including tiering options, and verify that proposed food service does not exceed the capability of the FDCH provider. This visit must be documented and kept on file.
2. Make Tier I FDCH determinations based on elementary school, middle school, or high school eligibility data, census data, or free or reduced-price eligibility standards. SO must make reasonable efforts to establish area eligibility with school data prior to using census data. Providers must be informed of the tiering status determination.
3. Use the most currently available data in making the determination of an FDCH's eligibility as a Tier I FDCH. The determination shall be valid for one year if based on a provider's household income and five years if based on school or census data.
4. Annually, verify FDCH provider's income when provider qualifies as Tier I based on income. Provide written provider verification tiering results.
5. Change the determination of Tier I FDCH if information becomes available indicating that a home is no longer in a qualified area (after the current determination has expired).
6. Notify FDCHs qualifying as Tier II homes of their reimbursement options and annually inform Tier II homes that the provider may ask for a reclassification to be considered when new census data becomes available and that reclassification may be made at any time.
7. Be responsible, when requested by a provider qualifying as a Tier II FDCH, for collecting or providing to the Tier II FDCH Family-Size and Income Applications (FSIAs), for determining eligibility of children and for maintaining confidentiality of the information collected.
8. Monitor food service operations of all providers under the SO's administration. New FDCH's must have their first review during the first four weeks (28 days) of operation. Each review must include a meal analysis where children are present and a five-day

reconciliation of records. If the provider has been approved for supper, weekend, late snacks, and/or holiday meals, the SO review must monitor a “roughly proportional” number of those meal services. If a provider is found to be seriously deficient, an unannounced follow-up review may be conducted. This review does not count toward the three required reviews..

9. Initiation household contacts by the SO, State agency (SA), and Department when required.
10. Show photographic identification when visiting providers.
11. Make all visits by SO, SA, and Department during the provider’s normal operating hours. Reference §226.18(b)(1)—the right of the SO, the State agency, the Department, and other state and federal officials to make announced or unannounced reviews of the day care home’s operations and to have access to its meal service and records during normal hours of operation.
12. If required by the SO, Establish cycle menu requirements, including number of days. The SO must ensure that the approved cycle menu is being followed correctly.
13. Offer training sessions covering all required topics, not less frequently than annually, scheduled at a time and place convenient to providers. Providers who do not attend training at least annually shall be declared seriously deficient.
14. Inform all providers of CACFP regulations, SO policies, and the procedures for requesting an appeal upon signature of Application/Agreement. Provide technical assistance upon request to providers.
15. Provide CACFP record-keeping forms to providers.
16. Perform edit checks on all providers’ record-keeping forms.
17. Disburse any reimbursement payments for food service within five working days after receipt of payment from the SA to any providers in compliance with CACFP policies and regulations.
18. Not charge a fee for services rendered.
19. Assure that all meals claimed for reimbursement are served to enrolled children at no separate charge, regardless of race, color, national origin, sex, age, disability, or reprisal or retaliation, and that there is no discrimination in the course of the food service.
20. Not make payments for meals of any FDCH approved unless the home has operated at least ten days of meal service in the first claiming month of Program participation.
21. Approve applications for FDCH providers for no more than five days per week unless the SO is furnished with justification for additional days and grants prior approval.
22. Provide information concerning the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) to FDCH providers in order for the parents of children enrolled in FDCHs to be informed of WIC benefits.
23. Obtain a completed CACFP enrollment form annually on all enrolled children for every provider under the sponsorship. Copies of the forms must be readily available in both the SO’s office and the provider’s home.
24. Provide copies of *Building for the Future* (parental notification) fact sheet to all providers in adequate quantities for distribution to all households.
25. Have the right to propose to terminate this Agreement to participate in the CACFP for cause or convenience. If proposed termination is for cause, notification must include SO’s appeal procedures.
26. Immediately suspend any FDCH found to be causing an imminent threat to the health or safety of enrolled children or engaging in activities that threaten the public health or safety of the children.
27. Reimburse for meals that meet only minimum meal pattern requirements.
28. Comply with all other USDA Regulations §226.
29. Provide appeal procedures to all providers annually and at any time a provider is suspended or proposed for termination.

30. Follow all seriously deficient procedures pertaining to providers.

## **Section B**

### RIGHTS AND RESPONSIBILITIES OF FAMILY DAY CARE HOME PROVIDER

In order to qualify for reimbursement under this Agreement in conducting the food service in an FDCH, the provider shall:

1. Follow all licensing standards required by the Department of Human Services (DHS) regarding the number of children present, ages of the children present, and the number of staff required to supervise the children. Meals served over license capacity may not be claimed, including the provider's own children.
2. Participate with the SO until the end of the fiscal year (September 30). If the FDCH does not complete participation through the expiration date, approval to participate with another SO will not be made until the following fiscal year. An exception may be made if a provider in good standing relocates to an area of the state in which the SO does not administer the Program. The SO would terminate the provider *for convenience* and keep this documentation in the provider's file.
3. Attend at least one CACFP training session annually conducted by the SO. Providers who do not attend training at least once annually shall be declared seriously deficient.
4. Allow all children equal access to its child care service and facilities and serve meals equally at no extra charge, regardless of race, color, national origin, sex, age, disability, or reprisal or retaliation, and have no discrimination in the course of food service.
5. Operate at least ten days of meal service in the first claiming month of Program participation.
6. Serve and claim meals for reimbursement which meet the minimum meal pattern requirements for children aged birth through 12, unless caring for a child over the age of 12 who has been defined by the State as having mental or physical disabilities.
7. Serve only the meal types specified in its approved application in accordance with the meal pattern requirements. Providers shall not be approved to claim more than two shifts per meal per day. Serve meals at the approved times indicated on the application. Three hours must elapse between the beginning of one main meal service and the next main meal service. At least two hours must elapse between the beginning of a main meal and a snack. Meals served outside of the approved times are not eligible for reimbursement.
8. If required by SO, develop and follow a cycle menu for each main meal and snack served.
9. Not be reimbursed for more than two main meals and one snack or one main meal and two snacks per child daily. Documentation to ensure that no meals are claimed over the three-meal limit per child daily must be maintained and must reflect arrival and departure times. The record system must reflect the meal service participation for each child for each day that he or she is in attendance.
10. Have all parents of enrolled children completed and updated the CACFP enrollment form annually. A copy of this form must be submitted to the SO and/or retained by the provider. Meals may not be claimed for children without a completed enrollment form on file.
11. Have documentation on file and available for individual participating children who are unable, because of special dietary needs, to consume the required food components. Substitutions for the required components must be supported by a statement from a recognized medical authority and include recommended alternate foods. If a medical statement is not available, meals lacking the required components cannot be claimed for reimbursement.



12. Claim own child(ren) if household income qualifies for free or reduced-price meals and at least one nonresidential child is enrolled and receiving care, in attendance and participating in the same meal service. (Definition of providers own: All residential children in the provider's household who are part of the economic unit of the family. A family is a group of related or unrelated individuals who are not residents of an institution or boarding home, but who are living as one economic unit. Therefore, provider's own children include children by birth or adoption, foster children, grandchildren, or housemates' children who are part of the economic unit. Informal extended family situations frequently exist, and all such children should be included in the provider's household. Children whose parents or guardians have made a contractual agreement, either formal or informal, with a provider for residential care, and whose relationship is defined primarily by the child care situation, are not considered the provider's own.) (Reference All-States Directors' Memo 91-CACFP-5, 93-CACFP-9) only when:
  - a. Such children are enrolled and are participating in the CACFP during the time of the meal service.
  - b. Enrolled nonresidential children are present and participating during the time of the meal service.
  - c. Provider has a completed and approved FSIA on file.
13. Not forbid the availability of the Program as disciplinary action. Meals cannot be used as a reward or as a punishment.
14. Not submit meals for reimbursement served to children who do not have CACFP enrollment data and are not participating in the CACFP or for meals served over license capacity, including the provider's own children. All children participating in the CACFP and claimed ***MUST BE NONRESIDENTIAL***, except for the provider's own children.
15. Maintain proper sanitation and health standards in the storage, preparation, and service of food in conformance with all applicable state and local laws and regulations as well as federal guidelines.
16. Receive reimbursement for the types of meals provided to participating children at the rates specified by USDA.
17. Submit necessary documentation for meals served for reimbursement in accordance with procedures established by the SA and the SO.
18. Provide monthly report of daily arrival and departure attendance records; daily records of meals served; weekly meals served; infant meal waivers; if applicable; and infant meals served, if applicable.
19. Maintain full and accurate records of the Program, including those set forth in this Agreement. Records must be maintained daily. No grace period will be allowed. Records must be completed through the end of the previous workday. Retain such records for a period of three years after the end of the fiscal year to which they pertain unless audit or review findings are not resolved. In which case, records must be maintained past the three-year requirement until there is a resolution of the audit or review.
20. Upon request, make all records pertaining to the Program ***IMMEDIATELY*** available to the SA, USDA, and/or the SO for audit or administrative review or monitoring review purposes. Reviews and visits may be announced or unannounced.
21. Allow representatives with photographic identification from the SO, the SA, and USDA access to the home during normal business hours throughout the year for the purpose of reviewing CACFP operations.
22. Inform the SO immediately of any changes in the daily operations of the Program (i.e., changes in enrollment, participation, meal times, license status, days of operation). Notify the SO in advance whenever the provider is planning to be out of his or her home during the meal service period. If this procedure is not followed and an unannounced review is conducted when the children are not present in the FDCH, claims for meals that would have been served during the unannounced review will be disallowed.

23. Provide all required monthly claiming records to the SO by the \_\_\_\_\_ day of the month. Failure to do so may result in the loss of payment.
24. Have three options with regard to how meals served in its FDCH are reimbursed when the provider qualifies as a Tier II home.
  - a. **OPTION 1:** SO or Tier II FDCH distributes income applications to the households of all children enrolled in the FDCH. All meals served to enrolled children who are determined to meet the criteria for free or reduced-price meals are reimbursed at Tier I reimbursement rates. Meals served to enrolled children who are not eligible for free or reduced-price meals, or children from households whose complete income applications are not received, would be reimbursed at the Tier II reimbursement rate.
  - b. **OPTION 2:** Provider elects to have the SO identify only those children who are categorically eligible based on their participation or their parents' participation in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. If this option is chosen, the provider would receive the Tier I reimbursement rates for meals served to the categorically eligible children and the Tier II reimbursement rates for meals served to all other children.
  - c. **OPTION 3:** Provider receives Tier II reimbursement for meals served to all children in the FDCH regardless of income. Under this option, the SO or Tier II FDCH would not collect any income applications nor would it need to attempt to identify categorically eligible children.
25. Be aware that a request may be made by a Tier II home to the sponsor to consider reclassification of the home when new census data becomes available and that reclassification may be made at any time.
26. Make available information concerning WIC to parents of children enrolled in FDCHs.
27. Distribute the *Building for the Future* (parental notification) fact sheet to all households enrolled in the FDCH.
28. Have the right to terminate the Agreement and Application to participate in the CACFP for cause or convenience.
29. Have the right to appeal a Notice of Proposed Termination by the SO or to appeal if the SO suspends participation due to health and safety concerns.
30. Not claim another provider's own child.
31. Be aware that the provider can be declared seriously deficient and proposed for disqualification and termination for failure to comply with CACFP regulations.
32. Be aware that while a provider can operate more than one FDCH, he or she may operate the CACFP in only one of them. However, a provider who owns one FDCH and a center(s) may have both institutions on the CACFP simultaneously. Any primary caregivers (in either the FDCH or center) must be identified in the application and all requirements apply to those individuals.

# CHILD MEAL PATTERN

<b>Breakfast</b> (Select all three components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Vegetables, Fruits, or Portions of Both<sup>4</sup></b>	1/4 cup	1/2 cup	1/2 cup	1/2 cup
<b>Grains (oz eq)<sup>5, 6, 7</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched, or fortified, cooked breakfast cereal <sup>8</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) <sup>6,7</sup>				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

- <sup>1</sup> Must serve all three components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>5</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>6</sup> Meat and Meat Alternates may be used to meet the entire Grains requirement a maximum of three times a week. One ounce of Meat and Meat Alternates is equal to one ounce equivalent (oz eq) of Grains.
- <sup>7</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

# CHILD MEAL PATTERN

<b>Lunch and Supper</b> (Select all five components for a reimbursable meal)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	6 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/Meat Alternates</b>				
Lean meat, poultry, or fish	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Tofu, soy product, or alternate protein products <sup>4</sup>	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Cheese	1 ounce	1 1/2 ounces	2 ounces	2 ounces
Large egg	1/2	3/4	1	1
Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup	1/2 cup
Peanut butter or soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp	4 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	4 ounces or 1/2 cup	6 ounces or 3/4 cup	8 ounces or 1 cup	8 ounces or 1 cup
The following may be used to meet no more than 50 percent of the requirement: Peanuts, soy nuts, tree nuts, or seeds, as listed in Program guidance, or an equivalent quantity of any combination of the above Meat/Meat Alternates (1 oz of nuts/seeds = 1 oz of cooked, lean meat, poultry, or fish)	1/2 ounce = 50%	3/4 ounce = 50%	1 ounce = 50%	1 ounce = 50%
<b>Vegetables<sup>6</sup></b>	1/8 cup	1/4 cup	1/2 cup	1/2 cup
<b>Fruits<sup>6, 7</sup></b>	1/8 cup	1/4 cup	1/4 cup	1/4 cup
<b>Grains (oz eq)<sup>8, 9</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>10</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup

- <sup>1</sup> Must serve all five components for a reimbursable meal. Offer versus Serve (OvS) is an option for At-Risk After-School participants.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.
- <sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- <sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>7</sup> A vegetable may be used to meet the entire fruit requirement. When two vegetables are served at lunch or supper, two different kinds of vegetables must be served.
- <sup>8</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>9</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

# CHILD MEAL PATTERN

<b>Snack</b> (Select two of the five components for a reimbursable snack)				
Food Components and Food Items <sup>1</sup>	Ages 1-2	Ages 3-5	Ages 6-12	Ages 13-18 <sup>2</sup> (At-Risk After-School Programs and Emergency Shelters)
<b>Fluid Milk<sup>3</sup></b>	4 fluid ounces	4 fluid ounces	8 fluid ounces	8 fluid ounces
<b>Meat/Meat Alternates</b>				
Lean meat, poultry, or fish	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Tofu, soy product, or alternate protein products <sup>4</sup>	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Cheese	1/2 ounce	1/2 ounce	1 ounce	1 ounce
Large egg	1/2	1/2	1/2	1/2
Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup	1/4 cup
Peanut butter or soy nut butter or other nut or seed butters	1 Tbsp	1 Tbsp	1 Tbsp	2 Tbsp
Yogurt, plain or flavored, unsweetened or sweetened <sup>5</sup>	2 ounces or 1/4 cup	2 ounces or 1/4 cup	4 ounces or 1/2 cup	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1/2 ounce	1/2 ounce	1 ounce	1 ounce
<b>Vegetables<sup>6</sup></b>	1/2 cup	1/2 cup	3/4 cup	3/4 cup
<b>Fruits<sup>6</sup></b>	1/2 cup	1/2 cup	3/4 cup	3/4 cup
<b>Grains (oz eq)<sup>7, 8</sup></b>				
Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1/2 oz eq	1/2 oz eq	1 oz eq	1 oz eq
Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>9</sup> , cereal grain, and/or pasta	1/4 cup	1/4 cup	1/2 cup	1/2 cup
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) <sup>8</sup>				
Flakes or rounds	1/2 cup	1/2 cup	1 cup	1 cup
Puffed cereal	3/4 cup	3/4 cup	1 1/4 cups	1 1/4 cups
Granola	1/8 cup	1/8 cup	1/4 cup	1/4 cup

- <sup>1</sup> Select two of the five components for a reimbursable snack. Only one of the two components may be a beverage.
- <sup>2</sup> Larger portion sizes than specified may need to be served to children aged 13 through 18 to meet their nutritional needs.
- <sup>3</sup> Must be unflavored whole milk for children aged one. Must be unflavored lowfat (1 percent) or unflavored fat-free (skim) milk for children aged two through five. Must be unflavored lowfat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk for children aged six and older.
- <sup>4</sup> Alternate protein products must meet the requirements in Appendix A to Part 226.
- <sup>5</sup> Yogurt must contain no more than 23 grams of total sugars per 6 ounces.
- <sup>6</sup> Pasteurized full-strength juice may only be used to meet the vegetable or fruit requirement at one meal, including snack, per day.
- <sup>7</sup> At least one serving per day, across all eating occasions, must be whole grain-rich. Grain-based desserts do not count toward meeting the Grains requirement.
- <sup>8</sup> Breakfast cereals must contain no more than 6 grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal).

# CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

<b>BREAKFAST</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	6-8 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-4 tablespoons (Tbsp) infant cereal <sup>2</sup> meat fish poultry whole egg cooked dry beans <b>or</b> cooked dry peas <b>or</b> 0-2 oz of cheese <b>or</b> 0-4 oz (volume) of cottage cheese <b>or</b>  0-4 oz or 1/2 cup of yogurt <sup>3</sup> <b>or</b> a combination of the above <sup>4</sup> <b>and</b>  0-2 Tbsp vegetable or fruit or a combination of both <sup>4, 5</sup>

- <sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.
- <sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.
- <sup>3</sup> Yogurt must contain no more than 23 grams of total sugars per six ounces.
- <sup>4</sup> A serving of this component is required when the infant is developmentally ready to accept it.
- <sup>5</sup> Fruit and vegetable juices must not be served.

# CHILD AND ADULT CARE FOOD PROGRAM

## INFANT MEAL PATTERN

<b>LUNCH AND SUPPER</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	6-8 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-4 tablespoons (Tbsp) infant cereal <sup>2</sup> meat fish poultry whole egg cooked dry beans <b>or</b> cooked dry peas <b>or</b> 0-2 oz of cheese <b>or</b> 0-4 oz (volume) of cottage cheese <b>or</b>  0-4 oz or 1/2 cup of yogurt <sup>4</sup> <b>or</b> a combination of the above <sup>4</sup> <b>and</b>  0-2 Tbsp vegetable or fruit or a combination of both <sup>4,5</sup>

- <sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.
- <sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.
- <sup>3</sup> Yogurt must contain no more than 23 grams of total sugars per six ounces.
- <sup>4</sup> A serving of this component is required when the infant is developmentally ready to accept it.
- <sup>5</sup> Fruit and vegetable juices must not be served.

## CHILD AND ADULT CARE FOOD PROGRAM INFANT MEAL PATTERN

<b>SNACK</b>	
<b>Birth Through 5 Months</b>	<b>6 Through 11 Months</b>
4-6 fluid ounces (fl oz) breast milk <sup>1</sup> or formula <sup>2</sup>	2-4 fl oz breast milk <sup>1</sup> or formula <sup>2</sup> <b>and</b>  0-1/2 slice bread <sup>3,4</sup> <b>or</b> 0-2 crackers <sup>3,4</sup> <b>or</b> 0-4 tablespoons (Tbsp) infant cereal <sup>2,3,4</sup> , <b>or</b> ready-to-eat breakfast cereal <sup>3,4,5</sup> <b>and</b>  0-2 Tbsp vegetable or fruit <b>or</b> a combination of both <sup>5,6</sup>

<sup>1</sup> Breast milk or formula, or portions of both, must be served; however, it is recommended that breast milk be served in place of formula from birth through 11 months. 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 offered at a later time if the infant will consume more.

<sup>2</sup> Infant formula and dry infant cereal must be iron-fortified.

<sup>3</sup> A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

<sup>4</sup> Breakfast cereals must contain no more than six grams of sugar per dry ounce (no more than 21.2 grams sucrose and other sugars per 100 grams of dry cereal.)

<sup>5</sup> A serving of this component is required when the infant is developmentally ready to accept it.

<sup>6</sup> Fruit and vegetable juices must not be served.

***NOTE: Do not serve honey or use in food served to infants under 1 year of age.***



## Section C

1. **PROVIDER CIVIL RIGHTS DATA COLLECTION.** Actual enrollment data by ethnic/racial category for each FDCH must be collected by the SO each year. Visual identification may be used by homes to determine a child's ethnic or racial category, or the parents of a child may be asked to identify the ethnic or racial group of the child only after the parents are given an explanation and understand that the collection of this information is strictly for statistical requirements.
2. **ETHNIC BREAKDOWN. Home's Current Enrollment by Ethnic/Racial Group**  
(Enter whole numbers for each ethnic/racial group.)  
Actual enrollment data by ethnic/racial category for all institutions and their facilities must be collected by the institution each year. Visual identification may be used by institutions to determine an enrollee's ethnic/racial category, or the family may be asked to identify the ethnic/racial group of the enrollee. Families may be asked to identify the ethnic/racial group of the participants only after an explanation has been given and the family understands that the collection of this information is strictly for statistical reporting requirements.

Institution's *actual enrollment data* by ethnic/racial category for each facility under its jurisdiction:

**Data must be reported in whole numbers only.**

### **Ethnic Breakdown** (*Actual Enrollment*)

\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Not Hispanic  
\_\_\_\_\_ Not Reported

### **Racial Breakdown** (*Actual Enrollment*)

\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African  
\_\_\_\_\_ Hawaiian or Pacific Islander  
\_\_\_\_\_ White  
\_\_\_\_\_ Not Reported  
\_\_\_\_\_ 2 or more races

3. **TIER I ELIGIBLE HOMES.**

This home is eligible for Tier Reimbursement?  Yes  No

If *Yes*, this determination was made from the following source of information:

- School Data—If selected, enter school name: \_\_\_\_\_  
Enter fiscal year Low Income School List that was used for determination \_\_\_\_\_  
Enter free/reduced percentage for the school listed above \_\_\_\_\_%
- Census Data—\_\_\_\_\_ %  
Income-Eligible/Categorical (FSIA on file and income or categorical eligibility has been verified)

If Categorical, is it based on SNAP?  Yes  No

If Yes, provide SNAP Number: \_\_\_\_\_

Date of Determination: \_\_\_\_\_ Date Determination Expires: \_\_\_\_\_

4. **FOR TIER II HOMES ONLY: (Check One)**

- I elect to receive reimbursement at the Tier II rate for all children in my home.
- I elect to require the SO to collect free and reduced-price applications and determine the income eligibility of enrolled children.
- I elect to collect FSIA's on my enrolled children and submit documentation to the SO for eligibility determination.
- I elect to have SO identify only those children in Tier II homes who are considered categorically eligible by virtue of their participation, or their parents' participation, in a federally or state-supported program with an income-eligibility limit that does not exceed the standard for free or reduced-price meals. (This option is possible only in those limited situations where the provider knows which enrolled children are categorically eligible or when the SO has direct access to eligibility information for other qualifying programs.)

5. **PROVIDER MUST ANSWER EACH OF THE FOLLOWING QUESTIONS—SELECT AN ANSWER:**

I  have not  have been convicted of a business-related offense during the past seven years.

I  am  am not on the CACFP National Disqualified List.

I was placed on the CACFP National Disqualified List on \_\_\_\_\_ (date).

I understand that proposed termination or suspension for health or safety violations is appealable. I have received a copy of the appeal procedures for FDCH providers.

6. **MEALS REQUESTED FOR REIMBURSEMENT PURPOSES:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Breakfast | <input type="checkbox"/> AM Snack      |
| <input type="checkbox"/> Lunch     | <input type="checkbox"/> PM Snack      |
| <input type="checkbox"/> Supper    | <input type="checkbox"/> Late PM Snack |

Only three meals per day per child may be claimed for reimbursement. This can be *two main meals and one snack* or *two snacks and one main meal*.

7. **PROVIDER RECORD-KEEPING REQUIREMENTS.**

The provider must keep full and accurate records respecting its food service to serve as a basis for the reimbursement and for audit and review purposes. The records to be maintained include, but are not limited to, the following:

License  
 Annual CACFP Enrollment Form  
 Daily Arrival and Departure Record (Attendance Records)  
 Daily Record of Meals Served (Recorded daily on a meal-by-meal basis)  
 Weekly Meals Served (Recorded daily on a meal-by-meal basis)  
 Infant Meals Served, if applicable (Recorded daily on a meal-by-meal basis)  
 Infant Meal Waiver, if applicable  
 Menu cycle for each main meal and snack served  
 Child Nutrition (CN) labels/product formulation statements, if applicable  
 Medical statements for dietary substitutions, if applicable  
 Milk Substitution Request, if applicable  
 WIC brochure  
*Building for the Future* fact sheet

**8. CERTIFICATION STATEMENT SIGNATURES**

We certify that the information in this Agreement is true and correct to the best of our knowledge and that we will comply with the rights and responsibilities outlined in the Agreement and any attachments. The provider also certifies that he or she is not currently participating in the CACFP under any other SO. The provider further understands that this information is being given in connection with the receipt of federal funds; that SA and SO officials may, with cause, verify information; and that deliberate misrepresentation may subject him or her to prosecution under applicable state and federal criminal statutes.

We certify that neither the institution nor any of its principals has been convicted of any activity that occurred during the past seven years that indicated a lack of business integrity (7 CFR §226.6[b][1][xiv][B]). A lack of business integrity includes fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the SA.

The provider further certifies that he or she has never been terminated from a publicly funded program (federal, state, or local).

By submitting this information, the sponsor is verifying that it has a signed Agreement for this provider on file at the organization’s office.

Effective date of Agreement is \_\_\_\_\_, 20 \_\_\_\_\_

Printed Name of Provider	Printed Name of SO Representative
Signature of Provider	Signature of SO Representative
Date	Title of SO Representative
	Date

**INCOME-ELIGIBILITY GUIDELINES FOR YEAR 2023-2024  
FOR FREE AND REDUCED-PRICE MEALS**

This is the income scale used by  
to determine eligibility for free meals.

(Sponsor/Center)

*(The Free Scale Should Not Be Distributed to Families)*

<b>ELIGIBILITY SCALE FOR FREE MEALS 130 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	18,954	1,580	790	729	365
<b>2</b>	25,636	2,137	1,069	986	493
<b>3</b>	32,318	2,694	1,347	1,243	622
<b>4</b>	39,000	3,250	1,625	1,500	750
<b>5</b>	45,682	3,807	1,904	1,757	879
<b>6</b>	52,364	4,364	2,182	2,014	1,007
<b>7</b>	59,046	4,921	2,461	2,271	1,136
<b>8</b>	65,728	5,478	2,739	2,528	1,264
For each additional family member, add:	6,682	557	279	257	129

<b>ELIGIBILITY SCALE FOR REDUCED-PRICE MEALS 185 Percent of Poverty Level</b>					
<b>Household Size</b>	<b>Income</b>				
	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
<b>1</b>	26,973	2,248	1,124	1,038	519
<b>2</b>	36,482	3,041	1,521	1,404	702
<b>3</b>	45,991	3,833	1,917	1,769	885
<b>4</b>	55,500	4,625	2,313	2,135	1,068
<b>5</b>	65,009	5,418	2,709	2,501	1,251
<b>6</b>	74,518	6,210	3,105	2,867	1,434
<b>7</b>	84,027	7,003	3,502	3,232	1,616
<b>8</b>	93,536	7,795	3,898	3,598	1,799
For each additional family member, add:	9,509	793	397	366	183

# Provider Helper Form

Provider Name: \_\_\_\_\_

Helper Name: \_\_\_\_\_

Helper Birth Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

End Date: 9/30/\_\_\_\_\_

\*Any disqualified person cannot participate in any way with the food program.

# Provider Status Change Form

Agreement #: \_\_\_\_\_ Sponsor Name: \_\_\_\_\_

Provider Site #: \_\_\_\_\_ Provider Name: \_\_\_\_\_

Type of Change (select one):

Update information     New Add     Inactive     Drop/Close

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary Caregiver Name (if different than provider): \_\_\_\_\_

Primary Caregiver Date of Birth: \_\_\_\_\_

**If adding new, complete this section:**  N/A

Provider Date of Birth: \_\_\_\_\_

License/Permit #: \_\_\_\_\_ Capacity: \_\_\_\_\_

If license is a temporary permit or any other type of license with an expiration,  
please supply expiration date: \_\_\_\_\_

NDL search has been conducted and proper identification is on file?  Yes  No

Was the preapproval visit conducted *prior* to the provider participating?  Yes  No

Effective Date (this date must match the date listed on the preapproval form and agreement): \_\_\_\_\_

**If making site inactive, complete this section:**  N/A

Date provider wishes to become inactive: \_\_\_\_\_

Will the provider be inactive beyond the current fiscal year?  Yes  No

**If yes, the provider may be required to drop and re-apply later.**

Date provider plans to become active again: \_\_\_\_\_

Reason for inactive status: \_\_\_\_\_

**If dropping the program or closing, complete this section:**  N/A

Reason for drop/closure: \_\_\_\_\_

Will you be submitting any additional claims for this provider?  Yes  No

**If yes, do not submit this form at this time, please wait until last claim has been paid**

Last Claim Month: \_\_\_\_\_

Last Operating Day (must be within last claim month): \_\_\_\_\_

**If updating any other information, complete this section:**  N/A

**Meal time changes must use the meal time change form, NOT this form**

Requested change: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you approve this change prior to implementation?  Yes  No

If no, please explain: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

**LETTER TO PROVIDER—TIER I OR PROVIDER’S OWN CHILDREN**  
**Fiscal Year \_\_\_\_\_**

Dear Provider:

To qualify for Tier I reimbursement or if you wish to receive reimbursement for meals served to your own children under the United States Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP), you must complete, sign, and return to us the enclosed Family-Size and Income Application (FSIA).

1. **How do I qualify for the Tier I reimbursement for meals served to children enrolled in my home?** You must either (a) live in an area that is eligible based on economic need as determined by school enrollment or census data or (b) establish economic need through the information provided on the enclosed FSIA.
2. **Who determines my eligibility as a Tier I FDCH?** Our office will determine our eligibility status. We will use the information you provide on the FSIA. Make sure you complete and sign the form; report all household income (not just your FDCH business income), and provide appropriate records of your income. **Return the completed application and other papers to: (Name)** \_\_\_\_\_  
\_\_\_\_\_, **Address** \_\_\_\_\_  
\_\_\_\_\_, **Phone Number** \_\_\_\_\_ .
3. **What kinds of records should I submit with my FSIA?** If you operated an FDCH business last year, attach a copy of your most recent tax return, including Schedule C; if your recent tax return and Schedule C are no longer indicative of your income, you may submit documentation of your current income and expenses. To do so, include payment statements for work and other forms of income. The papers you send must show the name of the person who received the income, the date it was received, how much was received, and how often it was received.
4. **How do I get reimbursed for meals served to my own children?** You are required by law to complete this application if you wish to claim meals served to your own children. Even if you live in an area identified as one of economic need or you have already been classified as a Tier I home, you must complete this application. Our office **MAY** verify the income information you submit.
5. **If I do not live in an area of economic need or do not want to submit the FSIA, what are my options for reimbursement?** You will receive lower rates of reimbursement for meals served to children enrolled in our FDCH.
6. **Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this application?** You should talk to your sponsoring organization (SO).
7. **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) who shares income and expenses. You must include yourself and all children who live with you.

8. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Chart, you will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or proof of benefits as supported by a current Supplemental Nutrition Assistance Program (SNAP) case number, you will remain eligible for those benefits for the rest of the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
  
9. **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.
  
10. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact **(Name)** \_\_\_\_\_, **(Address)** \_\_\_\_\_, **(Phone Number)** \_\_\_\_\_.
  
11. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider.

If you have other questions or need help, call **(Phone Number)** \_\_\_\_\_.

Sincerely,



## INSTRUCTIONS FOR COMPLETING THE FDCH FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Part 1:** a. List all enrolled children.  
b. List all household members, including the enrolled children. For each enrolled child, include his/her age and birth date.
- Part 2:** List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Skip this part.
- Part 6:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- Part 7:** Answer this question if you choose.
- Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- **If ALL children you are applying for are foster children or if you are only applying for benefits for the foster child:**

- Part 1:** a. List all enrolled foster children.  
b. List all foster children with ages and birth dates of those enrolled. Check the box indicating the child is a foster child.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Skip this part.
- Part 5:** Skip this part.
- Part 6:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- Part 7:** Answer this question if you choose.
- Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

- **If some of the children in the household are foster children:**

- Part 1:** a. List all enrolled children.  
b. List all household members, including foster children, with ages and birth dates of those enrolled. Check the box indicating the child is a foster child. For any person, including children, with no income, you must check the **No Income** box.
- Part 2:** If the household does not have a case number, skip this part.
- Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **your school, homeless liaison, or migrant coordinator** at \_\_\_\_\_. If not, skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
  - **Column B—Gross Income and How Often It Was Received:** For each household member who receives income, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.  
In Box 1, list the **gross income**, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you. In Box 2, list the amount each person got for the month from welfare, child support, alimony.

In Box 3, list retirement, Social Security, Supplemental Security Income (SSI), veteran's benefits (VA benefits), and disability benefits.

In Box 4, list **All Other Income Sources**, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. **This is your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**

- Part 5:** **EXPANDED CATEGORICAL ELIGIBILITY:** For parent/guardian of enrolled children to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Parts 2, 3, and 4. An adult household member must sign the application in Part 6. A social security number is not required. (Providers do not qualify for expanded categorical eligibility.)
- Part 6:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 7:** Answer this question if you choose.
- Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

**ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:**

- Part 1:**
- a. List all enrolled children.
  - b. List all household members; for the enrolled children, list ages and birth dates. For any person, including children, with no income, you must check the **No Income** box.
- Part 2:** Skip this part.
- Part 3:** Skip this part.
- Part 4:** Follow these instructions to report total household income from this month or last month.
- **Column A—Name:** List only the first and last name of **EACH** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
  - **Column B—Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received—weekly, every other week, twice a month, or monthly.  
In Box 1, list the **gross income**, not the take-home pay. Gross income is the amount earned **BEFORE** taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.  
In Box 2, list the amount each person got for the month from welfare, child support, alimony.  
In Box 3, list retirement, Social Security, SSI, VA benefits, and disability benefits.  
In Box 4, list **All Other Income Sources**, including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from SNAP, TANF, FDPIR, WIC, or federal education benefits. For **ONLY** the self-employed, under *Earnings From Work*, report income after expenses. **This is your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get Combat Pay, do not include these allowances as income.**
- Part 5:** **EXPANDED CATEGORICAL ELIGIBILITY:** For parent/guardian of enrolled children to complete, if applicable. Indicate by checking if household participates in any of the listed programs. Skip Parts 2, 3, and 4. An adult household member must sign the application in Part 6. A social security number is not required. (Providers do not qualify for expanded categorical eligibility.)
- Part 6:** Adult household member must sign the form and list the last four digits of his/her social security number or mark the box if he/she does not have one.
- Part 7:** Answer this question if you choose.
- Part 8:** **OTHER BENEFITS.** You may be eligible for free or low-cost health insurance for your children. Look at Part 7 on the back of the FSIA. This part must be signed if you want health insurance. You are not required to complete this to get meal benefits.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
FAMILY-SIZE AND INCOME APPLICATION (FSIA)  
FOR FAMILY DAY CARE HOMES (FDCH)**

**FOR SPONSOR USE ONLY:**

1. Indicate type of application:  Provider  Parent/Guardian  
 2. Provider's Name: MARTHA LINDSAY Provider Number: 26

**PART 1. ALL HOUSEHOLD MEMBERS**

a. Name(s) of Enrolled Child(ren) JIMMY LINDSAY, LISA LINDSAY

b. Names of ALL Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*  *If all children indi- cated below are foster children, skip to Part 5 to sign this form.	Check if NO Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR* benefits, provide the name and case number for the **ONE** person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER: \_\_\_\_\_.**

Homeless  Migrant  Runaway

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200/Weekly	\$ 150/ Twice a Month	\$ 100/Monthly	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**PART 5. Expanded Categorical Eligibility for PARENT/GUARDIAN OF TIER II HOMES ONLY**

<input type="checkbox"/> Women, Infants, and Children (WIC)	<input type="checkbox"/> Title XX Energy Program (LIHEAP)	<input type="checkbox"/> Refugee Assistance National School Lunch/School Breakfast Programs (NSLP/SBP)	<input type="checkbox"/> Commodity Supplement Food Program Child Development Fund
<input type="checkbox"/> Federally Funded Head Start			

**PART 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).**

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

*I certify that all information on this form is true and that all income is reported. I understand that the FDCH will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_  I do not have a social security number.

**PART 7: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:		Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**PART 8: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.**

**Health Insurance**  Yes, I want health insurance for my children. Institution officials may give information from my FSIA to Sooner Care Health Benefit officials so that they may send me information about free or low-cost health insurance for my children.

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185 % of Poverty Level	
Household Size	Yearly
1	26,973
2	36,482
3	45,991
4	55,500
5	65,009
6	74,518
7	84,027
8	93,536
Each Additional Person:	9,509

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of 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, audiotape, 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-OAS-CR%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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider

**DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.**

Annual Income Conversion:		Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:	Year:
Household Size:					
Categorical Eligibility:	Date Withdrawn:	Eligibility:	Free	Reduced	Denied
			Tier I	Tier II	
Reason:					
Determining Official's Signature:			Date:		

**LETTER TO HOUSEHOLD—TIER II FAMILY DAY CARE HOMES (FDCH)**  
**FISCAL YEAR \_\_\_\_\_**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled at a family day care home (FDCH). **(Name of FDCH)** \_\_\_\_\_ offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture (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 Family-Size and Income Application (FSIA).

1. **Am I required to complete an FSIA in order for my child(ren) to receive CACFP benefits?** No, but if you choose to do so, your provider may receive a higher reimbursement for the meals served to your child(ren). If you do complete the FSIA, you have the option of returning it directly to your provider or to the provider's sponsor. If you would like to provide your FSIA directly to the sponsor, return the completed form to: **(Sponsor's Name)** \_\_\_\_\_, **(Address)** \_\_\_\_\_, **(Phone Number)** \_\_\_\_\_.

\_\_\_\_\_ Initial here if you consent to allowing to collect your form and provide it to the sponsor.  
**(Provider's Name)** \_\_\_\_\_ will not review your form.

2. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information.
3. **Who qualifies for the higher reimbursement without providing income information?** Your provider will receive a higher reimbursement for meals served to foster children and children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR). Children in households participating in Women, Infants, and Children (WIC) also *MAY* qualify for the higher reimbursement.
4. **Who qualifies for the higher reimbursement based on income?** Your provider may receive a higher reimbursement for the meals served to your children if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on this application. Children in households participating in WIC *MAY* be eligible for the higher reimbursement.
5. **May I fill out an application if someone in my household is not a United States (U.S.) citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the FDCH.
6. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who share income and expenses. You must include yourself and all children who live with you. You also must include any foster children living with you.
7. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Chart, the FDCH will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the rest of the fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.
8. **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.
9. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court automatically qualify for the higher reimbursement. Any foster child in the household qualifies regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income.
10. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

If you have other questions or need help, call **(Phone Number)** \_\_\_\_\_.

This institution is an equal opportunity provider.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
FAMILY-SIZE AND INCOME APPLICATION (FSIA)  
FOR FAMILY DAY CARE HOMES (FDCH)**

**FOR SPONSOR USE ONLY:**

1. Indicate type of application:  Provider  Parent/Guardian  
 2. Provider's Name: \_\_\_\_\_ Provider Number: \_\_\_\_\_

**PART 1. ALL HOUSEHOLD MEMBERS**

**a. Name(s) of Enrolled Child(ren)**

b. Names of <i>ALL</i> Household Members (First, Middle Initial, Last)	Age of Enrolled Child(ren)	Birth Date of Enrolled Child(ren)	Check If a Foster Child (The Legal Responsibility of a Welfare Agency or Court)*  *If all children indi- cated below are foster children, skip to Part 5 to sign this form.	Check if <i>NO</i> Income
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**PART 2. BENEFITS**

If any member of your household receives *SNAP*, *TANF*, or *FDPIR* benefits, provide the name and case number for the **ONE** person who receives benefits. *If no one receives these benefits, skip to Part 3.*

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY, CHECK THE APPROPRIATE BOX AND CALL YOUR SCHOOL, HOMELESS LIAISON, OR MIGRANT COORDINATOR AT PHONE NUMBER: \_\_\_\_\_.**

Homeless  Migrant  Runaway

**PART 4. TOTAL HOUSEHOLD GROSS INCOME. You must tell us how much and how often.**

A. NAME (List only household members with income)	B. GROSS INCOME AND HOW OFTEN IT IS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
(Example) Jane Smith	\$ 200/Weekly	\$ 150/ Twice a Month	\$ 100/Monthly	
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

**PART 5. Expanded Categorical Eligibility for PARENT/GUARDIAN OF TIER II HOMES ONLY**

<input type="checkbox"/> Women, Infants, and Children (WIC) <input type="checkbox"/> Federally Funded Head Start	<input type="checkbox"/> Title XX Energy Program (LIHEAP)	<input type="checkbox"/> Refugee Assistance National School Lunch/School Breakfast Programs (NSLP/SBP)	<input type="checkbox"/> Commodity Supplement Food Program Child Development Fund
---	--	--	--

**× PART 6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).**

An adult household member must sign this form. *If Part 4 is completed, the adult signing the form also must list the last four digits of his or her social security number or mark the I do not have a social security number box.*

*I certify that all information on this form is true and that all income is reported. I understand that the FDCH will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_  I do not have a social security number.

**PART 7: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)**

Mark one ethnic identity:		Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

**PART 8: OTHER BENEFITS: You do not have to complete this part to participate in the CACFP.**

**Health Insurance**  Yes, I want health insurance for my children. Institution officials may give information from my FSIA to Sooner Care Health Benefit officials so that they may send me information about free or low-cost health insurance for my children.

No, I **DO NOT** want information from my FSIA shared with Sooner Care Health Benefits officials.

I certify that I am the parent/guardian of the children for whom application is being made.

I understand that I will be releasing information that will show that I applied for free or reduced-price meals for my children. I give up my rights to confidentiality for this purpose only.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits of this chart.

185 % of Poverty Level	
Household Size	Yearly
1	26,973
2	36,482
3	45,991
4	55,500
5	65,009
6	74,518
7	84,027
8	93,536
Each Additional Person:	9,509

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of 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, audiotape, 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: mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider.

DO NOT FILL OUT THIS PART. THIS IS FOR OFFICIAL USE ONLY.					
Annual Income Conversion:	Weekly x 52	Every 2 Weeks x 26	Twice a Month x 24	Monthly x 12	
Total Income:	Per Week:	Every 2 Weeks:	Twice a Month:	Month:	Year:
Household Size:					
Categorical Eligibility:	Date Withdrawn:	Eligibility:	Free	Reduced	Denied
			Tier I	Tier II	
Reason:					
Determining Official's Signature:			Date:		

**WORKSHEET TO DETERMINE CURRENT MONTHLY INCOME  
(Without a Tax Return)  
DO NOT USE FOR PROVIDERS WHO ARE AREA-ELIGIBLE**

**Provider Name:** \_\_\_\_\_ **Provider Number:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

Your family day care home (FDCH) is not located in an area that qualifies you for Tier I rates. However, you may apply for these higher rates by completing a Family-Size and Income Application (FSIA). (See attached.) If your current household income is within the Tier I eligibility guidelines, you must provide written proof of all income before the determination can be made. Current participation in the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) program will also be verified with the appropriate agencies. If your income information qualifies you as a Tier I home, all meals served to enrolled children will be reimbursed at the higher rate.

If you choose to provide a copy of your last year's tax return for verification purposes, it must be representative of your current income as a self-employed day care provider. Any other household members who are wage earners must supply last month's proof of income (pay stub, etc.) instead of using tax return information. FDCHs operating for less than the full tax period will take net profits and divide by the number of months in operation to determine current net income. New providers not operating an FDCH last year will need to calculate their current income. Below is a worksheet to help assess your income and to determine what documents must be provided for verification. Once you have determined your household income information, complete the FSIA and attach copies of receipts, pay stubs, etc., along with this worksheet. Any business expense without proper documentation will not be deducted from gross profits.

***Last Month's Gross Income of Provider:***

Parent fee (provide copy of payment records) \$ \_\_\_\_\_  
 DHS/Tribal copayments (provide copy of payment records) \$ \_\_\_\_\_  
 DHS/Tribal payments (provide copy of claim) \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

***CHILD AND ADULT CARE FOOD PROGRAM:*** \$ \_\_\_\_\_  
 (The amount of your reimbursement from last month  
 [if applicable])

***GRAND TOTAL OF PROVIDER'S GROSS INCOME:*** \$ \_\_\_\_\_  
 (A)

***Last Month's Business Expenses of Provider:***

(You must attach itemized receipts for any expense you wish deducted)

Day care home food and food-related supplies\* \$ \_\_\_\_\_  
 Day care business-related expenses  
 Advertising \$ \_\_\_\_\_  
 Toys/books/art supplies \$ \_\_\_\_\_  
 Bank/legal fees \$ \_\_\_\_\_  
 Rent (X Time and Space %)\*\* \$ \_\_\_\_\_  
 Utilities (X Time and Space %)\*\* \$ \_\_\_\_\_  
 Child care supplies (diapers, cleaning supplies) \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_

***GRAND TOTAL OF ALL BUSINESS EXPENSES:*** \$ \_\_\_\_\_  
 (B)

$$\begin{array}{r}
 \$ \underline{\hspace{2cm}} \\
 = \quad (A) \text{ Gross Income}
 \end{array}
 \quad
 \begin{array}{r}
 \$ = \quad = \\
 = \quad (B) \text{ Business Expenses}
 \end{array}
 \quad
 \begin{array}{r}
 = \quad \$ = \quad = \\
 = \quad \underline{\hspace{2cm}} \\
 = \quad \text{CURRENT NET INCOME} \\
 \text{LAST MONTH}
 \end{array}$$

\* In lieu of receipts, meals claimed multiplied by Tier I rates would be acceptable.  
 \*\* Internal Revenue Service (IRS) Publication 587 must be used to document business use of your home.



# MONTHLY RECORD OF INCOME AND EXPENSES

Provider: \_\_\_\_\_ Agreement Number: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Itemized receipts must accompany every entry.

INCOME: PARENT PAYMENTS	AMOUNT \$	EXPENSES: FOOD/SUPPLIES/OTHER	AMOUNT \$
<b>TOTAL</b>		<b>TOTAL</b>	

# PROVIDER TIER VERIFICATION RESULTS

Dear \_\_\_\_\_ : Home #: \_\_\_\_\_ Date: \_\_\_\_\_

As a result of verification efforts required by Child and Adult Care Food Program (CACFP) Family Day Care Home (FDCH) Tiering Regulations, your eligibility status is as follows:

- Tier I status is granted beginning on \_\_\_\_\_
- Tier I status is denied due to the following reason:
- Income is over allowable amount.
  - You did not provide complete proof of eligibility.
  - Your Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), Food Distribution Program on Indian Reservations (FDPIR) participation could not be verified.

If you did not qualify as a Tier I home but have a decrease in household income, a household member becomes unemployed, or have a change in household size, you may reapply for Tier I status. If you did not qualify due to incomplete proof of eligibility and you now have complete documentation, you may reapply for Tier I benefits. You may contact our office at \_\_\_\_\_ to discuss this possibility.

Sincerely, \_\_\_\_\_ (Phone Number)

\_\_\_\_\_  
(Sponsoring Organization Representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Sponsoring Organization Name)

**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 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 to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) case number 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 Programs.

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, audiotape, 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:

mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## LETTER TO SNAP, TANF, OR FDPIR OFFICE FROM CACFP SPONSORING ORGANIZATION

Dear \_\_\_\_\_ Date: \_\_\_\_\_

The regulations for the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), and Food Distribution Program on Indian Reservations (FDPIR) programs permits release of eligibility information to administrators of the Child and Adult Care Food Program (CACFP) to ensure that family day care home (FDCH) providers are eligible to receive Tier I rates of reimbursement.

The receipt of SNAP, TANF, or FDPIR automatically qualifies an FDCH participating in the CACFP for Tier I rates. Listed below are providers who have indicated that they now receive SNAP, TANF, or FDPIR benefits. On the chart below, please indicate if the households are currently participating in the SNAP, TANF, or FDPIR program.

Your prompt return of this letter will be appreciated. A self-addressed return envelope is also enclosed for your convenience. If you have any questions or need additional information, please contact.

\_\_\_\_\_ at \_\_\_\_\_  
(Sponsoring Organization Representative) (Sponsoring Organization Name)

at \_\_\_\_\_  
(Telephone Number)

FAMILY DAY CARE HOME PROVIDER (Last Name, First Name)	SNAP, TANF, OR FDPIR NUMBER	CURRENT PARTICIPATION IN SNAP, TANF, OR FDPIR	
		YES	NO

\_\_\_\_\_  
(Signature of SNAP/TANF/FDPIR Representative) (Date)



# PROVIDER TRAINING RECORD

Date: \_\_\_\_\_

Location: \_\_\_\_\_

City: \_\_\_\_\_

Provider's Printed Name	Telephone Number	Provider Agreement #	Certificate Issued

Required Topics Addressed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: Attach copy of training session's agenda with supporting documentation for each topic discussed.*

Provider's Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

# CHILD AND ADULT CARE FOOD PROGRAM (CACFP) ENROLLMENT FORM

<b>CHILDREN'S INFORMATION</b>							
1. Child's Name:				Date of Birth:			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	a.m./p.m. <b>to</b>			a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
1. Child's Name:				Date of Birth:			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	a.m./p.m. <b>to</b>			a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
1. Child's Name:				Date of Birth:			
2. Normal Days in Attendance:	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
3. Normal Hours of Attendance:	a.m./p.m. <b>to</b>			a.m./p.m.			
4. Normal Meals Eaten:	Breakfast <input type="checkbox"/>	A.M. Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>	P.M. Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Late P.M. Snack <input type="checkbox"/>	
5. Race (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African <input type="checkbox"/> Hawaiian or Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White				6. Ethnicity (Optional): <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic			
<b>PARENT'S INFORMATION</b>							
Name of Parent/Guardian:							
Address:				City:		Zip:	
Home Telephone Number:							
Signature:				Date:			

## FDCH Notification of Meal Service Change

Provider Number: \_\_\_\_\_ Provider Name: \_\_\_\_\_

**This form must be submitted if any of the following information has changed from the original application. Please complete and submit to our office for approval *prior* to meal service change.**

**For recordkeeping purposes, please list the days and times of meal service that you are currently approved for. Please list currently approved mealtimes here:**

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

**Please list currently approved maximum number of meals:**

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>

**Please check the box for each day currently approved to serve meals and current hours of operation:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Open	Close

**Please enter the new information you wish to change and submit for approval below.**

If applicable, list NEW mealtimes here:

No change to mealtimes

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift		1 <sup>st</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending
2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift		2 <sup>nd</sup> shift	
Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending	Beginning	Ending

**Please list NEW maximum number of meals:**

No change to max number

Breakfast		AM Snack		Lunch		PM Snack		Supper		Late PM Snack	
1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>	1 <sup>st</sup>	2 <sup>nd</sup>

**If serving shift or weekend meals, please provide justification:**

**If applicable, check the box for each day you wish to serve meals:**

No change to days of the week

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

**If applicable, list your NEW hours of operation:**

Open	Close

No change to hours of operation

I certify that, to the best of my knowledge, this home is not participating in the Child and Adult Care Food Program (CACFP) under any other sponsoring organization. I further certify that all the information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that Department officials may, for cause, verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and criminal statutes. The program must be made available to all eligible children regardless of race, color, national origin, disability, age, reprisal, and retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approving Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# DAILY ARRIVAL AND DEPARTURE RECORD

Name of Provider: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Month and Year: \_\_\_\_\_

	CHILDREN'S NAMES									
DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
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 RECORD OF MEALS SERVED

Provider's Name: \_\_\_\_\_ Home Agreement Number: \_\_\_\_\_ Month and Year: \_\_\_\_\_

Check meals served each child.

Names of Children	Type of Meal	FOR SPONSOR USE ONLY																																				
		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						
Age: _____	Breakfast																																					
	A.M. Supp																																					
	Lunch																																					
	P.M. Supp																																					
	Supper																																					
Age: _____	Late Supp																																					
	Breakfast																																					
	A.M. Supp																																					
	Lunch																																					
	P.M. Supp																																					
Age: _____	Supper																																					
	Late Supp																																					
	Breakfast																																					
	A.M. Supp																																					
	Lunch																																					
Age: _____	P.M. Supp																																					
	Supper																																					
	Late Supp																																					
	Breakfast																																					
	A.M. Supp																																					
Age: _____	Lunch																																					
	P.M. Supp																																					
	Supper																																					
	Late Supp																																					
	Breakfast																																					
Age: _____	A.M. Supp																																					
	Lunch																																					
	P.M. Supp																																					
	Supper																																					
	Late Supp																																					

FOR SPONSORS ONLY:					
	Breakfast	Lunch	Supper	Snack	
Tier I Totals					
Tier II-H Totals					
Tier II-L Totals					
Total Meal Counts					

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Department of Education and sponsoring organization officials may verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider: \_\_\_\_\_ Date: \_\_\_\_\_

## WEEKLY MEALS SERVED

Provider's Name: \_\_\_\_\_ Month: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_ Provider Number: \_\_\_\_\_

MINIMUM MEAL PATTERN REQUIREMENTS	Ages 1-2 Years	Ages 3-5 Years	Ages 6-12 Years	Menu #	Menu #	Menu #	Menu #	Menu #	Menu #	Menu #										
	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:										
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY													
<b>BREAKFAST</b> Fluid milk*	1/2 cup	3/4 cup	1 cup																	
Vegetables, fruits	1/4 cup	1/2 cup	1/2 cup																	
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.																	
<b>LUNCH</b> Fluid milk*	1/2 cup	3/4 cup	1 cup																	
Meat and/or meat alternate	1 oz	1 1/2 oz	2 oz																	
Vegetables	1/8 cup	1/4 cup	1/2 cup																	
Fruits	1/8 cup	1/4 cup	1/2 cup																	
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.																	
<b>SUPPER</b> Fluid milk*	1/2 cup	3/4 cup	1 cup																	
Meat and/or meat alternate	1 oz	1 1/2 oz	2 oz																	
Vegetables	1/8 cup	1/4 cup	1/2 cup																	
Fruits	1/8 cup	1/4 cup	1/2 cup																	
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.																	
<b>SNACKS</b> (Choose 2 of these 5) Fluid milk*	1/2 cup	1/2 cup	1 cup											A.M.						
Vegetables	1/2 cup	1/2 cup	3/4 cup																	
Fruits	1/2 cup	1/2 cup	3/4 cup											P.M.						
Grains <b>WG</b> <input type="checkbox"/>	1/2 oz. eq.	1/2 oz. eq.	1 oz. eq.																	
Meat and/or meat alternate	1/2 oz	1/2 oz	1 oz											LATE P.M.						

\* Milk offered must be unflavored whole for children aged one; must be unflavored fat-free or unflavored lowfat (1%) for children two through five; and must be unflavored lowfat, unflavored fat-free, or flavored fat-free for children six and over.

# 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 millions of children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (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 patterns established by USDA.

<b>Breakfast</b>	<b>Lunch or Supper</b>	<b>Snacks (Two of the Five Groups)</b>
Milk, 1% Fruit Vegetable Grains	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable	Milk, 1% Meat or Meat Alternate Grains Fruit 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 nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family day care homes**—Licensed or approved private homes.
- **At-Risk 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 nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas

## Contact Information

If you have questions about CACFP, please contact one of the following:

<b>Sponsoring Organization/Center</b>

State Department of Education  
Child Nutrition Programs  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599  
405-521-3327

This institution is an equal opportunity provider

## PREAPPROVAL VISIT FORM

Provider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Center Address: \_\_\_\_\_

The following items were discussed and reviewed:		Provider Agrees to Comply
1. Provider's Application and Agreement		
<ul style="list-style-type: none"> <li>a. Obtained on enrolled children</li> <li>b. Approved by institution official</li> <li>c. Claiming own children</li> <li>d. Sponsoring organization (SO) policies</li> <li>e. Civil rights compliance</li> </ul>	<ul style="list-style-type: none"> <li>1a.</li> <li>1b.</li> <li>1c.</li> <li>1d.</li> <li>1e.</li> </ul>	
2. Record-Keeping Requirements		
<ul style="list-style-type: none"> <li>a. Enrollment data</li> <li>b. Daily Arrival and Department Record</li> <li>c. Daily Record of Meal Served</li> <li>d. Weekly Meals Served/Infant Meals Served</li> </ul>	<ul style="list-style-type: none"> <li>2a.</li> <li>2b.</li> <li>2c.</li> <li>2d.</li> </ul>	
3. Meal Patterns		
<ul style="list-style-type: none"> <li>a. Minimum meal pattern requirements (components and quantities)</li> <li>b. Meal limitation/time frame</li> <li>c. Infant Meal Pattern requirements</li> <li>d. Child Nutrition (CN) Labels/Product Formulation Statement</li> <li>e. Special dietary needs</li> <li>f. Planning and following cycle menus</li> </ul>	<ul style="list-style-type: none"> <li>3a.</li> <li>3b.</li> <li>3c.</li> <li>3d.</li> <li>3e.</li> <li>3f.</li> </ul>	
4. Sanitation and Safety		
5. Child and Adult Care Food Program (CACFP) Training Requirement		
6. Reimbursement/Claiming Procedures		

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approval Recommendation:    Yes        Effective Date: \_\_\_\_\_

   No        Explain: \_\_\_\_\_

I certify that the above areas were discussed and my responsibilities explained. I also understand that failure to comply with regulations and policies could result in being declared seriously deficient and proposed for disqualification and termination from participation in the CACFP.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsoring Organization Representative's Signature

\_\_\_\_\_  
Date



# FAMILY DAY CARE HOME (FDCH) ON-SITE MONITOR REVIEW

## A. General Data

1. Reviewer: \_\_\_\_\_ 6. Provider's Number: \_\_\_\_\_  
 2. Provider's Name: \_\_\_\_\_ 7. Date of Visit: \_\_\_\_\_  
 3. Provider's Address: \_\_\_\_\_ 8. Time of Visit: \_\_\_\_\_  
 4. Tier Type: I II-H II-L II-M (Circle One) 9. Review Cycle: 1 2 3  
 5. Unannounced Review  Announced Review  10. Review Type: (Circle One) Standard Weekend  
 Late P.M. Snack Follow-Up  
 11. Provider Is Home: Yes  No   
 If *No*, Sponsor Notified: Yes  No

## B. Children in Attendance

1. Name	2. Age	3. CACFP Enrollment on File	4. Meal Claimed Today
		Yes/No	Yes/No

C. Meal Service Times	Approved	Verified
1. Meal Service Times		
Breakfast		
A.M. Snack		
Lunch		
P.M. Snack		
Supper		
Late P.M. Snack		
<b>Yes/No</b>		
2. Meals served at approved times.	2.	<input type="checkbox"/>
3. If <i>No</i> , sponsor was notified of meal change.	3.	<input type="checkbox"/>

## D. Training\*

1. List dates and locations of training sessions attended this fiscal year.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## E. Civil Rights

All children served the same meal at no separate charge regardless of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation, and there is no discrimination in the course of food service. (Circle One)

Yes                      No

\* Any area in noncompliance with an asterisk (\*), the provider may be declared seriously deficient.

		YES/ NO/NA			YES/ NO/NA
<b>F. Food Service/Meal Observation</b>			8. If milk substitute is provided, is it an approved milk substitution and is the correct documentation available?	8.	
1. Meal service times as approved	1.		9. Proper milk type served (FF/1%)	9.	
2. All components served	2.		10. Current Product Formulation/Child Nutrition (CN) Label on file and available at time of the review	10.	
3. Required quantities served	3.		11. Is further training needed?	11.	
4. Plates and servings adjusted for age groups	4.		12. Is water offered throughout the day?	12.	
5. Meal supervision provided	5.		13. Is deep-fat frying occurring?	13.	
6. Special dietary needs documentation available	6.				
7. Proper milk substitute provided	7.				

<b>G. Meal Analysis for Aged 1 Through 12</b>						
<b>Meal Observed:</b>	Breakfast	AM Snack	Lunch	PM Snack	Supper	Late PM Snack
<b>Time Served:</b>	_____					

Children Served by Age				Nonclaimable Children Served	Comments:
1-2 Years	3-5 Years	6-12 Years	Total		

Meal Component	Food Item	Quantity Served	Amount Needed	Amount + or -
Milk				
Vegetable/Juice				
Fruit/Juice				
Grains				
Meat/Meat Alternate				



**H. Infant Meal Analysis**  **NA—No infants in care/participating in meal service**

**Meal Observed:** Breakfast    AM Snack    Lunch    PM Snack    Supper    Late PM Snack  
(Circle One)

**NOTE: Record only infants without an Infant Meal Waiver.**

<b>Birth - 5 Months</b>	<b>6 - 11 Months</b>

<b>Child's Name:</b>			<b>Age:</b>	
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

<b>Child's Name:</b>			<b>Age:</b>	
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

<b>Child's Name:</b>			<b>Age:</b>	
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

<b>Child's Name:</b>			<b>Age:</b>	
<b>Meal Component</b>	<b>Food Item</b>	<b>Quantity Served</b>	<b>Amount Needed</b>	<b>Amount + or -</b>
Formula/Milk/Breast Milk				
Fruit/Vegetable				
Infant Cereal/Bread/Crackers				
Meat/Meat Alternate				

		YES/ NO/NA
<b>I. License</b>		
1. Current license or permit available	1.	
2. License capacity: _____		
3. Second caregiver employed	3.	
4. Provider meets licensing standards	4.	
<b>J. Provider's Own Children</b>		
1. Provider claims own children If Yes,	1.	
a. Provider's own children participating in child care	a.	
b. Other enrolled children in care and participating in a meal service	b.	
c. Complete and approved Family-Size and Income Application (FSIA) on file	c.	
<b>K. Record-Keeping Requirements</b>		
1. Daily Arrival and Departure Record up-to-date Date of last entry: _____	1.	*
2. Daily Record of Meals Served form up-to-date Date of last entry: _____	2.	*
3. Weekly Meals Served form up-to-date Date of last entry: _____	3.	*
4. Infant meals served under one year old claimed	4.	
a. If <b>Yes</b> , infant meal pattern followed	a.	*
b. Provider furnishes food items, if applicable	b.	
c. Infant Meals Served form maintained Date of last entry: _____	c.	*
d. Infant Meal Waiver on file	d.	
5. Cycle Menu available (Optional)	5.	
a. Current cycle menu being followed	a.	
b. If <b>No</b> , substitution was made	b.	
c. Contains all required components	c.	
d. Product Formulation Statement/Child Nutrition (CN) label for applicable item	d.	
6. <i>Building for the Future</i> fact sheet distributed to parents	6.	
7. WIC information made available to parents	7.	
8. Do the enrollment records, attendance records, and meal count records reconcile for a five-day period?	8.	

		YES/ NO/NA
<b>L. Sanitation</b>		
1. Chemicals and medicines are properly stored in a separate location	1.	
2. Refrigerator's temperature: _____	2.	
3. Freezer's temperature: _____	3.	
4. Clean kitchen floors, cupboards, and equipment	4.	
5. Dining surface and countertops sanitized	5.	
6. Proper method of dishwashing	6.	
7. Proper handwashing technique	7.	
8. Pet-free kitchen during food preparation and service	8.	
9. Proper food-handling procedure followed (food storage, thawing time, temperature)	9.	
10. Home maintained in a clean, sanitary, and orderly manner	10.	
<b>M. Safety of Children</b>		
1. Children are in safe environment	1.	*
2. Conduct of provider does not place children in imminent danger	2.	*
<b>N. Prior Review</b>		
1. Were deficiencies corrected?	1.	*

**NOTE:** Any items, if in noncompliance, may contribute to a seriously deficient status.

Any area in noncompliance with an asterisk (\*), the provider may be declared seriously deficient.

## O. FIVE-DAY MEAL RECONCILIATION REPORT

### Provider FDCH Attendance Record

<b>PROVIDER NAME:</b>	<b>Month/Year:</b>	<b>Number of Operating Days/Week:</b>					
	<b>Enrollment Data</b>	<b>Attendance Data</b>					
<b>Child's Name</b>	<b>Days Attended</b>	<b>A.M./P.M. Time</b>	<b>Day 1</b>	<b>Day 2</b>	<b>Day 3</b>	<b>Day 4</b>	<b>Day 5</b>
<b>TOTALS</b>							

### MEAL COUNTS

	<b>Breakfast/ 2nd Shift</b>	<b>A.M. Snack/ 2nd Shift</b>	<b>Lunch/ 2nd Shift</b>	<b>P.M. Snack/ 2nd Shift</b>	<b>Supper/ 2nd Shift</b>	<b>Evening Snack/ 2nd Shift</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Day 1</b>						
<b>Day 2</b>						
<b>Day 3</b>						
<b>Day 4</b>						
<b>Day 5</b>						
<b>TOTAL</b>						

**P. Review Summary**

Corrective action needed, comments, or recommendations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

<b>Q. Provider is in compliance.</b> <input type="checkbox"/>	<b>In noncompliance.</b> <input type="checkbox"/>
<b>Provider is seriously deficient. (Circle One)</b>	<b>Yes      No</b>
<b>Is an unannounced follow-up review required to view corrective action? (Circle One)</b>	
<b>Yes</b>	<b>No</b>

*We certify that this review has been completed while in the provider's home. All areas of non-compliance have been discussed.*

\_\_\_\_\_  
Signature of Provider                      Date

\_\_\_\_\_  
Signature of Reviewer                      Date

# HOUSEHOLD CONTACT DOCUMENTATION

The \_\_\_\_\_ is conducting a review of \_\_\_\_\_.  
(Sponsor Name) (Provider Name and Number)

Please complete the information, and return this form in the envelope provided. Please call \_\_\_\_\_ if you have questions.  
(Phone Number of Sponsor)

This questionnaire *MUST* be filled out by the parent/guardian only. If more than one child is listed, the information below applies to all of them. If not, a different form for each child will be used.

1. Child(ren): \_\_\_\_\_ Birth Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please indicate which of the past 12 months your child was in care:  
Oct  Nov  Dec  Jan  Feb  Mar   
Apr  May  June  July  Aug  Sept

3. Please indicate the normal hours and days your child is in care.  
Monday: \_\_\_\_\_ to \_\_\_\_\_ Thursday: \_\_\_\_\_ to \_\_\_\_\_  
Tuesday: \_\_\_\_\_ to \_\_\_\_\_ Friday: \_\_\_\_\_ to \_\_\_\_\_  
Wednesday: \_\_\_\_\_ to \_\_\_\_\_ Saturday: \_\_\_\_\_ to \_\_\_\_\_  
Sunday: \_\_\_\_\_ to \_\_\_\_\_

4. Which meals/snacks does your child receive while in care?  
Breakfast  Lunch  Supper   
A.M. Snack  P.M. Snack  Late P.M. Snack

5. Do you supply any food? Yes  No   
If *Yes*, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

6. If your child is no longer in care, what was his or her last date of care?  
\_\_\_\_\_

### Statement of Affidavit

I hereby certify that the information that I have provided is true and accurate to the best of my knowledge.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## MILK SUBSTITUTION REQUEST

Child's Name:	Age:
---------------	------

My child cannot consume milk for the following reason(s):

Signature of Parent/Guardian:	Date:
-------------------------------	-------

INSTITUTION APPROVAL:	
Signature:	Date:

### Nondairy Beverages

In the case of children who cannot consume fluid milk due to medical or other special dietary needs other than a disability, nondairy beverages may be served in lieu of fluid milk. Nondairy beverages must be nutritionally equivalent to milk and meet the Nutrient Standards found in cow's milk. Nondairy beverage nutrient requirements per cup include each of the following:

- Calcium            276 mg
- Protein            8 g
- Vitamin A        500 IU
- Vitamin D        100 IU
- Magnesium      24 mg
- Potassium       349 mg
- Phosphorus     222 mg
- Riboflavin       0.44 mg
- Vitamin B-12    1.1 mcg

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request of the child's caretaker asking that a milk substitution be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. ***Such substitutions are at the option and the expense of the facility.*** The requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a licensed physician, physician's assistant, or nurse practitioner remain unchanged.

# CYCLE MENU

<b>BREAKFAST</b>	<b>LUNCH</b>	<b>SNACK</b>

\*If commercially prepared, a CN label or product formulation statement must be maintained.

# MEDICAL STATEMENT

<b>Part I</b> (to be filled out by <i>parent/guardian</i> )	
Name of Child:	Age:
Name of Parent/Guardian:	Telephone Number:
Name of Provider:	

<b>Part II</b> (to be filled out by a <i>medical authority</i> )
Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):
List food(s) to be omitted from diet:
List food(s) that may be substituted (diet plan):
Additional information:

This child has a disability as defined by the American Disability Act:      Yes       No

Date	Signature of State-Recognized Medical Authority
	Telephone Number



## INFANT MEAL WAIVER

I wish to decline my child's participation in infant meals. I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Infant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# CHILD MEAL WAIVER

*A new waiver from must be obtain every fiscal year*

I wish to decline my child's participation in the Child and Adult Care Food Program (CACFP). I understand that the facility will not be claiming my child's meals for CACFP reimbursement.

Name of Child: \_\_\_\_\_

Age: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# INFANT MEALS SERVED

Age: \_\_\_\_\_

Infant's Name: \_\_\_\_\_

	Date: _____	Date: _____	Date: _____	Date: _____	Date: _____
BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST	BREAKFAST
<b>Birth Through 5 Months</b> 4-6 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup>					
<b>6 Through 11 Months</b> 6-8 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup> 0-2 Tbsp fruit and/or vegetable <sup>4,5</sup> 0-4 Tbsp infant cereal <sup>1,4</sup> 0-4 Tbsp meat, fish, poultry, whole egg, or cooked dry beans or peas, or 0-2 oz cheese, or 0-4 oz (volume) cottage cheese, or 0-4 oz or 1/2 cup yogurt <sup>3,4</sup>	LUNCH	LUNCH	LUNCH	LUNCH	LUNCH
<b>Birth Through 5 Months</b> 4-6 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup>					
<b>6 Through 11 Months</b> 6-8 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup> 0-2 Tbsp fruit and/or vegetable <sup>4,5</sup> 0-4 Tbsp infant cereal <sup>1,4</sup> 0-4 Tbsp meat, fish, poultry, whole egg, or cooked dry beans or peas, or 0-2 oz cheese, or 0-4 oz (volume) cottage cheese, or 0-4 oz or 1/2 cup yogurt <sup>3,4</sup>	SUPPER	SUPPER	SUPPER	SUPPER	SUPPER
<b>SNACK</b>	A.M. SNACK	A.M. SNACK	A.M. SNACK	A.M. SNACK	A.M. SNACK
<b>Birth Through 5 Months</b> 4-6 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup>					
<b>6 Through 11 Months</b> 2-4 fluid oz breast milk <sup>2</sup> or formula <sup>1</sup> 0-2 Tbsp fruit and/or vegetable <sup>4,5</sup> 0-4 Tbsp infant cereal <sup>1,4,6</sup> or ready-to-eat cereal <sup>4,6,7</sup> or 0-1/2 serving bread <sup>4,6</sup> or 0-2 crackers <sup>4,6</sup>	P.M. SNACK	P.M. SNACK	P.M. SNACK	P.M. SNACK	P.M. SNACK
<b>LATE P.M. SNACK</b>	LATE P.M. SNACK	LATE P.M. SNACK	LATE P.M. SNACK	LATE P.M. SNACK	LATE P.M. SNACK

1 Infant formula and dry infant cereal must be iron-fortified.  
 2 It is recommended that breast milk be served in place of formula from birth through 11 months. For some breast-fed 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 offered if the infant is still hungry.  
 3 Yogurt must contain no more than 23 grams of total sugars per 6 oz.  
 4 A serving of this component is required when the infant is developmentally ready.  
 5 Fruit and vegetable juice cannot be served.  
 6 Grains shall be made from whole-grain or enriched meal or flour.  
 7 Breakfast cereals **MUST** contain no more than 6 grams of sugar per dry ounce.  
 \*Food item provided by the parent.

Provider **MUST** complete in full sentences. Ex: (Provider name) will keep CAP documentation in file cabinet by the kitchen in the home.

**CORRECTIVE ACTION PLAN**

PROVIDER NAME: \_\_\_\_\_ PROVIDER #: \_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_ PROVIDER D.O.B: \_\_\_\_\_

<b>WHAT:</b> ARE THE SERIOUS DEFICIENCY(IES) AND THE PROCEDURES THAT WILL BE IMPLEMENTED TO ADDRESS THE SERIOUS DEFICIENCY(IES)?	<b>HOW:</b> WILL THE PROVIDER CORRECT THE SERIOUSLY DEFICIENCY(IES)?	<b>WHEN:</b> WILL THE CORRECTION OF THE SD ITEM BE IMPLEMENTED? (I.E., WILL THE PROCEDURE BE DONE DAILY, WEEKLY, MONTHLY, OR ANNUALLY, AND THE DATE IT WILL BEGIN (E.G. 10/1/XX)	<b>WHO:</b> WILL ADDRESS THE SERIOUS DEFICIENCY(IES)? LIST THE PERSONNEL RESPONSIBLE FOR THIS TASK AND JOB TITLE.	<b>WHERE:</b> WILL THE CAP DOCUMENTATION BE RETAINED? (THE ACTUAL LOCATION AT THE HOME WHERE THIS DOCUMENTATION WILL BE MAINTAINED.)

Signature of Provider \_\_\_\_\_ Date \_\_\_\_\_

This corrective action plan **MUST** be RECEIVED (not postmarked) by the deadline stated in the serious deficiency notice.

# CORRECTIVE ACTION PLAN

PROVIDER NAME: \_\_\_\_\_

PROVIDER # \_\_\_\_\_

PROVDER ADDRESS: \_\_\_\_\_

PROVIDER D.O.B.: \_\_\_\_\_

Provider MUST complete in full sentences. Ex: (Provider name) will keep CAP documentation in the file cabinet by the kitchen in the home.

1) **WHAT:** are the serious deficiency(ies) AND the procedures that will be implemented to address the serious deficiency(ies)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) **HOW:** will the provider correct the serious deficiency(ies)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3) **WHEN:** will the correction of the SD item be implemented? (Ex: will the procedure be done daily, weekly, monthly, or annually, and the date it will begin (Ex: 10/1/XX): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4) **WHO:** will address the serious deficiency(ies)? List the personnel responsible for this task and job title.  
\_\_\_\_\_  
\_\_\_\_\_

5) **WHERE:** will the CAP documentation be retained? (The actual location at the home where this documentation will be maintained.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

This corrective action plan MUST be RECEIVED (not postmarked) by the deadline stated in the seriously deficiency notice.

## Child and Adult Care Food Program (CACFP) Report of Disqualification From Participation Family Day Care Home (FDCH) Provider

State agency (SA) Imposing Disqualification: **Oklahoma State Department  
of Education (OSDE)**

Name of Provider: Last Name \_\_\_\_\_ First Name/MI: \_\_\_\_\_

Also Known As (AKA): \_\_\_\_\_

Address of Provider: \_\_\_\_\_

Date of Birth (DOB) of Provider: \_\_\_\_\_ (mm/dd/yyyy)

Termination Date: \_\_\_\_\_ (mm/dd/yyyy)

Has the PROVIDER failed to repay debts owed under the Program? Yes/No (Circle One)  
Amount: \$ \_\_\_\_\_

Sponsoring Organization (SO) Name: \_\_\_\_\_

SO Address: \_\_\_\_\_

Reason(s) for Disqualification: (Check all that apply)	
<input type="checkbox"/> Submission of false information on application	<input type="checkbox"/> Failure to keep required records
<input type="checkbox"/> Submission of false claims for reimbursement	<input type="checkbox"/> Conduct or conditions that threaten the health or safety of children in care or the public
<input type="checkbox"/> Simultaneous participation under more than one SO	<input type="checkbox"/> Noncompliance with Program meal pattern
<input type="checkbox"/> A determination that the FDCH has been convicted of any activity that occurred during the past 7 years and that indicated a lack of business integrity. A lack of business integrity includes fraud, forgery, bribery, falsification or destruction of records, making false statements, receiving stolen property, making false claims, obstruction of justice, or any other activity indicating a lack of business integrity as defined by the SA, or concealment of such a conviction.	<input type="checkbox"/> Any other circumstances related to nonperformance under the SO-FDCH agreement, as specified by the SO or the SA.
<input type="checkbox"/> Other:	<input type="checkbox"/> Failure to participate in training

**Child and Adult Care Food Program (CACFP)  
Report of Disqualification From Participation  
Family Day Care Home (FDCH) Provider**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Print Name of Sponsoring Organization  
Authorized Representative

\_\_\_\_\_  
Signature of Sponsoring Organization  
Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date (mm/dd/yyyy)

# Site Information

License Type: \_\_\_\_\_ Site Number \_\_\_\_\_  
(Required to be 4 digits)

Tribe: \_\_\_\_\_

License Number: \_\_\_\_\_

Operating Name \_\_\_\_\_

## Physical Address

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

Zip Code \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

County \_\_\_\_\_

Telephone \_\_\_\_\_

Status \_\_\_\_\_

License Capacity \_\_\_\_\_

## Owner/Provider/Director Information

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Initial \_\_\_\_\_

ITIN/EIN/Last 4 SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

### OSDE Use Only:

Effective Date: \_\_\_\_\_ Date Entered into System: \_\_\_\_\_

CNP End Date: \_\_\_\_\_

### NOTES:

## Sponsor Information

Agreement Number \_\_\_\_\_

Sponsor Name \_\_\_\_\_



<b>Monitor Staffing Ratio</b>		
1. Full-Time Employees (FTE) Required for Number of Homes Served:		
a. Metro Counties Served	# Homes in County	<b>5</b>
Total Metro Homes = _____ ÷ 75 Metro Limit = _____ FTE		
b. Rural Counties Served	# Homes in County	
Total Rural Homes = _____ ÷ 60 Rural Limit = _____ FTE		
c. Total FTE required to monitor homes = _____ FTE (a + b)		
2. FTE Devoted to Monitoring Activities:		
a. List Names of Monitoring Personnel	# Hours Per Week Spent on Monitoring Duties	
b. Total hours spent on monitoring duties each week = <b>165</b> ÷ 40 hours per week = _____ FTE devoted to monitoring activities. The number of FTE devoted to monitoring duties must be equal to or exceed the total FTE required to monitor homes (1c). This sponsor is short 1.63 FTE and has an inadequate monitoring/staffing ratio.		
*Refers to only those activities listed on the previous page that may count as monitoring.		



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