

WELCOME!

Enjoy the music until we begin

If anyone is watching with you, create a sign-in sheet and keep it with your records, or if they are registered put name(s) in the chat

In order to receive credit for this course, you must be REGISTERED in the Training Calendar **AND** attend the **FULL**. Registration ends at 9pm

Child and Adult Care Food Program (CACFP)

Adult Day Training Manual Workshop FY2023-2024



OKLAHOMA
Education



Child Nutrition Contact Information

Your Child Nutrition Program Specialist:

- ▶ **Training Manual: Page AD-5**
- ▶ Includes email, cell phone, and counties in their territory
 - They conduct your review
 - Approve forms
 - Will come out for technical assistance
 - Questions regarding the CN Manual, USDA guidance, and day-to-day food program activities
- ▶ **Call State Office with questions 405-521-3327**
 - Claims
 - Application & Agreement (UEI/Duns)

FEDERAL FISCAL YEAR

OCTOBER 1 – SEPTEMBER 30

Records Must be Available For:

Current Year 2024

FY2023, FY2022, & FY2021

Online Application & Agreement

- ***Update as changes occur***
- ***Renewal applications:*** The month the application is originally submitted is the month claims can be paid. We cannot backdate
 - *Example: If you submit your application in Nov 2023, we can pay you from November forward*
- ***New Applications:*** Once the online application is approved, you cannot start claiming until your Program Specialist comes out to conduct an approval visit. They have 30 days to come out once your application online is approved

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

- Application & Agreement
- Training Calendar
- Access to Claims
- USDA Website
- Rates/Eligibility Scale
- Resource Library
 - USDA Memos
 - Training Manual
 - Interactive Forms under Worksheets
 - Food Buying Guide/ Crediting Handbook
 - Slides & Handouts



OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome to Oklahoma CNP On-Line.

Wednesday, July 19, 2017 7:29:24 PM

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

- [Enter Claims](#)
- [Home](#)
- [Existing User Log-On](#)
- [CACFP Centers](#)
- [Family Day Care Homes](#)
- [Rates/Eligibility Scales](#)
- [USDA Web Site](#)
- [USDA CACFP Site](#)
- [Food Buying Guide](#)
- [Calculator](#)
- [Resource Library](#)
- [Privacy Statement](#)



Please Enter User Name and Password to Access the System

User Name

Password

Forgot your password? [Click Here](#)

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OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome KENDRA MERVELDT

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

Online Documents

[Enter Claims](#)

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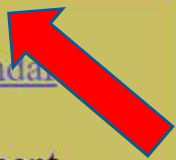
[Privacy Statement](#)

Adult Day Care Resources

- [2021 Adult Free and Reduced Application](#) (743 KB)
- [Adult Day Care FY21 Training Slides \(1 per pg\)](#) (4,163 KB)
- [Adult Day Care Section of CACFP Manual](#) (1,300 KB)
- [Adult Meal Patterns](#) (353 KB)
- [Adult OfferVersusServe \(Spanish\)](#) (1,631 KB)
- [Menu As Served - 3 meals \(Adults\)](#) (464 KB)
- [Offer vs Serve in Adult Day Care](#) (566 KB)
- [Self-Paced Online Instruction for OKEdge \(NextThought\) Adults.](#) (289 KB)

At-Risk Program Resources

- [At-risk Afterschool Meals Guide 2017 Part 1 Eligibility Requirements](#) (1,815 KB)
- [At-risk Afterschool Meals Guide 2017 Part 2 Applying to Participate in the Program](#) (3,659 KB)
- [At-risk Afterschool Meals Guide 2017 Part 3 Meal Patterns and Food Service](#) (3,516 KB)
- [At-risk Afterschool Meals Guide 2017 Part 4 Reimbursements](#) (4,031 KB)
- [At-risk Afterschool Meals Guide 2017 Part 5 Recordkeeping and Reporting](#) (3,374 KB)
- [At-risk Afterschool Meals Guide 2017 Part 6 Monitoring](#) (1,517 KB)
- [At-Risk Training Slides\(1 per pg\)](#) (4,719 KB)



CNP Business Maintenance

of Program Participation

Primary Responsible Principal and/or Individual(s)

First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date of Birth	<input type="text"/>
Telephone	<input type="text"/>	Extension	<input type="text"/>
FAX Number	<input type="text"/>	Email	<input type="text"/>
Alternate Phone	<input type="text"/>	Extension	<input type="text"/>
Address Line1	<input type="text"/>		
Address Line2	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/> - <input type="text"/>

Additional CACFP Staff

First Name	<input type="text"/>	Last Name	<input type="text"/>
Title	<input type="text"/>	Date of Birth	<input type="text"/>
Telephone	<input type="text"/>	Extension	<input type="text"/>
FAX Number	<input type="text"/>	Email	<input type="text"/>
Alternate Phone	<input type="text"/>	Extension	<input type="text"/>
Address Line1	<input type="text"/>		
Address Line2	<input type="text"/>		
City	<input type="text"/>	ZIP Code	<input type="text"/> - <input type="text"/>

Bottom of the Business Maintenance Page

Fiscal Year Start
 Fiscal Year End

Time institution closes

Your Fiscal Year: You can change this information

Allow Adjustments
 Allow Adjustments Unchecked
 Assigned Office Staff
 Assigned Field Staff

Training/Uploaded Date	Attended Program	Class Name	Person Registered	Class Hours
09/06/2022	<input checked="" type="checkbox"/>	CACFP TRAINING MANUAL WORKSHOP FY23 - 6 HOURS-NORTH OKC		6
08/10/2022	<input type="checkbox"/>	CACFP FDCH TRAINING MANUAL WORKSHOP FY23 - 6 HOURS		6
08/10/2021	<input checked="" type="checkbox"/>	CACFP TRAINING MANUAL WORKSHOP - ZOOM		6

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Uploading Items in the System

Choose the file to be uploaded:

Choose File No file chosen

Upload File

Maximum File Size is 15mb, Attempting to Upload a Larger File Will Result In an Error.

Document(s) Uploaded

Last Updated

File Name

Document Type

- In the Application Checklist, the organization can now view and upload documents to OSDE.
- Uploading these documents in the system will make the approval process go faster



OKLAHOMA STATE DEPARTMENT OF EDUCATION

Welcome PATRICIA BEUTLER

Tuesday, June 26, 2018 3:45:19 PM

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

[Return to Home Page](#)

[Return to Facility](#)

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Child Nutrition Programs Child and Adult Care Food Program (CACFP) State Agency/Institution Agreement - CACFP/FDCH-7 Page 1

- [Enter Claims](#)
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The Institution/Sponsoring organization agrees to:

1. Be financially viable, administratively capable, and have in effect internal controls to ensure Program accountability.
2. Maintain institution records and have them immediately available at all times at the location approved on the CACFP application.
3. Maintain full and accurate records of the Program, including those set forth in this Agreement, and 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 the case of unresolved audit or review findings, records are maintained past the three-year requirement until resolution of the audit or review.
4. Operate a nonprofit food service.
5. Provide adequate supervisory and operational personnel for management of the Program.
6. Not being disqualified, nor any of its principals being disqualified, from participation in any publicly (federal, state, or locally) funded program for violation of that program's requirements. Its principals have not been convicted of fraud, antitrust violations, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or claims, receiving stolen property, or obstruction of justice.
7. If for-profit or Proprietary Title XX child or adult center, must submit documentation that the institution is currently providing nonresidential day care services for which it receives compensation under Title XX of the Social Security Act and certification (when funding is available) that no less than 25% of enrolled children or adults or 25% of licensed capacity (whichever is less) are considered to be in the free or reduced category and participate in the meal service for each calendar month that a claim is submitted for reimbursement.
8. Representatives of the State Agency and/or other state or federal officials having the right to make announced or unannounced reviews of the meal service or meal service records during the institution's normal hours of child care or adult day care operations. The official conducting a review must show photo identification demonstrating employment with one of the above mentioned entities.
9. For any representatives of SO, show photo identification when visiting any facilities listed in Section C. All visits must be made during normal operating hours.
10. Comply with the State Agency's established procedures for implementing a household contact system.

Basic Responsibilities

- Eligibility Documentation
- Financial Management & Program Integrity
- Record Keeping
- Training
- Civil Rights Training
- Contracting with Outside vendor/any part of CACFP
- Procurement
- Meal Patterns
- Any Other Required Records

State Auditor Documents

When having a review, we will need ***copies of ALL*** paperwork, for any month reviewed including documents from the *day of the meal observation.*

YES! A COPY OF EVERYTHING

FINANCIAL MANAGEMENT AND PROGRAM INTEGRITY

Starts on Page AD-13

Integrity

- All Administrative Reviews conducted for 2023-2024 will be **unannounced**
 - A copy of the Notification letter is in the Training Manual (*Page AD-49*)
 - ***Reviews are conducted every 2 to 3 years***

**ALL CACFP RECORDS
MUST BE READILY
AVAILABLE FOR REVIEW AT THE
INSTITUTION AT ALL TIMES**

In Good Standing Information

- Your organization must ***be in Good Standing with the State of Oklahoma***
 - You can check your status online
 - This information is checked **annually by OSDE office**
 - ***Notify our office*** if any changes such as going from a sole proprietor to LLC. It **MUST** be updated in our office or payments will be delayed
 - ***Not required for public institutions, schools, tribes, or military***

Background Checks for Nonprofit Organizations

- Nonprofit organizations that do not have a DHS license will need to have a background check from our office
 - Such as Nonprofit institutions only participating in At-Risk
 - All Sponsors or Multisited nonprofit institutions such as a Community Action organization's office staff in charge of CACFP
- ALL new employees need a background check
- Any person participating in CACFP is subject for a background check at any time

Budget in the Application

Institutions must submit a budget in the application & agreement

- The budget entered is ***PROJECTED*** for the year
- This must be updated as needed throughout the year to reflect what is going on at the center
 - ***Budget Revision Justification Form to change budget***
- *Schools only participating in At-Risk and/or on regular CACFP will not have to fill out a budget*

CACFP Application Walkthrough is offered throughout August & September. Check your email to register through Zoom. Starting in October, they will be listed in the Training Calendar.

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Approving the Budget

- All expenses approved by CNP will be listed in the last column
- Documentation *may* be required to approve/validate certain expenses
 - Travel, equipment, advertising, training, etc.
- ***Even if labor is NOT being charged off to CACFP, it still must be listed in the Institution section of the budget***

All Institutions Must Be VCA

Per 7CFR 226.6(b)(1)(xviii)

▶ Financially **Viable**

- Financial management
- Adequate financial resources to operate on a daily basis, pay bills during interruptions

▶ **Capable**

- Administrative capability
- Staffing is adequate
- Ability to manage operation compliance

AD-16-17

All Institutions Must Be (Cont)

▶ **Accountable**

- Program Accountability
- Institution Oversight

Costs are for program authorized expenses
Operations - Training and monitoring
Record-keeping

➤ **VCA will continually be monitored as long as you are participating in CACFP**

Financial Viability & VCA

- **Definition:** When the Institution as a whole (not just CACFP) ***DOES NOT need Child Nutrition funds in order to operate to keep the institution's doors open***
- ***Facilities/Sponsors that were SD in the previous fiscal year will be required to fill out a VCA document before their online application can be approved***

Financial Reports: During the Review

The report needed is based on one full year to show the **ENTIRE** entity *is Financially Viable*

(This list is not all-inclusive):

- Year-to-Date Report, Profit/Loss, etc.
- Revenue/Expenditure Report
- Report from Quickbooks or any other accounting software used
- Documentation from your Accountant
- Any documentation or report used to close out your books at the end of the fiscal year
- ***The document can be an annual report, monthly, quarterly, or any other timeline you receive these reports***

Food Purchasing Form

This form ***IS REQUIRED*** if the receipt or invoice is ***NOT itemized***: *(The entire, original receipt from the register must be attached)*

- ✓ If it cannot be determined what an item is on a receipt or invoice, it must be listed in the **non-reimbursable section**
- ✓ Any item that does not count towards a reimbursable meal, must be put in the non-reimbursable section of the form
 - ✓ *Examples:* Donuts, chicken nuggets w/out a CN label, pudding, cookies, etc.

Food Purchasing Form (cont)

It is ***not required*** IF:

- the invoice/receipt is detailed and shows quantity, weight, size, and price on the receipt

Examples:

- Receipts from a food or milk vendor, grocery pickup, and grocery delivery
- Each receipt still needs to indicate how much was spent on food & milk, CACFP related supplies, etc. for the monthly Expenditure/Reimbursement Worksheet
 - This can be handwritten at the bottom of the receipt

Allowable Food Cost

If a food item is not reimbursable on its own, but *it is an ingredient in a reimbursable meal* it is an **ALLOWABLE** expense

- Examples: pepperoni for pizza, Velveeta cheese for macaroni & cheese, noncreditable deli meat for sandwiches, condiments, etc.
- These items can be put in the Food & Milk column on the Food Purchasing form and/or the Expenditure Worksheet

Receipts and Invoices

- A copy of the entire, original receipt from the register must be attached to the Food Purchasing form even if you make a copy of the receipt
 - If the bottom is cut off, it will be disallowed
- Any receipt that has been altered will be disallowed
- Any receipt/invoice that does not have the date of purchase will be disallowed
- A receipt from grocery pick up or delivery that is not the final receipt after food is received will be disallowed
 - It cannot be a receipt from when the order was submitted or still in process
- ***Receipts/invoices will be validated with bank/credit card statements***

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Expenditure/Reimbursement Worksheet

This is a summary of all *allowable* CACFP expenditures for the month. **All receipts or invoices are to be available to validate items listed**

- Food Purchases
- Nonfood/CACFP Related Purchases
- Labor

ONLY items or services solely used for CACFP purposes can be charged off to the program

Allowable Expenditures

- All allowable expenses charged off to CACFP, **MUST** be put in the Budget section of the online application and approved by OSDE
- Items that are used for the entire center not just CACFP, i.e. paper towels, must pro-rate the cost
- A list of some *allowable* and *unallowable* CACFP items can be found in the Training Manual

EXAMPLE
EXPENDITURE/REIMBURSEMENT WORKSHEET
INDEPENDENT CENTERS OR SITES UNDER A SPONSOR

Institution Name: TOYS N NOISE

Month: OCTOBER

Year: YYYY

DATE	ITEM/ENTRY (Vendor or Personnel, Etc.)	CHECK NUMBER	OPERATING AND ADMINISTRATIVE COSTS (\$)										INCOME (Other Than CACFP Reimbursement)			
			CACFP Admin. Labor	CACFP Admin. Expenses	Food Service Salaries/ Benefits	Food Service Rent/ Utilities/ Janitorial	Food Service Equipment	Food Purchases (Food and Milk)	Nonfood Purchases (Food- Related Supplies)	Misc.						
			(4) \$	(5) \$	(6) \$	(7) \$	(8) \$	(9) \$	(10) \$	(11) \$	(12) \$					
10/5	Discount Grocery	1091								48	12	9	40			
10/6	Herman's Foods	1096								198	76	20	17			
10/7	Star Grocery	CASH								209	00	12	09			
10/13	Dairy Mart	1102								112	96					
10/14	Food Way	1116								202	16					
10/10	Cook—Freda Fryer	1097			392	00	(7 hours x \$8 x 7 days)									
10/10	Teacher—L Simon	1098			126	00	(2 hours x \$9 x 7 days)									
10/10	Teacher—C Smith	1099			126	00	(2 hours x \$9 x 7 days)									
10/28	Cook—Freda Fryer	1151			784	00	(7 hours x \$8 x 14 days)									
10/28	Teacher—L Simon	1152			252	00	(2 hours x \$9 x 14 days)									
10/28	Teacher—C Smith	1153			234	00	(2 hours x \$9 x 13 days)									
10/28	Director—H Brand	1154	264	00	(1 hour x \$12 x 22 days)											
10/31	Interest accrued on CACFP funds in Bank 1 account														4	26
10/31	Nonprogram Meals				\$4.03 (free rate) + \$3.000 (commodities rate) = \$4.33 x 15 (adults) =										64	95
(13)	Grand Totals		264	00	1,914	00				564	09	41	66		69	21

(14) Net Costs (Total of Columns 4 through 11 Minus Column 12) \$ 2,737.40
(15) Reimbursement Received plus total of Column 12 \$ 925.47
(16) Operating Balance (Item 14 Minus Item 15—See Instructions) \$ 1,118.93

Form completed by: **Sam Gov**

NOTE: Each cost category must be as approved on your CACFP application and/or amendments.

Nonprofit Food Service Account

The Institution must spend **MORE** on the CACFP program than the entity is being reimbursed. ***You cannot MAKE MONEY on this program.*** You must be in a **NONPROFIT STATUS** with CACFP funds

- ***Example:*** CACFP reimbursement is around \$1,000 monthly. The Institution should be spending **MORE** than \$1,000 a month on food, labor, etc.
 - It is allowable to have a small amount of funds carried forward also referred to as a 3-month operating balance

Expenditure/Reimbursement Worksheet - Labor

Administrative & Operating Labor

- Must be approved in the center's budget in order to charge off to CACFP
- The center cannot charge off more than approved in the budget
- The center cannot charge off more than the employee is paid (***verified with paystubs***)
- Labor paid with cash, Venmo, or Cashapp, etc. is ***not allowable unless it is shown taxes have been paid***
- Labor reported **must be W-2 to charge off to CACFP. If it is 1099, OSDE must have a copy of the contract with the employee and proper procurement procedures must be followed in order to charge off to CACFP**

Finance Documentation: During the Review

- Bank and/or credit cards statements of all accounts used to make any purchases for the CACFP program
- All CACFP labor payments and receipts are validated by these statements
- This includes ALL bank and/or credit card statements of accounts where CACFP funds are deposited or are transferred to
- **Financial statements cannot be altered, information omitted, or blacked out**
- ***OSDE must have ALL pages of the statement(s)***

Financial Documentation: End of the Year Report

- An End of the Year Report is used to validate each institution has a ***Nonprofit Food Service Account for CACFP***
- This report must reflect one full year of ***ALL*** CACFP expenditures and ***ALL*** CACFP revenue

Financial Documentation: End of the Year Report (cont)

- The End of Year Report should be based on and submitted after ***YOUR*** fiscal year. This will speed up your approval process
 - ***Example: If your FY is January-December, send your documentation to OSDE in January/February***
- Use this report as a baseline for the **budget section** of your renewal application
 - ***Use the actual numbers sent in and add 10-20% to each line item in the next fiscal year***

Financial Documentation: End of the Year Report (cont)

- The institution can send in:
 - **End of Year Report**
 - Located in the Training Manual and the Resource Library
 - OCAS Expenditure & Revenue report for program 769 for 12 months
 - Any report you can generate CACFP revenue & expenditures for 12 months
 - *Multisited*: **Sponsor End of the Year Report**
 - Located in the Training Manual and the Resource Library

EXAMPLE
END OF YEAR REPORT

Institution Name: TOYS N NOISE

Year: YYYY

Fiscal Months: January - December

Expenditure for EACH Month (starting with first month of the fiscal year) (1)	OPERATING AND ADMINISTRATIVE COSTS (\$)								
	CACFP Admin. Labor (2)	CACFP Admin. Expenses (3)	Food Service Salaries/ Benefits (4)	Food Service Rent/Utilities/ Janitorial (5)	Food Service Equipment (6)	Food Purchases (Food & Milk) (7)	Nonfood Purchases (Food-Related Supplies) (8)	Misc. (9)	CACFP Reimbursement for each month (10)
JANUARY	\$ 250	\$	\$ 2,000	\$	\$	\$ 2,567.23	\$ 285.78	\$	\$ 4,769.09
FEBRUARY	\$ 250	\$	\$ 1,900	\$	\$	\$ 2,563.93	\$ 175.85	\$	\$ 4,005.91
MARCH	\$ 150	\$	\$ 2,250	\$	\$	\$ 2,060.28	\$ 105.07	\$	\$ 4,996.45
APRIL	\$ 150	\$	\$ 2,200	\$	\$	\$ 3,167.93	\$ 224.08	\$	\$ 5,060.34
MAY	\$ 250	\$	\$ 2,200	\$	\$	\$ 3,599.23	\$ 167.78	\$	\$ 6,109.87
JUNE	\$ 250	\$	\$ 2,500	\$	\$	\$ 4,567.32	\$ 87.03	\$	\$ 6,793.59
JULY	\$ 250	\$	\$ 2,500	\$	\$	\$ 4,987.22	\$ 308.94	\$	\$ 6,979.23
AUGUST	\$ 200	\$	\$ 1,800	\$	\$	\$ 3,579.45	\$ 212.81	\$	\$ 4,943.82
SEPTEMBER	\$ 175	\$	\$ 1,900	\$	\$	\$ 2,874.38	\$ 137.78	\$ 56.78	\$ 4,793.77
OCTOBER	\$ 150	\$	\$ 1,800	\$	\$	\$ 2,327.03	\$ 147.83	\$	\$ 4,421.11
NOVEMBER	\$ 175	\$	\$ 1,800	\$	\$	\$ 3,587.77	\$ 162.28	\$	\$ 5,089.05
DECEMBER	\$ 200	\$	\$ 2,000	\$	\$	\$ 3,598.60	\$ 238.95	\$	\$ 5,361.08
Grand Totals	\$ 2,450	\$	\$ 22,650	\$	\$	\$ 39,480.37	\$ 2,254.18	\$56.78	\$ 58,873.31

- (11) Total CACFP Expenditures (Total of Columns 2 through 9) \$ 66,891.33
- (12) Total Reimbursement Received (Total of Column 10) \$ 58,873.31
- (13) Operating Balance (Item 11 Minus Item 12—See Instructions) \$ 8,018.02

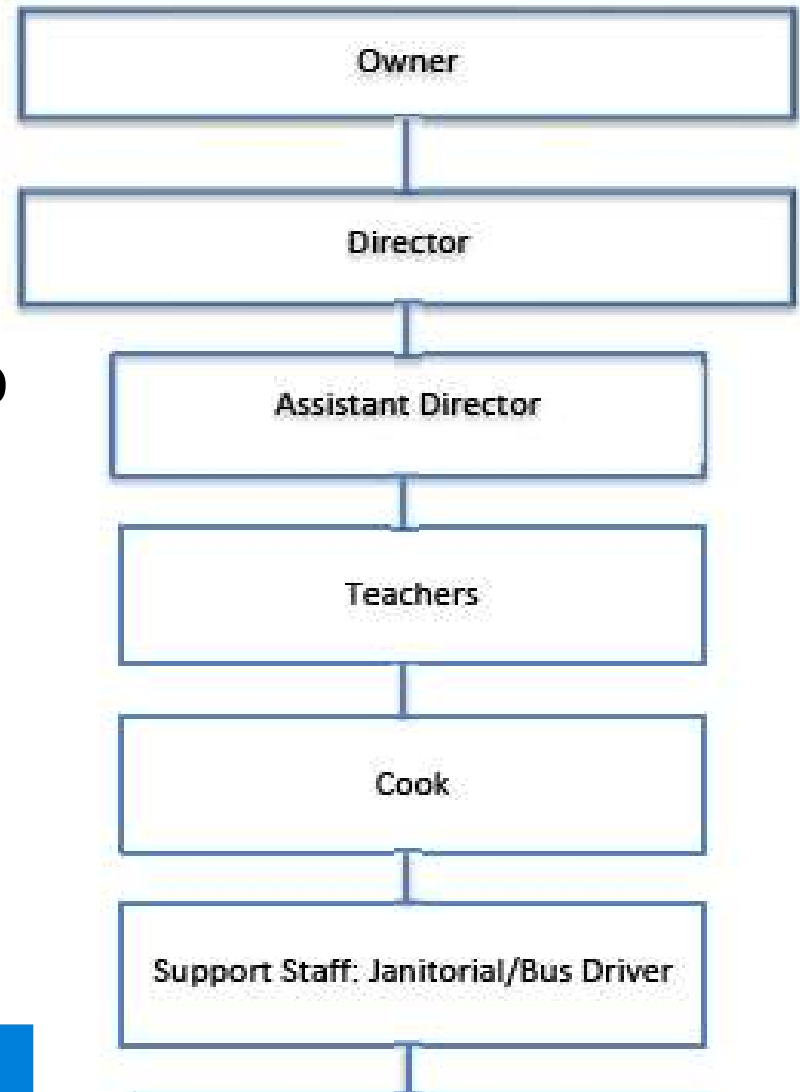
Form completed by: Sam Gov

Contact Info: Sam.Gov@email.com

Organizational Chart

- All institutions must have an organizational chart on file with OSDE.
- The chart needs to show the hierarchy of the organization
- The entire organization needs to be listed not just CACFP
- **Names are not required only position titles**
- **We only need a new one if the organizational chart has been changed by either positions added or restructured.**

For Profit Organizational Chart Example



For Profit Entities & Audit

For Profit entities that expend more than \$750,000 total federal funds will receive a program specific audit every year the organization is ***not*** being reviewed by OSDE

- This is ***ALL federal funds*** received such as CACFP funds, Title funds, cash-in-lieu etc.
 - **DHS subsidy payments are NOT included**
- OSDE contracts with DWG, Inc to conduct these audits

AD-17

Claim Validation

- A process determining high risk claim is a state auditor requirement
- Claim data will be analyzed and high-risk claims will be validated
- Criteria are as follows (but are not limited to):
 - Claiming meals every day of the month
 - Claiming all meal types
 - Claiming the same number of meals for every meal (block claiming)
 - Claiming uncommon meal types, such as At-Risk breakfast or lunch
 - Multiple revisions of claims

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Claim Validation (cont)

- Institutions selected have ***three business days*** to submit the required documentation
 - The documentation requested is much like what is requested for an Administrative Review (AR)
- Being selected for a claim validation does not imply you are doing anything wrong. It simply means that you did one or more of the things on the criteria list
- This process is conducted three times per year

ELIGIBILITY

Starts on Page AD-33

Family-Size & Income Application (FSIA)

- ***MUST NOT*** complete the parent/guardian application for the family
- *The centers **MUST** distribute and **obtain** a **NEW APPLICATIONS EVERY FISCAL YEAR***
- All applications distributed **MUST** be on the current year form
- Applications in other languages
 - USDA has applications in 50 languages
 - The web address for these applications can be found in the manual or the Resource Library

Application Approval

Two types of approval:

–**Income**

–**Categorical**

- SNAP, TANF, and FDPIR
- Medicaid or SSI

EXAMPLE
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE AND INCOME APPLICATION (FSIA) FY2022-2023

ADULT DAY CARE

PART 1. ALL HOUSEHOLD MEMBERS		
a. Name(s) of Adult Participant(s) <u>FLORENCE SCOTT</u>		
b. Names of All Household Members (First, Middle Initial, Last)	Age of Adult Participant(s)	Check if NO Income
<u>FLORENCE SCOTT</u>	<u>94</u>	<input checked="" type="checkbox"/>
<u>FRANK SCOTT</u>		<input checked="" type="checkbox"/>
<u>FELECIA SCOTT</u>		<input type="checkbox"/>

PART 2. BENEFITS	
If any member of your household receives SNAP, FDIAP, SSI, or Medicaid 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. 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 WAS RECEIVED			
	Earnings From Work Before Deductions	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income
Example: Jane Smith	\$ <u>300</u> / <u>weekly</u>	\$ <u>150</u> / <u>twice a month</u>	\$ <u>100</u> / <u>monthly</u>	\$ _____ / _____
<u>FELECIA SCOTT</u>	\$ <u>2100</u> / <u>monthly</u>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN).	
An adult household member must sign this form. If Part 3 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 (promise) that all information on this form is true and that all income is reported. I understand that the center or day care home will get federal funds based on the information that I give. I understand that CACFP officials may verify (check) the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits and I may be prosecuted.	
Sign Here: <u>Felecia Scott</u>	Print Name: <u>Felecia Scott</u>
Date: <u>10/4/2022</u>	
Address: _____	Phone Number: <u>555-6666</u>
City: _____ State: _____	Zip Code: _____
Last four digits of social security number: *** - ** - <u>5 5 5 5</u>	<input type="checkbox"/> I do not have a social security number

PART 5. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (Optional)			
Choose one ethnicity:	Choose one or more (regardless of ethnicity):		
<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

EXAMPLE
AD-43

FSIA Income Eligibility Approval

Part 1a: Name(s) of all enrolled adults in top section of the application

Part 1b: Name(s) of ***ALL other household members***

Part 3: List only those in the household with an income. Include the income and how often they get paid

Part 4: Signature of the parent/guardian & dated
▶ ***Last 4 digits*** of social security number or check the box indicating there is none

Income Application Approval

Part 3 of the Income Application:

- If it is not complete, the application **MUST NOT** be approved for benefits
- Incomplete applications are considered a “not eligible” application
- All FSIA must be approved at face value

Zero Income Reported?

- For any person without income, the **NO INCOME: \$0** needs to be written in the income section
 - if it is not filled out (blank), has N/A, or an X to mark it out the income section, this means they did not want to fill it out. It **DOES NOT** indicate the zero income

AD-35

Definitions

▶ DETERMINING HOUSEHOLD SIZE

- Page AD-37

▶ DETERMINING HOUSEHOLD INCOME

- Pages AD-38-40

▶ INCOME EXCLUSIONS

- Page AD-40

▶ MILITARY EXEMPTIONS

- Page AD-38-40

Income Conversion

- If members of the household with income are paid in different intervals, the income must be converted to **annual** before it can be approved

ANNUAL:

- Weekly x 52
- Every 2 weeks x 26
- Twice/Month x 24
- Monthly x 12

AD-35

FSIA Categorical Eligible

- Full name of enrolled child(ren)
- Case number (must be Oklahoma number):
 - **SNAP** = A, B, C, D, H, J, or T plus 6 or 9 digits
 - **TANF** = C or H plus 6 or 9 digits
 - **FDPIR** = Usually a SS# but it can be something else (*Depends on the tribe*)
 - **SSI or Medicaid**

FSIA Categorical Approval

- **ONE** SNAP, TANF, or FDPIR number per household will qualify all enrolled participant
- Signature of an adult/guardian household member and dated
- If FSIA contains a valid case number **AND** income then **DISREGARD** the income, go by the case number only, and approve the application as **FREE**

Information Listed on the FSIA

- ***If required information is missing, non-readable, questionable, or inconsistent:***
 - Contact household
 - Document conversation
 - Return FSIA if signature is missing
 - Must resolve inconsistencies before approving
- **The center MUST document any changes or updates on the FSIA**

FSIA Approval

Each household application must contain approval signature from the determining official designated by the Center/Sponsor and the date to be valid

CACFP Rosters

All children and participants will be on the roster based on the how they were determined:

▶ **Free**

- Participants approved as Free on the application

▶ **Reduced**

- Participants approved as Reduced on an FSIA

▶ **Not Eligible**

- Participants not approved for Free/Reduced based on the FSIA

OR

- If it is not filled out (blank), has N/A, an X to mark it out, or has no application on file

CACFP Rosters (Cont.)

- **List ALL participants enrolled at the center on a roster**
 - Even if an enrolled adult is not participating in the CACFP program. They must be on a roster and can be marked as “NP” for Not Participating and have a **Participant Meal Waiver form on file**
- The total number of Free, Reduced, and Not Eligible from the rosters is reported on the claim under Participation Data

EXAMPLE
REDUCED-PRICED CACFP ROSTER

Center: Boomer Adult Day **Fiscal Year:** YYYY

Form completed by: Sam Gov

NAME	DATE APPROVED	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	DROP DATE
1. Jensen, Jodi	10/4/YYYY	X												
2. Cashion, Amber	10/4/YYYY	X												
3. Sanders, Sue	10/4/YYYY	NP												
4. Sanders, Todd	10/4/YYYY	X												
5. Childs, Brenda	10/4/YYYY	NP												
6. Scott, Florence	10/4/YYYY	X												
7. Scott, Frank	10/4/YYYY	X												
8.														
9.														

RECORD KEEPING

Starts on Page AD-49

Records

- All forms **MUST** be maintained **DAILY**, by month, at each site for any institution participating in the CACFP
- All records must be kept on site at the location approved in the institution's application
- Someone at the institution **MUST** have access to records at all times
- **Records must be produced within one-hour of the program specialist arrival**

AD-14

Record Keeping Forms

- **Daily Attendance Record (Pg. AD-53)**
- **Arrival and Departure Times (Pg. AD-55)**
 - May be required by the Program Specialist
 - ***Institution must ensure no more than two main meals & a snack OR two snacks and a main meal per participant are claimed per day***

NOTE: OSDE is allowed to review DHS Time-in/Time-Out forms or any other documents at any time.

Record Keeping Forms (Cont)

- **Meal Count Worksheet (Pg. AD-59)**
 - ***Meal counts MUST be taken at the Point of Service***
- **Daily Record of Meals Served – DROMS (Pg. AD-57)**
 - ***DROMS is highly recommended if institution is approved for more than three meal services***
 - DROMS may be used for both attendance and the meal count worksheet

DROMS Example

DAILY RECORD OF MEALS SERVED

Center/Sponsor Name: Patty Perfect Center/Sponsor Agreement: DC-00-001 Month and Year: October XXXX

Children	Meal	Days																															Total Reimbursable Meals							
		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	B	AM	L	PM	S	L		
1. Douglas, Steffy Age: <u>6</u>	B*			X	X			X			X	X	X	X	X			X	X			X				X	X	X	X			X	9							
	AM*																																					NA		
	L*			X	X			X			X	X	X	X	X			X				X				X		X	X	X			X					14		
	PM*			X	X			X			X		X		X			X	X			X				X		X	X	X			X						7	
	S*			X				X			X		X		X			X				X																	7	
	LPM*																																						NA	
2. Douglas, Julie Age: <u>4</u>	B			X	X			X			X	X	X	X	X			X	X	X						X	X	X	X			X						15		
	AM																																						NA	
	L			X	X			X			X	X	X	X	X			X	X	X							X	X	X	X			X						15	
	PM			X	X			X			X	X	X	X	X			X	X	X							X	X	X	X			X						15	
	S																																						NA	
	LPM																																							NA

Meals indicated as NOT being claimed need to be listed on the Meal Count worksheet under **NONCLAIMABLE** Meals served column

Meal Counts

A meal is counted for reimbursement at the Point of Service

- *Point of Service is at the time a reimbursable meal is given to the enrolled participant*
- **Attendance records CANNOT be used for the meal count**

Just because a child is in attendance, does not mean they received a reimbursable meal

Donated Products

- Donated food and milk can not be served as part of a reimbursable meal
- Donated items can be served only as an ***EXTRA***

Administrative Errors That Can Cause an Overclaim

(This list is not all-inclusive)

- No Records
- Family-Size & Income Application Errors
- Roster Errors
- Claiming more participants than in attendance
- Meal Counts not properly maintained/incorrect numbers
- Records/Documentation does not support the claim

Administrative Errors That Can Cause an Overclaim (Cont)

- Food items indicated as being served on the Menu as Served form but receipts do not support or show enough of the food item was purchased and inventory was not being maintained
 - Example: Milk**
- Sharing receipts with another center
- Claiming program adult meals (only participant meals can be claimed at a daycare center)
- *For Profit Centers*: Claiming meals when 25% F/R or Title XIX (DHS subsidy) requirements are not met

OTHER REQUIRED RECORDS

Starts on Page AD-61

CACFP Forms

- Entities must use record keeping forms found in the ***CURRENT*** CACFP manual or the Resource Library
- ***Old CACFP forms cannot be used***
- An organization can create a form, you must get prior approval from your program specialist before using
- *If it is not approved, it could result in an overclaim*

AD-51

Inventory

Inventory is **REQUIRED** for food and milk

- Inventory is a list of **ALL unopened items on hand at the end of the month**
- This is for both food and milk
- Inventory is to be completed every month
- Food & milk receipts should reflect what was purchased
- Inventory is not required if you receive vended meals***

END OF THE MONTH INVENTORY FOR UNOPENED PRODUCTS

(Additional forms may be needed to ensure all items are inventoried)

Center Name: ABC Daycare

Inventory Month/Year: October 20XX

Date Conducted: 10/31/20XX

Form Completed By: Sam Gov

Meat/Meat Alternate	Purchase Unit	# of Units	Grain/Bread	Purchase Unit	# of Units
80/20 ground beef	pound	10	Graham Crackers - Market Pantry	16 oz box	2
Cheddar Cheese, shredded - Good & Gather	pound	2	Whole Wheat bread - Wonder	1b loaf	2
Beef Hot Dogs - Bar 5	16oz pkg	8	Saltine Crackers - Great Value	16oz box	1
Beef Bologna - Bar 5	16 oz pkg	4	Cheerios	82 oz box	2
			Kix Berries	82 oz box	1
			Spaghetti Noodles - Good & Gather	16 oz	2
			Tortilla Chips - Great Value	21b bag	1
			Hot Dog buns - Wonder	11b	4
			Bagels - Landers	11b	2
Fruit	Purchase Unit	# of Units	Vegetable	Purchase Unit	# of Units
Peaches, diced - Dole	#10 can	2	French Style Green Beans - Libby's	15 oz can	5
Apples, Gala - fresh	51b bag	1	Mixed Vegetables, frozen - Great Value Brand	81b bag	2
Fruit Cocktail - Sysco	#10 can	4	Baby Carrots - fresh	51b bag	1
Mandarin Oranges - Dole	51b bag	2	Tator Tots, frozen - Ore Ida	101b bag	2
Pineapple, tidbits - Sysco	#10 can	5	Instant Mashed Potatoes - Idaho Spuds	11b	5
Pineapple, chunks - Del Monte	15 oz can	3	Salsa - Member's Mark	#10 can	3
Apple Juice, 100% -	Gallon	5	Spaghetti sauce - Hunt's	16 oz jar	2

Sections:

- Meat/Meat Alternate
- Grain/Bread
- Fruit
- Vegetable
- Milk

(Optional to list)

- Condiments
- Extra Foods
- CACFP-related Supplies

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) INFANT MEAL COUNT WORKSHEET

Agreement Number: DC- 55-000 Month: OCTOBER Year: YYYY

Form Completed By: Sam Gov

(To be maintained at institution with CACFP records.)

	MEALS SERVED TO PROGRAM INFANTS Ages 0 Through 11 Months								NUMBER NONCLAIMABLE MEALS SERVED*				
				AM-1	AM-2	PM-1	PM-2	LT PM-1	LT PM-2				
DATE	Breakfast	Lunch	Supper	Snack					Breakfast	Lunch	Supper	Snack	
1													
2													
3	1	1				1							
4	2	2				2							
5	3	3				3							
6	3	2				2							
7	1	2				2							
8													
9													
10	4	4				4							
11	3	3				3							
12	1	0				0							
13	2	0				0							
14	0	1				0							
15													
16													
17	3	3				3							
18	1	1				1							

Additional Review Documentation/Information

- Board meeting minutes for ***Nonprofit entities***
- Food Safety – Fridge & Freezer Temperatures
- Proof of Past Years records
 - *(Past 3 years plus current year records)*
- Title XIX documentation (DHS Subsidy)
- Contracts or Agreements if outsourcing food or services *(contract approved by OSDE)*
- Individual Care of Plan and Group Plan

Claims

- After 60 days a claim cannot be paid
- Payment Notices should be kept on file
- Any claims needing a revision need the *Claim Revision form* and send it to our office
- Monthly Record Keeping Checklist helps ensure all monthly records are completed

TRAINING & CIVIL RIGHTS

Training starts on Pg. AD-83

Civil Rights starts on Pg. AD-89

Institution Training

- A CACFP trainer must be designated at each institution
- Trainer must conduct annual training and document date, agenda, topics, and signatures of attendees
- Must keep sign in sheet of trainings
- It is not required for all staff to be trained on all topics except for ***Civil Rights***
- Trainings ***MUST*** be completed by September 30 each fiscal year and prior to beginning of operations

AD-87

Training Topics & Methods

TOPICS *MUST* INCLUDE:

- **CACFP Meal Patterns**
- **Reimbursement System**
- **Accurate meal counts**
- **Claims submissions**
- **Claim review process**
- **Record Keeping**
- **Civil Rights**

METHODS:

- **Conference Style**
- **Meeting Style**
- **One-on-one**
- **Self-Paced Curriculum***
*These methods must include documentation of post-training test and benchmarks, e-mail confirmation, questions and answers, and sign in records

State Agency Trainings

➤ ***Training is REQUIRED for:***

- *NEW* centers coming on the program
- Centers who are seriously deficient (SD) during the Administrative Review
 - ***Training must be completed within 60 days of the exit conference***
- ALL centers wanting to renew their application and agreement
- Adding a new program, or going multisited
- ***Responsible Primary Individual (RPI) is to attend training or an RPI consent form must be submitted***

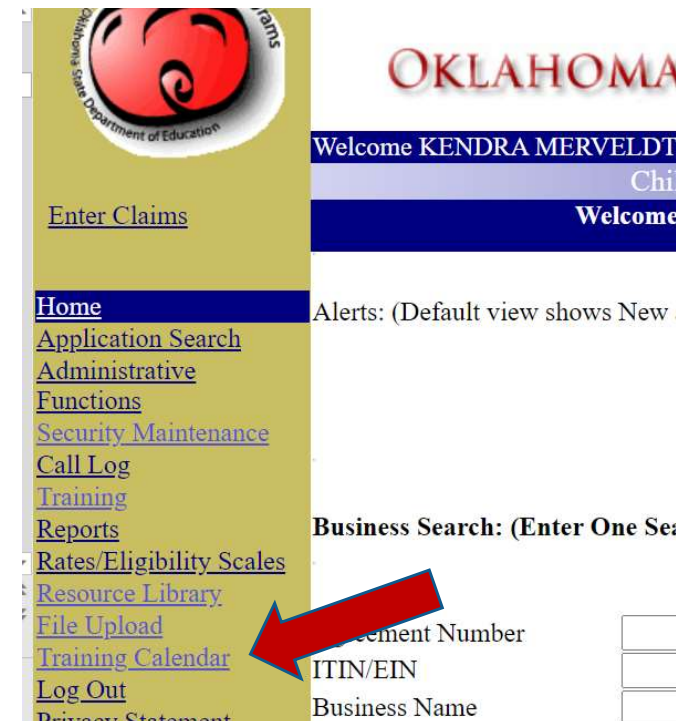
State Agency Trainings (cont)

TRAINING CALENDAR

- A list of all live trainings available
- **To receive credit for any class on zoom or in-person, you must be registered in the Training Calendar**
 - Name when logging into zoom must match registration

OSDE CONNECT

- Self-paced trainings
- Receive a certificate when completed
- Instructions and direct links to the courses available are in ***Resource Library under Trainings & Workshops section***



AD-84-85

Additional Trainings (cont.)

TEAM NUTRITION

- Webinars are on the 3rd Thursday of every month
 - <https://www.fns.usda.gov/tn/webinars-and-training>

INSTITUTE OF CHILD NUTRITION (ICN)

- <https://www.theicn.org>

COOKING FOR KIDS

- <https://cookingforkids.ok.gov/training>

Civil Rights Training

- ▶ **All Staff must be trained on Civil Rights every year**
 - Self-paced training for FY2024 is available on ***OSDE Connect*** after the zoom training.

Civil Rights

- Nondiscrimination statement included on **all** materials being distributed out of institution
- ***And Justice for All*** must be posted – not required to be in kitchen
- Procedure for filing complaints (***Resource Library & Manual***)

Civil Rights Complaints—
Must be based on area of
discrimination:

- Race
- Color
- National Origin
- Sex
- Age
- Disability
- Gender Identity
- Sexual Orientation

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.

Statement Continued (2)

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 This institution is an equal opportunity provider.



AND JUSTICE FOR ALL

In accordance with Federal 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), age, disability, and 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 for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2800 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8338.

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 www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf, from any USDA office, by calling (866) 632-8992, 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:

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fax:
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email:
program.intake@usda.gov.

This Institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación de sexual), edad, discapacidad, o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles.

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2800 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8338.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en [https://www.usda.gov/sites/default/files/documents/USDAProgramComplaintForm-Spanish-Section 508 Compliant.pdf](https://www.usda.gov/sites/default/files/documents/USDAProgramComplaintForm-Spanish-Section%20508Compliant.pdf), en cualquier oficina del USDA, llamando al (866) 632-8992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en Inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

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

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

correo electrónico:
program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

Civil Rights Reporting

- **It is no longer allowed to report a participant's race by visual observation**
- A participant can be identified as multi-racial
 - The institution can now select “2 or more races” or “not reported” in they CACFP system
- It is suggested the family self-reports
- A CACFP enrollment form with race/ethnicity is available in the Resource Library and the uploaded Manual (Center & General forms)
- It is not required for parents/guardian to fill out the ethnic/race section of the application
- *The facility can create their own form to capture this data*

PROCUREMENT

Starts on Page AD-95

Purchasing & Procurement Plan

- All **purchasing** transactions must be conducted in a manner providing **full and open competition**
- All CACFP Institutions ***must have written procedures*** for procurement transactions
 - A Procurement Plan Prototype is in the manual and in the Resource Library
- Fill out the prototype but ***do not mark anything out***. It meets USDA regulations. Even though you may not use all methods right now, you may in the future

Procurement Plan/Procedures

Must Include:

- Methods of Procurement
- Code of Conduct
- Minority firms, women's business enterprises, and labor surplus area firms statement
- Chart of Procedures
- **Nonkickback affidavits** on all contracts over \$25,000

Methods of Procurement

▶ Informal methods

- Micro-purchasing
- Small purchase procedures

▶ Formal methods

- Invitation for Bid/Sealed Bids
- Request for Proposal (RFP)

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Micro-Purchasing

- Aggregate/total per transaction does not exceed *\$10,000.00*
- Distributed CACFP items among ***multiple*** qualified suppliers (***3 or more***)
- No quotes required
- Considers the price to be reasonable based on research, experience, purchase history, or other information and documents it files accordingly (*2 CFR 200.320(a)(1)(ii)*)

Small Purchase Procedures

- Allowable for purchases under \$250,000 per bid, solicitation, or store.
- Obtain quotes or **CHECKING PRICES** (by email, telephone, oral, in-person, catalogs, websites)
- Contact at least two sources or check prices from at least two stores
- Document price quotes and why you purchased from a certain supplier?

Micropurchasing vs Small Purchase

Micropurchasing

- Centers who buy everything for CACFP from multiple stores such as Walmart, Crest, Restaurant Depot, Amazon, Staples, Reasors, Braum's, Hiland, etc.
- Not checking prices
- Buying from **multiple** (*at least 3*) sources/places

Small Purchase

- Checking prices from at least **2 sources**
- The institution does not have to go with the lowest vendor/store with the lowest prices. However, justification would be required
- Suggested when using a food/milk vendor

Formal Procurement

- Required for purchases ***OVER*** \$250,000 per bid or solicitation
- Specifications (aka a grocery list) must be submitted to minimum of 2 vendors.
- An advertisement must be placed in a newspaper

2 Types of Formal Procurement

Invitation for Bid/Sealed Bid:

- The institution will award the bid to the vendor with the lowest price with *No Exceptions*

Request for Proposal (RFP)

- Contract is awarded to who has the highest points based on a weighted evaluation
- **Price** alone is not the sole basis for award, but remains the **primary** consideration when awarding a contract

Procurement Method

- It is required to maintain documentation to show how items were procured using small purchase and formal procurement procedures
- Procurement documentation is required to be kept for 3 years plus current year

CONTRACTING FOR OTHER SERVICES AND FOOD SERVICE

Starts on Page AD-131

Contracting for Services

- ▶ Institution retains final administrative and financial responsibility
- ▶ **No contracting for critical management functions**
- ▶ Services that can be contracted:
 - Accounting services, data services, building maintenance, security, records storage, equipment rental, etc.
- ▶ ***OSDE must approve contract, written by the Center/Sponsor, before going out to bid***
- ▶ **A copy of the contract must be submitted to the State Agency each year**

AD-132

Contracting for Food Service

- An agreement or contract between a facility and food service provider is required **and a copy must be submitted to OSDE each year**
- **All institutions MUST use the OSDE agreement found in the Resource Library**
 - Agreement to Furnish Food (with schools)
 - Agreement to Furnish Food (with entity other than a school)
 - Contracts under \$250,000
 - CACFP RFP (FSMC)
 - Contracts over \$250,000
 - Formal procurement process must be used

A-132-134

Contracting for Food Service Process

- *Vendor* documents the meals delivered using the ***Contract Meal Delivery Receipt (CMDR) form***
- The CACFP institution maintains ***CMDR*** form – **This is the center's Menu as Served record**
- School/Vendor bills the CACFP institution
- The CACFP institution claims reimbursement for meals served

Claiming Contract Meals

Meals are claimed based on meals served/consumed NOT on how many meals were delivered/ordered

Example: Licensed for 25. The vendor sends you 25 meals for breakfast, however, only 18 kids were in attendance and received a meal

- ***The institution will be billed for 25 breakfast, but they can only claim 18 meals***

EXAMPLE
CONTRACT MEAL SERVICE DELIVERY RECEIPT
 (Keep in your institution's monthly folder. *USE ONE RECEIPT PER MEAL SERVICE.*)

DATE: 10/06/YYYY
 MEAL TYPE: Breakfast Lunch AM/PM/LATE PM Snack Supper
(Circle One)

SITE PREPARING MEAL: XYZ DAY CARE CENTER
 SITE RECEIVING MEAL: TOYS N NOISE DAY CARE CENTER
 DELIVERY TIME: 11:30 AM NUMBER OF MEALS ORDERED/DELIVERED: 14

FOOD ITEMS AND QUANTITIES DELIVERED

MENU	Quantity Delivered:	*Crediting/Portioning Information	Temperature at Delivery
	Number of 1-2 <u>4</u> Number of 3-5 <u>in</u> Number of 6-12 _____ Bulk Delivery <input checked="" type="checkbox"/> Preportioned _____		
Milk	Milk provided by: SITE <u>VENDOR</u> <small>(Circle One)</small> Fat-free milk Record Quantity <u>1 gallon</u>	1-2 = 4 oz each 3-5 = 6 oz each	40*
Vegetable/Juice	Green beans, cut, drained, heated, 2 15-oz cans	1-2 = 1/8 cup each 3-5 = 1/4 cup each	140*
Fruit/Juice	Pineapple chunks, natural juice, 2 20-oz cans	1-2 = 1/8 cup each 3-5 = 1/4 cup each	
Grains/Breads	Country biscuit, 14 1-oz	1/2 biscuit each	140*
Meat/Meat Alternate	Chicken, drumsticks w/bone and skin, 4.46#	1 drumstick each	165*
Extras	Margarine patties, 14 pats	1 each	

* Crediting/portioning information: i.e., 1 cup spaghetti sauce = 2 ounces meat/meat alternate, 6 chicken nuggets = 2 ounces meat/meat alternate and 1 ounce grains/breads serving, 2 cheese sticks = 1 ounce meat/meat alternate

I acknowledge that the above items and quantities were delivered to this contract site. I did complete the necessary portioning/crediting information. Child Nutrition (CN) labels, Production Information Statements, and/or recipes are available for all combination food items or other applicable components.

Food Service Director _____
 Signature From Preparation Kitchen

I acknowledge that the above items and quantities were delivered to this contract site.

INSPECTION DELIVERY: Was the food delivered in a safe/sanitary method? Yes or No
 Were food temperatures proper? Yes or No

Comments: Use portioning utensils provided

Director of Day Care Center _____
 Signature From Site Receiving Food

FOR INSTITUTION TO USE WHEN CONTRACTING MEALS FROM OUTSIDE VENDOR OR WITHIN OWN INSTITUTION; KEPT IN INSTITUTION'S MONTHLY FOLDER.

**P-133,
AD-132
or A-110**



MEAL PATTERN REQUIREMENTS

Starts on Page A-137

Meal Patterns

Breakfast, Lunch/Supper, and Snacks

- Must follow the meal patterns for each meal service
- Five food components in CACFP Meal Patterns
- Must offer the minimum serving size for a reimbursable meal

AD-138-141

Breakfast

Three Components

- Milk
- Vegetable, fruit or both
- Grain
 - Meat can be served in place of a grain up to three times per week

ADULT MEAL PATTERN

Breakfast

Food Components and Food Items ¹	Minimum Quantities
Fluid Milk ²	8 fluid ounces
Vegetables, fruits, or portions of both ³	1/2 cup
Grains (oz eq)^{4,5,6}	
Whole grain-rich or enriched bread	2 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 oz eq
Whole grain-rich, enriched, or fortified cooked breakfast cereal ⁶ , cereal grain, and/or pasta	1 cup cooked
Whole grain-rich, enriched, or fortified ready-to-eat breakfast cereal (dry, cold) ^{5,6}	
Flakes or rounds	2 cups
Puffed cereal	2 1/2 cups
Granola	1/2 cup

Lunch/Supper

Five Components

- Milk
- Vegetable
- Fruit
- Grain
- Meat/Meat Alternate

--A vegetable may be served in place of a fruit at lunch

--All five components must be served for a reimbursable meal to be claimed

ADULT MEAL PATTERN

Lunch/Supper

Food Components and Food Items ¹	Minimum Quantities
Fluid Milk^{2,3}	8 fluid ounces
Meat/Meat Alternates	
Lean meat, poultry, or fish	2 ounces
Tofu, soy product, or alternate protein product ⁴	2 ounces
Cheese	2 ounces
Large egg	1
Cooked dry beans or peas	1/2 cup
Peanut butter or soy nut butter or another nut or seed butter	4 Tbsp
Yogurt, plain or flavored, sweetened or unsweetened ⁵	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 ounce of nuts/seeds = 1 ounce of cooked lean meat, poultry, or fish)	1 ounce = 50 percent
Vegetables⁶	1/2 cup
Fruits^{6,7}	1/2 cup
Grains (oz eq)^{8,9}	
Whole grain-rich or enriched bread	2 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	2 oz eq
Whole grain-rich, enriched, or fortified cooked breakfast cereal ⁹ , cereal grain, and/or pasta	1 cup cooked

Snacks

Only **TWO** out of the five components must be served.

- Milk
- Grain
- Meat/Meat Alternate
- Fruit
- Vegetable

ADULT MEAL PATTERN

Snack

(Select two of the five components for a reimbursable meal)

Food Components and Food Items ¹	Minimum Quantities
Fluid Milk²	8 fluid ounces
Meat/Meat Alternates	
Lean meat, poultry, or fish	1 ounce
Tofu, soy product, or alternate protein product ³	1 ounce
Cheese	1 ounce
Large egg	1/2
Cooked dry beans or peas	1/4 cup
Peanut butter or soy nut butter or another nut or seed butter	2 Tbsp
Yogurt, plain or flavored, sweetened or unsweetened ⁴	4 ounces or 1/2 cup
Peanuts, soy nuts, tree nuts, or seeds	1 ounce
Vegetables⁵	1/2 cup
Fruits⁵	1/2 cup
Grains (oz eq)^{6,7}	
Whole grain-rich or enriched bread	1 oz eq
Whole grain-rich or enriched bread product such as biscuit, roll, or muffin	1 oz eq
Whole grain-rich, enriched, or fortified cooked breakfast cereal ⁸ , cereal grain, and/or pasta	1/2 cup cooked
Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) ⁷	
Flakes or rounds	1 cup
Puffed cereal	1 1/4 cups
Granola	1/4 cup

COMPONENTS



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Special Dietary Needs

- For a meal to be reimbursable, children must be offered all requirement CACFP components and in the correct serving size
- ***However***, if a participant cannot consume any of the required item(s) served on CACFP due to a disability, a medical statement or doctor's note is **required** to be on file ***or be listed in the Individual Care Plan***
- **If a substitution is listed, ALWAYS serve what is stated on the statement**

Medical Statement

- **A meal cannot be claimed if it is lacking any required components/quantities unless meal is supported by medical statement**
- Required for participants who are unable to consume certain foods
- Must be signed by a recognized medical authority
- Should include recommended alternate foods
- Always serve what the doctor's note states

AD-189-190

Fluid Milk



- Unflavored fat-free (skim) or low-fat (1%)
- Flavored fat-free (skim) milk or (1%) low-fat

AD-142

Fluid Milk Substitution: Yogurt

- Once per day, 6 oz ($\frac{3}{4}$ cup) of yogurt may be served in place of 8 oz fluid milk
 - Yogurt must contain no more than 23 grams of total sugars per 6 oz
 - Credits for only one food component in a single meal
 - Yogurt must meet the sugar requirements

AD-142

Milk Substitutions

- An institution **may** allow parents to request a milk substitution
- *These milk substitutions are at the option & expense of the facility*
- ***Lactose-free is considered milk in CACFP***
Therefore, this can be served without a medical statement. It is not considered a milk substitution

Milk Substitutions Request

- Reason for the request
- Completed form signed by parent

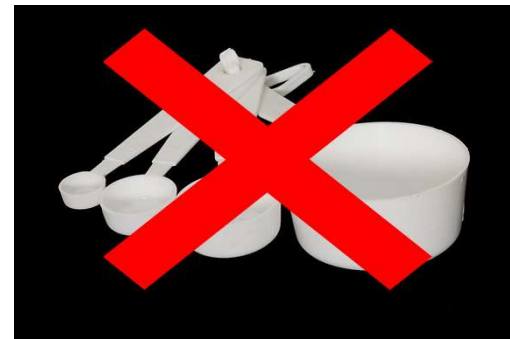
- **Nutrient** requirements:

Calcium	276 mg	Magnesium	24 mg
Protein	8 g	Potassium	349 mg
Vitamin A	500 IU	Phosphorus	222 mg
Vitamin D	100 IU	Riboflavin	0.44 mg
Vitamin B-12	1.1 mcg		

- ***Soy Milk*** is the only current available options that meet the requirements listed above

BEWARE When Serving Milk

- Make sure you are purchasing enough milk
- Purchase the correct cup size for anyone 6 and older
 - An 8.5 oz cup must be filled to the very top brim to meet requirements
- Use a liquid measuring cup
 - Dry measurement is ~ 1 oz short

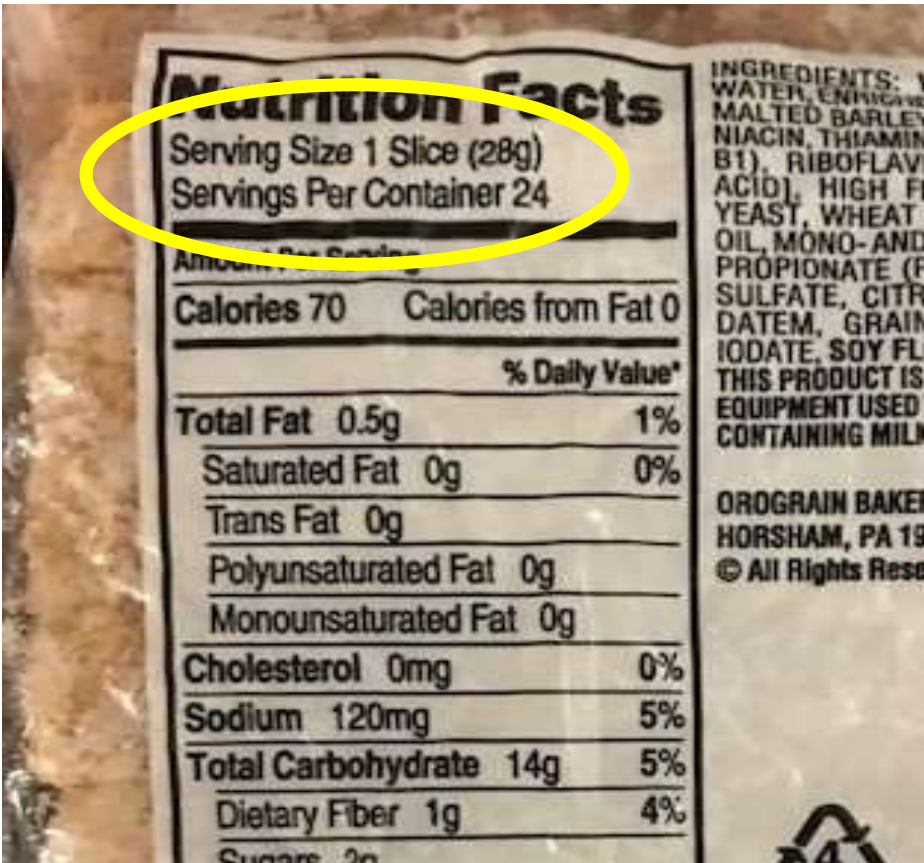


Grains Component



Not all sliced bread the same?

1 slice = 28 grams



1 slice = 26 grams

Whole Grains: One Meal Service per Day

- **At least one meal service per day is required to be whole grain-rich**
- All other grains must be made with enriched or whole grain meal or flour, bran, or germ
- If a whole grain-rich food is not served: **The meal or snack containing a grain with the lowest reimbursement will be disallowed**

AD-165

Determining Whole Grain Rich (WGR) Products

- WIC-Approved Whole Grain Food List
- The first ingredient is listed as “Whole”.
- The first ingredient can be “water” as long as the second ingredient is a “whole” grain.
- Proper documentation from a manufacturer or a standardized recipe

WIC-Approved Whole Grain Options List

Whole Grain Options



16 oz. Loaves Only
 Best Choice - 100% Whole Wheat
 (UPC 0-70038-31150-8)
 Best Yet - 100% Whole Wheat
 (UPC 0-42187-20348-5)

Whole Grain Options



**Whole Wheat Tortillas
16 oz. Only**
 Best Choice - 100% Whole Wheat
 (UPC 0-70038-30038-0)

Whole Grain Options



**Whole Wheat Pasta
(2 - 8 oz. or 16 oz. Only)**
 Allegra
 Spaghetti

Whole Grains

- Whole Wheat
- Entire Wheat
- Rye Berries
- Cracked Wheat
- Crushed Wheat
- Whole corn
- Whole Durum
- Whole Grain Specialty
- Quinoa
- Brown Rice
- Wild Rice
- Oatmeal
- Oat Groats
- Bulgar
- Sorghum

AD-160

Breadsticks

Ingredients: **WHOLE-WHEAT FLOUR**, water, enriched unbleached wheat flour (wheat flour, malted barley flour, niacin, iron as ferrous sulfate, thiamine mononitrite, enzyme, riboflavin, folic acid), graham flour, sugar, wheat gluten.

Is it Whole Grain Rich?

- First ingredient is a whole grain
- Remaining grains in the product are enriched & whole grain



Homemade Breads/Grains

If you bake your bread/grain items from scratch, this is how to make it whole grain-rich:

- 50% of the grain must be a Whole-grain flour
- 50% of the grain can be enriched, all-purpose flour

Limitations of Sugar in CACFP Grains/Bread Items

- Breakfast cereals must contain ***no more*** than 6 grams of sugar per dry oz
 - Includes: Ready-to-eat, instant, & regular hot cereal
- Grain-based desserts are not creditable

Approved Breakfast Cereal

Use WIC Approved Breakfast
Cereals List

<http://www.womeninfantschildrenoffice.com/oklahoma-wic-food-list-wf35>



Cold and Hot Cereals
 Allowed in 9.8 oz. to 36 oz.
 Size Only
 No Substitutions!



These cereals
ONLY meet the
 sugar
 requirements

This list **DOES**
NOT indicate the
 item is whole
 grain-rich

SOME Grain-Based Desserts

Items in **RED** on the Grains Chart are not allowed to be served in CACFP

- Brownies
- Cakes
- Cereal/Breakfast bars
 - Nutrigrain bar
- Cookies
 - Fig bars
 - Vanilla Wafers
- Granola bars
- Sweet piecrusts
- Sweet rolls
 - Cinnamon Roll
 - Danish
- Toaster pastries
 - Poptart

AD-163-164

Grain-Based Dessert

- Some foods are not easily identified as grain-based dessert
i.e., a cookie is labeled “breakfast round”
- Ask the question:
 - Is this food thought of as a dessert?
 - Check out the list provided by USDA in the Training Manual
 - If you are not sure, reach out to your program specialist for approval

Grain-Based Desserts & Special Occasions

- ▶ Annual festival, birthday celebrations, end-of-year bash, or other special events
 - Should use discretion when serving non-reimbursable foods/beverages
- ▶ May be served as an additional item only
- ▶ The items served must be put in the non reimbursable section of the Food-Purchasing form



MEAT/MEAT ALTERNATE

are FY2024

AD-145



Meat/Meat Alternates (M/MA)

- M/MA may be served in place of the entire grain component at breakfast
 - a maximum of three times per week
- Serve a variety of Meat/Meat Alternates
 - Examples of meat alternate: beans, cheese, nut butters, tofu, eggs, and yogurt

Example of Meat for Grain

Serving M/MA in place of grains:

- 1 oz of m/ma credits as 1 ounce equivalent of grain

Menu Example:

- Cheese Omelet (Credits as the m/ma)
- Fruit
- Milk

Crediting Meat Alternates

▶ Nuts & Seeds

- Peanut butter 2T = 1oz

▶ Dry beans & peas

- 1/4 cup = 1 oz
- 1/2 cup = 2 oz

❖ Beans can also be credited as vegetable but ***not both in the same meal***

▶ Eggs

- 1 large = 2 oz
- 1/2 large = 1 oz

▶ Yogurt

- 4 oz = 1 oz

▶ Natural Cheese

- 1 oz = 1 oz

Yogurt

- **Soy yogurt is a dairy-free option**
- **Must contain no more than 23 grams of total sugars per 6 oz**
- ***Do not use the WIC yogurt list***



Yogurt Meets Requirements?

Serving Size

- Number of servings in a package
- Unit: ounces, cups, per container, etc.

Sugars or Total Sugars

- Amount per serving
- Means the same thing

Nutrition Facts	
Serving Size 6 oz (170g)	
Servings Per Container 1	
Amount Per Serving	
Calories 140	
	% Daily Value*
Total Fat 0g	0%
Saturated Fat 0g	0%
Trans Fat 0g	
Cholesterol 0mg	0%
Potassium 0mg	0%
Sodium 65mg	3%
Total Carbohydrate 22g	7%
Dietary Fiber 1g	4%
Sugars 19g	
Protein 14g	28%
*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.	
	Calories 2,000 2,500
Total Fat	Less than 65g 80g
Sat Fat	Less than 20g 25g
Cholesterol	Less than 300mg 300mg
Sodium	Less than 2400mg 2400mg
Total Carbohydrate	300g 375g
Dietary Fiber	25g 30g

Yogurt and Sugar Guide

Yogurt Sugar Limits

Serving Size (Ounces)	Serving Size (Grams)	Sugar Limits
2.25 ounces	64 grams	0-9 grams
3.5 ounces	99 grams	0-13 grams
4 ounces	113 grams	0-15 grams
5.3 ounces	150 grams	0-20 grams
6 ounces	170 grams	0-23 grams
8 ounces	227 grams	0-31 grams

AD-147

FRUITS & VEGETABLES



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Vegetable & Fruit Components

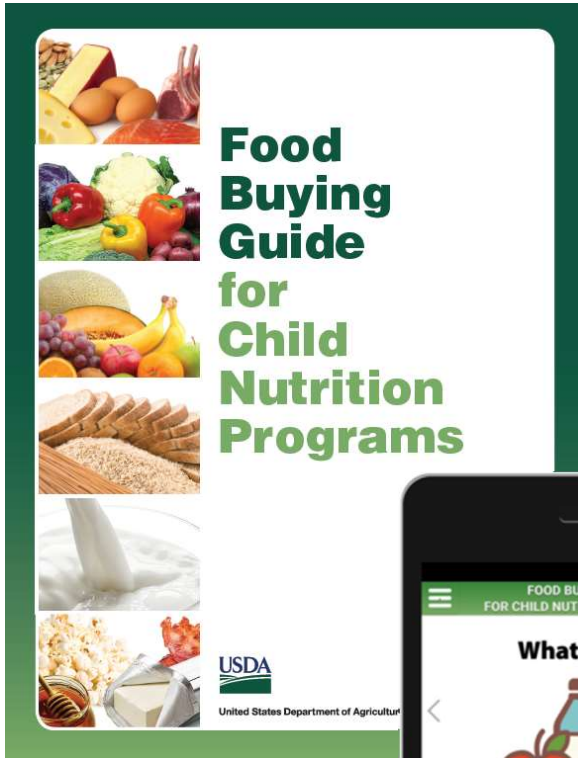
- Vegetables & fruits are two separate components except at breakfast
- A vegetable can replace the entire fruit component at lunch/supper
 - **Must be 2 different vegetables: *NOT* mashed potatoes & French fries. Example: Mashed potatoes & green beans**
- Juice must be 100%, pasteurized, and is limited to ONE MEAL SERVICE per day
 - ✓ **If juice is served at more than one meal service per day, the meal with the lowest reimbursement that juice was served will be disallowed**

Crediting Information



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USDA Food Buying Guide (FBG)

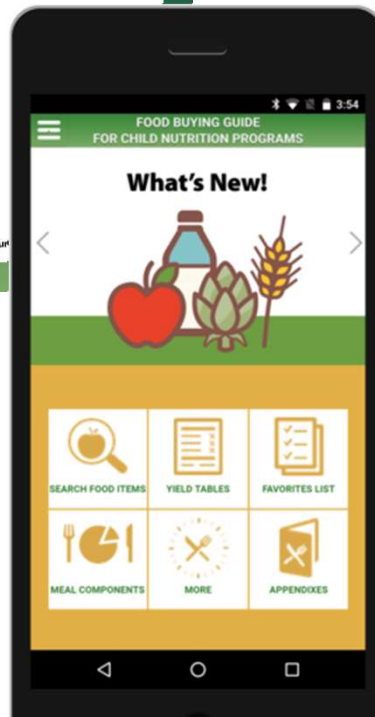


VERSIONS:

Online – Interactive

App – IOS or Android

PDF – Resource Library



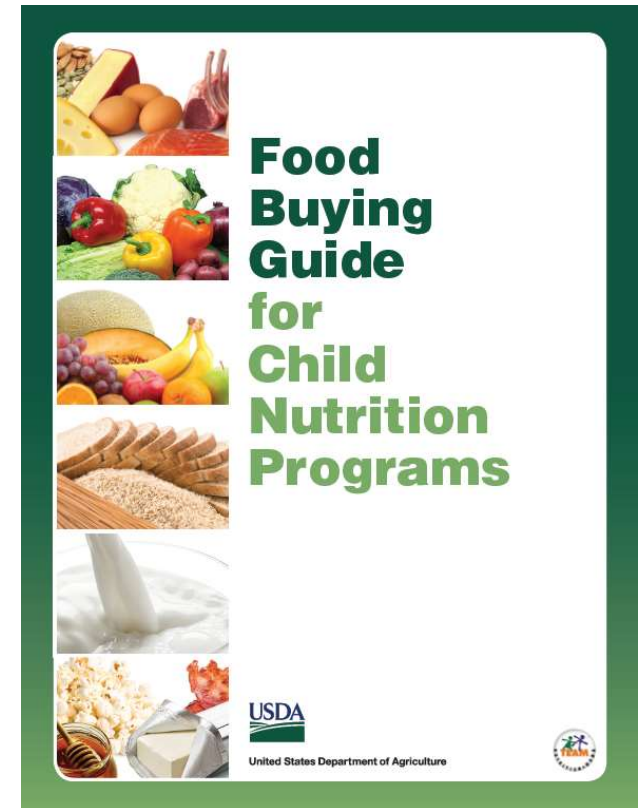
Whether Serving 10 OR 1000: The Concept is the Same!

- Is the item served creditable on Child Nutrition program?
- How many servings will you get from a specific quantity of food?
- What quantity of the raw product will provide the amount of ready-to-cook food called for in a recipe?
- How much food will you need to buy?

Sections of the FBG

▶ The FBG is divided into 7 sections and an index. The sections are as follows:

- Introduction
- Meats/Meat Alternates
- Vegetables
- Fruits
- Grains
- Milk
- Other Foods
- Appendices A–F



AD-182

What Food Items Can Be Served?

Does the label on the package read EXACTLY AS STATED in the **Food As Purchased (AP)** column in the FBG?

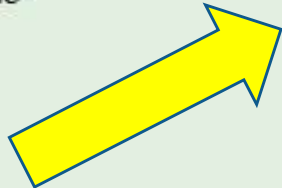
- If **YES**, the item can be served
- If it is **NOT IN THE FBG**, does the food item have:
 - A Child Nutrition (CN) Label?
 - A “valid” Product Formulation Statement?
 - ✓ If **YES**, it can be served
 - ✗ If **NO**, it cannot be served

Section 1 Meats/Meat Alternates

1. Food As Purchased, AP	2. Purchase Unit	3. Servings per Purchase Unit, EP	4. Serving Size per Meal Contribution	5. Purchase Units for 100 Servings	6. Additional Information
BEEF, GROUND, fresh or frozen (continued)					
Beef, Ground, fresh or frozen ^{9, 10} <i>no more than 24% fat, (Like IMPS #136)</i>	Pound	11.60	1 oz cooked lean meat	8.70	1 lb AP = 0.75 lb cooked, drained, lean meat
	Pound	7.78	1-1/2 oz cooked lean meat	12.90	1 lb AP = 0.51 lb cooked, drained, lean meat
Beef, Ground, fresh or frozen ^{9, 10} <i>no more than 20% fat, Includes USDA Foods, (Like IMPS #136)</i>	Pound	11.80	1 oz cooked lean meat	8.50	1 lb AP = 0.74 lb cooked, drained, lean meat
	Pound	7.89	1-1/2 oz cooked lean meat	12.70	1 lb AP = 0.74 lb cooked, drained, lean meat
Beef, Ground, fresh or frozen ^{9, 10} <i>no more than 15% fat, (Like IMPS #136)</i>	Pound	12.00	1 oz cooked lean meat	8.40	1 lb AP = 0.75 lb cooked, drained, lean meat
	Pound	8.00	1-1/2 oz cooked lean meat	12.50	1 lb AP = 0.75 lb cooked, drained, lean meat
Beef, Ground, fresh or frozen ^{9, 10} <i>no more than 10% fat, (Like IMPS #136)</i>	Pound	12.10	1 oz cooked lean meat	8.30	1 lb AP = 0.76 lb cooked, drained, lean meat
	Pound	8.10	1-1/2 oz cooked lean meat	12.40	1 lb AP = 0.76 lb cooked, drained, lean meat

Section 2 - Vegetables

1. Food As Purchased, AP	2. Purchase Unit	3. Servings per Purchase Unit, EP	4. Serving Size	5. Purchase Units for 100 Servings	6. Additional Information
Other Vegetables - BEANS, GREEN (continued)					
Beans, Green, canned <i>Whole, Includes USDA Foods</i>	No. 10 Can (101 oz)	39.50	1/4 cup heated, drained vegetable	2.60	1 No. 10 can = about 58.0 oz (13 cups) drained, unheated beans
	No. 10 Can (101 oz)	52.20	1/4 cup drained vegetable	2.00	1 No. 10 can = about 58.0 oz (13 cups) drained, unheated beans
	No. 2-1/2 Can (28 oz)	14.40	1/4 cup heated, drained vegetable	7.00	1 No. 2-1/2 can = about 16.0 oz (3-5/8 cups) drained, unheated beans
	No. 300 Can (14-1/2 oz)	4.58	1/4 cup heated, drained vegetable	21.90	1 No. 300 can = about 7.3 oz (1-1/8 cups) heated, drained beans; 1 No. 300 can = about 7.6 oz (1-5/8 cups) drained, unheated beans
	No. 300 Can (14-1/2 oz)	6.95	1/4 cup drained vegetable	14.40	1 No. 300 can = about 7.6 oz (1-5/8 cups) drained, unheated beans
	Pound	8.20	1/4 cup drained vegetable	12.20	
Beans, Green, Flat Italian, canned <i>Whole</i>	No. 10 Can (103 oz)	35.10	1/4 cup heated, drained vegetable	2.90	1 No. 10 can = about 56.6 oz (8-3/4 cups) heated, drained beans; 1 No. 10 can = about 63.3 oz (10-5/8 cups) drained, unheated beans
	No. 10 Can (103 oz)	42.70	1/4 cup drained vegetable	2.40	1 No. 10 can = about 63.3 oz (10-5/8 cups) drained, unheated beans
Beans, Green, Flat Italian, frozen <i>Whole</i>	Pound	9.30	1/4 cup cooked, drained vegetable	10.80	1 lb AP = 0.91 lb (about 2-1/4 cups) cooked, drained beans
Beans, Green, frozen <i>Cut, Includes USDA Foods</i>	Pound	11.60	1/4 cup cooked, drained vegetable	8.70	



Creditable Lunch Meat - FBG

Component	Category / Subcategory	Food As Purchased, AP
	Pork and Pork Products PORK, MILD CURED, Fully Cooked, chilled or frozen	 <p>Pork, Mild Cured, Fully Cooked, chilled or frozen, Ham, With natural juices³⁴ Boiled, Without bone, (Like IMPS #508 Style B) Footnote</p>
	Pork and Pork Products PORK, MILD CURED, Fully Cooked, chilled or frozen	<p>Pork, Mild Cured, Fully Cooked, chilled or frozen, Ham, With natural juices³⁴ Boiled, Without bone, (Like IMPS #508 Style B) Footnote</p>
	Pork and Pork Products PORK, MILD CURED, Fully Cooked, chilled or frozen	<p>Pork, Mild Cured, Fully Cooked, chilled or frozen, Ham, With natural juices³⁴ Smoked, Without bone, (Like IMPS #509 Style B) Footnote</p>
	Pork and Pork Products PORK, MILD CURED, Fully Cooked, chilled or frozen	<p>Pork, Mild Cured, Fully Cooked, chilled or frozen, Ham, With natural juices³⁴ Smoked, Without bone, (Like IMPS #509 Style B) Footnote</p>

Creditable Lunch Meat??



Pork, Mild Cured, Fully Cooked, chilled or frozen, Ham, With natural juices³⁴

Boiled, Without bone, (Like IMPS #508 Style B)

Footnote

Food-Buying Guide and Deli Meat

- **Ham:**
 - We have not found a pre-sliced ham in the section by the cheese that meets requirements
 - Some MAY work in the deli section
 - A copy of the label of ham served
 - The information of the ham used from the FBG
- **Turkey:**
 - The only turkey allowed for sandwiches is you take a whole turkey, cook it, and slice it

Sandwich Suggestions

- Beef Bologna
- Homemade Pimento Cheese
- ***Turkey Ham***
- Homemade Tuna/Chicken/Egg Salad
- Grilled Cheese
 - *Must use creditable cheese*

TURKEY HAM, Fully cooked, chilled or frozen

Turkey Ham, fully cooked, chilled or frozen ⁴³	Pound	11.20	1.4 oz serving provides 1 oz cooked turkey	9.00	1 lb AP = 0.70 lb cooked turkey
	Pound	7.46	2.1 oz serving provides 1-1/2 oz cooked turkey	13.50	1 lb AP = 0.70 lb cooked turkey
Turkey Ham, fully cooked, chilled or frozen ⁴³ <i>15% added ingredients</i>	Pound	9.41	1.7 oz serving provides 1 oz cooked turkey	10.60	1 lb AP = 0.59 lb cooked turkey
	Pound	6.27	2.6 oz serving provides 1-1/2 oz cooked turkey	15.90	1 lb AP = 0.59 lb cooked turkey

Fruit & Vegetable Crediting

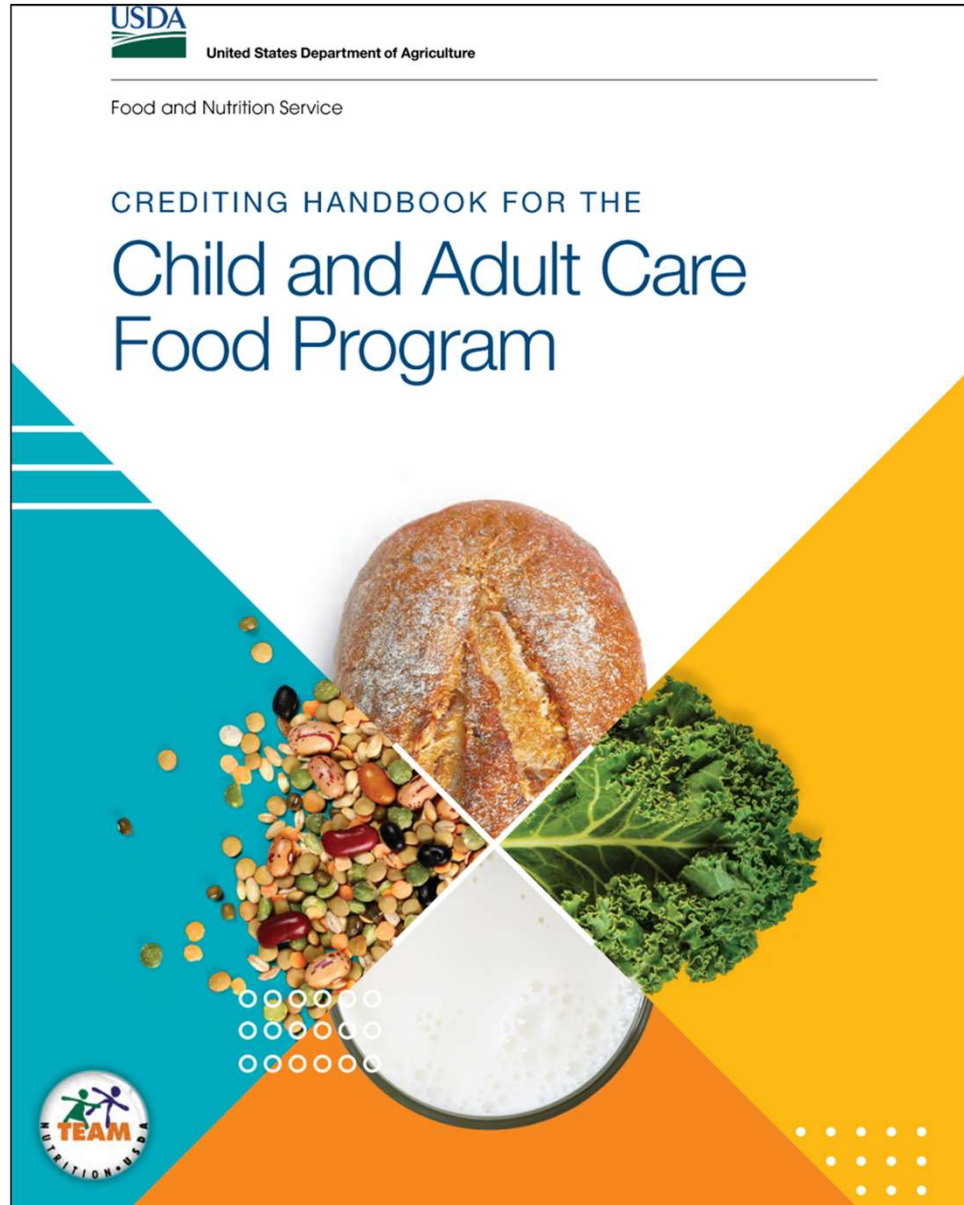
- 1 cup of raw leafy greens
= 1/2 cup vegetable



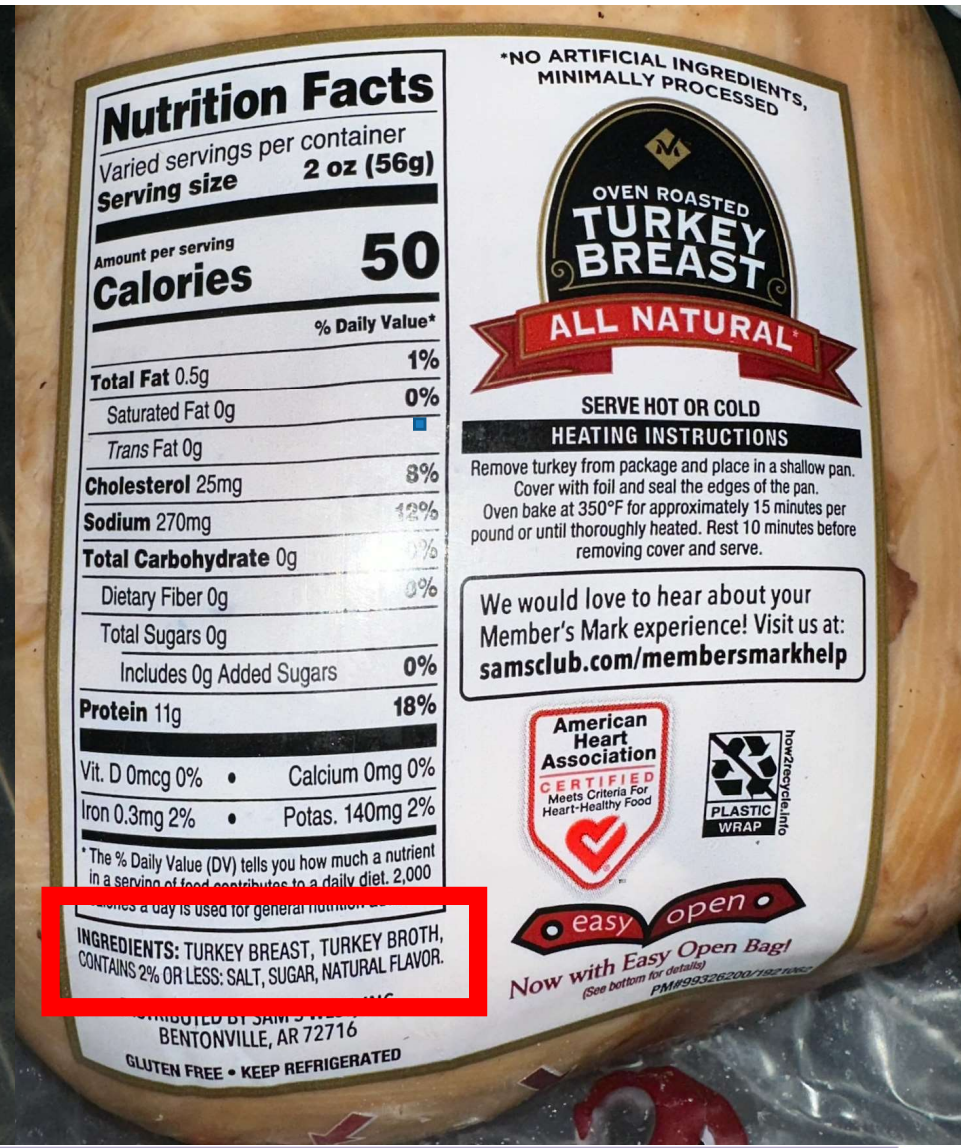
- 1/4 cup of dried fruit
= 1/2 cup of fruit



CACFP Crediting Handbook



Food	Creditable			Comments
	Yes	Maybe	No	
Acorns			x	Acorns have a low protein content.
Bacon and Imitation Bacon Products			x	These products are considered fats with little protein. They are not creditable toward meal pattern requirements.
Bacon Rinds			x	These products do not qualify for the meat/meat alternate requirement.
Bacon, Turkey		x		Turkey bacon is creditable only if it (1) is CN-labeled or (2) has a Product Formulation Statement signed by an official of the manufacturer (not a sales person).
Beans, Dry or Canned	x			See pages 1-5 through 1-12 of the <i>Food Buying Guide</i> . ¼ cup cooked beans credits as 1 oz. equivalent meat alternate.
Beans, Refried	x			See page 1-12 of the <i>Food Buying Guide</i> .
Beef Jerky			x	Beef jerky does not qualify for the meat/meat alternate requirement. This product has a high sodium content and is difficult to chew.
Bologna		x		Creditable when free of byproducts, cereals, or extenders, and/or when the product is CN-labeled. Examples of binders/extendors are starch, cellulose, and nonfat dry milk. Examples of byproducts are glands, hearts, and other organ meats. See page 1-36 of the <i>Food Buying Guide</i> .
Canadian Bacon or Mild Cured Pork	x			1 lb. (16 oz.) will yield eleven 1-oz. servings of cooked, lean meat. See page 1-47 of the <i>Food Buying Guide</i> , CN Label, or product formulation statement for crediting information.
Canned or Frozen combination foods: Stews, Beef-a-Roni, Chili Macaroni, Pizzas, Pot Pies, Raviolis		x		These products are creditable only if they have (1) a CN label or (2) a Product Formulation Statement signed by an official of the manufacturer (not a sales person). See pages 61 and 62 for more information on combination foods.
Canned, Pressed Luncheon Meat (Potted/Deviled)			x	These products have a high salt and fat content. There is no standard of identity for these products, so there is no standard method of crediting.
Ceviche			x	Fish products must be fully cooked. Raw fish are a potential health hazard for vulnerable populations. See entry for sushi on page 28.



Food	Creditable			Additional Information
	Yes	Maybe	No	
Luncheon Meats (Chicken, Turkey, Beef, Pork, all Deli Meats)		X		Only luncheon meats that are listed in the <i>Food Buying Guide</i> or have a (1) CN label or (2) Product Formulation Statement are creditable.

Product packaging states:

- “Imitation cheese”
- “Cheese product”

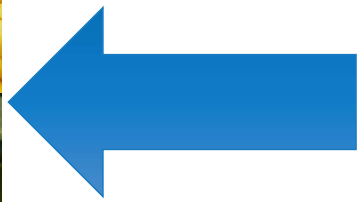


Food	Creditable			Additional Information
	Yes	Maybe	No	
Cheese, Imitation			X	Cheese labeled as “imitation” is not creditable because the nutrient content is inferior to the food it substitutes and therefore is not creditable.
Cheese Products			X	Cheese labeled as a cheese “product” is not creditable. Cheese products do not have a standard of identity.



Food	Creditable			Additional Information
	Yes	Maybe	No	
Potato Chips (and Other Vegetable Chips), Fried			X	Potato chips and other vegetable chips contain many different variations in ingredients and are not creditable. These products are high in fat and sodium and should be served on a limited frequency. See the Other Foods section in the <i>Food Buying Guide</i> for purchasing information.

Fruit Crediting in Handbook



Average size Banana & Orange = $\frac{1}{2}$ cup of fruit

Fruit	Serving Size and Yield
Apples	$\frac{1}{4}$ raw, unpeeled medium apple = about $\frac{1}{4}$ cup
Bananas	1 medium banana = $\frac{1}{2}$ cup
Blueberries	$\frac{1}{4}$ cup measure
Strawberries	$\frac{1}{4}$ cup measure
Cantaloupe	$\frac{1}{10}$ medium melon = about $\frac{1}{4}$ cup

Pre-Made Mixed Dishes

- Examples: pizza, burrito, chicken nuggets
- Items that contain 2 or more components ***when purchased***
- **Can I serve it?** It depends if it is in the Food Buying Guide
 - ✓ **If NO** – CN Label or Product Formulation Statement is required

Food Crediting Information

- CN Labels (Child Nutrition Label)
 - CN Labels must be current and the exact product you are purchasing
 - ***The 6-digit CN Label number must be listed on the Menu as Served form***

- Current Product Formulation Statements

Expiration Date/Valid CN Labels:

<https://www.fns.usda.gov/cn/labeling/usdausdc-authorized-labels-and-manufacturers>

CN Label on the Box

Breakfast
Combos[®]
Bar

BREADED CHOPPED HAM, SCRAMBLED EGGS & CHEESE

BAR INGREDIENTS: GROUND FRESH HAM MEAT (GROUND PORK NO MORE THAN 30% FAT), FROZEN COOKED SCRAMBLED EGGS (WHOLE EGGS, WATER, CITRIC ACID), PASTEURIZED PROCESS CHEDDAR CHEESE (CHEDDAR CHEESE [PASTEURIZED CULTURED MILK, SALT, ENZYMES], MILKFAT, SODIUM CITRATE, SODIUM PHOSPHATES, SALT, SORBIC ACID [PRESERVATIVE], ARTIFICIAL COLOR, POTASSIUM SORBATE AND NATAMYCIN [PRESERVATIVES]), WATER, SALT, SUGAR, SMOKE FLAVORING, SODIUM ERYTHORBATE, SODIUM NITRITE. **BATTER INGREDIENTS:** WATER, WHOLE WHEAT FLOUR, MODIFIED CORNSTARCH, SOYBEAN OIL, SUGAR, SODIUM BICARBONATE, SODIUM ACID PYROPHOSPHATE, MONOCALCIUM PHOSPHATE, SPICES, FLAVORING. **BREADING INGREDIENTS:** BREADING (WHOLE GRAIN WHEAT FLOUR, DISTILLED VINEGAR, CONTAINS 2% OR LESS OF MALTED BARLEY FLOUR, YEAST, SEA SALT, LEAVENING [SODIUM BICARBONATE], SPICE EXTRACTIVE).

NET WT 10 LB (4.54kg)

Nutrition Facts	
Serving Size 1 Bar (57g)	
Servings Per Container 80	
Amount Per Serving	
Calories 200 Calories from Fat 140	
% Daily Value*	
Total Fat 16g	25%
Saturated Fat 5g	25%
Trans Fat 0g	
Cholesterol 60mg	20%
Sodium 350mg	15%
Total Carbohydrate 8g	3%
Dietary Fiber 1g	4%
Protein 7g	
Calcium 4%	Iron 4%
Not a significant source of Sugars, Vitamin A and Vitamin C.	
*Percent Daily Values are based on a 2,000 calorie diet.	

KEEP FROZEN



41902
80/2 OZ.

CN 095005

ONE 2.00 OZ. BREADED CHOPPED HAM, SCRAMBLED EGGS & CHEESE BAR PROVIDES 1.00 OZ. EQUIVALENT MEAT/MEAT ALTERNATE AND 0.25 OZ. EQUIVALENT GRAINS FOR CHILD NUTRITION MEAL PATTERN REQUIREMENTS. (USE OF THIS LOGO AND STATEMENT AUTHORIZED BY THE FOOD AND NUTRITION SERVICE, USDA 08/16).

CN



DISTRIBUTED BY
 HORMEL FOODS SALES, LLC
 1 HORMEL PLACE
 AUSTIN, MN 55912
 ©HORMEL FOODS, LLC

QUESTIONS OR COMMENTS,
 PLEASE CALL 1-800-723-8000.
www.hormelfoodservice.com



S0043485-10

This is a product number
not a CN Label



12670CI03 18

CRISPIITOS



00023700038487

024569 0928

FULLY COOKED TIGHTLY ROLLED WHOLE GRAIN TORTILLA WITH CHICKEN CHILI FILLING

INGREDIENTS: FILLING: Mechanically separated chicken, water, seasoning (chili pepper, salt, dehydrated onion, garlic powder, cumin, paprika, black pepper, red pepper, oregano, extractives of paprika), whole grain oats, stabilizers (corn starch, modified food starch, cellulose gum, xanthan gum, guar gum). WHOLE GRAIN TORTILLA: Whole wheat flour, bleached enriched wheat flour (flour, malted barley flour, niacin, reduced iron, thiamine mononitrate, riboflavin, folic acid), water, vegetable oil (contains one of more of the following: soybean oil, corn oil with TBHQ and citric acid, contains 2% or less of: salt, dough conditioners (sodium stearoyl lactylate, calcium sulfate), potassium sorbate (as a preservative), fumaric acid. PASTE INGREDIENTS: Water, xanthan gum. Blanched in vegetable oil.
CONTAINS: WHEAT.

Nutrition Facts	
Serving Size 1 Piece (97g)	
Servings Per Container About 72	
Amount Per Serving	
Calories 270	Calories from Fat 130
% Daily Value*	
Total Fat 14g	22 %
Saturated Fat 3g	15 %
Trans Fat 0g	
Polyunsaturated Fat 5g	
Monounsaturated Fat 4.5g	
Cholesterol 25mg	8 %
Sodium 370mg	15 %
Total Carbohydrate 23g	8 %
Dietary Fiber 3g	12 %
Sugars 1g	
Protein 12g	24 %
Vitamin A 15%	Vitamin C 0%
Calcium 4%	Iron 10%

*Percent Daily Values are based on a diet of 2,000 calories a day.

This is a CN Label
094914

CN 094914
Each 9.45 oz. serving of tightly rolled whole grain tortilla with chicken chili filling provides 1.00 oz. equivalent meat and 1.00 oz. equivalent grains for Child Nutrition Meal Pattern Requirements.
*Use of this logo and statement authorized by the Food and Nutrition Service, USDA. (06/16).

CN Label shows crediting information

PREPARATION: Appliances vary adjust accordingly.
CONVECTION OVEN: 12 - 15 minutes at 350°F from FROZEN, 10 - 14 MINUTES from THAWED.
CONVECTION OVEN: 12 - 15 minutes at 350°F from FROZEN.
Instructions are approximate. Heat until internal temperature reaches 140°F.



KEEP FROZEN

DISTRIBUTED BY: TYSON SALES AND DISTRIBUTION, INC., P. O. BOX 2020, SPRINGDALE, AR 72765-2020 U.S.A.
TYSON FOODS, INC.

NET WT. 15.53 LBS.

LLP11119022

This CN label shows it provides 1 ounce of Meat/Meat Alternate and
1 Ounce equivalent of whole grain rich bread.

Child Nutrition/CN Labels

- Original CN Label from the product carton
- Photocopy of CN Label that is on the original product packaging
- Photograph of CN Label that is on the original packaging
- OSDE can request an invoice or receipt to validate the CN label.
 - Required if Watermarked

MUST BE VISIBLE AND LEGIBLE

Product Formulation Statement (PFS)

- Obtained from the manufacturer of the product
- Be on company's letterhead
- Provide crediting information based on the Food Buying Guide
- Contain a crediting statement
- Be signed and dated by a legally authorized representative of the company/manufacturer
- ***A PFS is NOT a guarantee. Many are not filled out correctly by the manufacturer***

Homemade Alternatives for Premade Mixed Dishes

**Anything homemade does not need a label
– Only A STANDARDIZED RECIPE**

- Pigs in a Blanket
- Bean Burritos with refried beans & cheese
- Chicken tenders with shake & bake or other breading (*breading will not count*)
- Chili
- Pizza using biscuit dough, bagels, or pre-made crust
- Pizza sticks – breadsticks with cheese & marinara

Standardized Recipes

- If you are serving anything with more than 1 component, it needs to have a standardized recipe
- If you are using a recipe already created (even a USDA recipes), you can make alterations to the recipe if it will make the food taste better for the children
- Any changes to a recipe need to be indicated on the recipe
- Be cautious of changing things like meat/meat alternate, grain, fruit, or vegetable of any USDA recipe as it will alter the serving requirement

Serving	Yield	Volume
1 cup (8 fl oz spoodle) provides 2 ¼ oz equivalent meat/meat alternate and 1 ¼ oz equivalent grains.	25 Servings: about 13 lb	25 Servings: about 1 gallon 2 quarts 1 steam table pan
	50 Servings: about 26 lb 8 oz	50 Servings: about 3 gallons 2 steam table pans

Changes to Recipe Example

Chicken Alfredo With a Twist

Meal Components: Meat/Meat Alternate-Grains

Main Dishes D-54r

Ingredients	25 Servings		50 Servings		Directions Process #2: Same Day Service
	Weight	Measure	Weight	Measure	
Water		3 gal		6 gal	1. Heat water to a rolling boil.
Rotini pasta , whole-grain, dry Spaghetti Noodles	2 lb	2 qt 2 ¾ cups	4 lb	5 qt 1 ½ cups	2. Slowly add pasta. Stir constantly, until water boils again. Cook about 8 minutes or until al dente; stir occasionally. DO NOT OVERCOOK. Drain well. 3. Pour into steam table pans (12" x 20" x 4"). For 25 servings, use 1 pan. For 50 servings, use 2 pans. Critical Control Point: Hold pasta at 135 °F or higher.
Low-fat, reduced-sodium cream of chicken soup, condensed	4 lb 11 oz	2 qt 1 ¾ cups (1 ½ No. 3 cans)	9 lb 6 oz	1 gal ¾ qt (3 No. 3 cans)	4. Combine soup, half and half, pepper, garlic, Parmesan cheese, and chicken. Cook over medium heat for 5-10 minutes, stirring often. Critical Control Point: Heat to 165 °F or higher for at least 15 seconds.
Fat-free half and half		1 qt 2 cups		3 qt	
Ground white pepper Black Pepper		1 tsp		2 tsp 1 tsp	
Garlic powder		½ tsp		1 tsp 2 tsp	
Parmesan cheese, grated	8 ½ oz	3 cups	1 lb 1 oz	1 ½ qt	
Frozen, cooked diced chicken, thawed, ½" pieces	3 lb 4 oz	2 qt 2 ½ cups	6 lb 8 oz	1 gal 1 ¼ qt	
					5. Combine noodles and sauce immediately before serving.

USDA Standardized Recipes



<http://www.fns.usda.gov/tn/team-nutrition-recipes-and-cookbook-toolkit>



https://theicn.org/cnrb/?utm_source=website&utm_medium=a-z_resources&utm_campaign=cnrb

Menus as Served Records

- List the number of participants eating for each age group
- List the total quantities served for each component
 - Menu column was removed of the form
- List the CN label number or recipe #
- Check the WG box at the meal service(s) when a WG was served
- Indicate type of milk served

EXAMPLE MENUS AS SERVED

Comments/Special Dietary Needs:

Date: 10/4/YYYY

Form completed by: **Tammy Cook**

MEAL TYPE	QTY SERVED: MEAT/MEAT ALTERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total participants served: <u>24</u> Program Adults: <u>0</u>		WG <input checked="" type="checkbox"/> 1 32-oz box multi-grain Cheerios 24oz sliced WW bread		24 bananas	1 gallon lowfat white
AM SNACK Total participants served: _____ Program Adults: _____		WG <input type="checkbox"/>			
LUNCH Total participants served: <u>24</u> Program Adults: <u>0</u>	5# 20% fat ground beef	WG <input type="checkbox"/> Spaghetti noodles 2# 24 oz bread sticks	Green beans, 2 #10 cans, cut, drained, heated Spaghetti sauce, 2 28 oz can, meatless	Peaches, freestone, sliced, 2 #10 cans	3/4 gallon lowfat white
PM SNACK Total participants served: <u>30</u> Program Adults: <u>0</u>		WG <input type="checkbox"/> 32oz (2-1lb boxes) graham crackers		1 gallon orange juice	
SUPPER Total participants served: _____ Program Adults: _____		WG <input type="checkbox"/>			

Documenting Quantities

Items written on the Menu as Served form should be written like a recipe. Anyone should be able to come into the kitchen and know how much to prepare. **Be Specific**

Do write

- 64 (1oz) slices, 64 oz, or 4#
- 35 Egg rolls CN#123456
- 10 bananas (*each average banana = 1/2 cup fruit*)
- 1 1/2 (16 oz) boxes or 24oz wheat thins

Don't write

- 64 slices of bread
- 35 items
- 7# bananas (if the center has no food scale)
- 233 crackers or 1 box

Be Specific: What was Served?

MEAL TYPE	QTY SERVED: MEAT/MEAT AL- TERNATE	QTY SERVED: GRAINS	QTY SERVED: VEGETABLE/ JUICE	QTY SERVED: FRUIT/JUICE	QTY SERVED: MILK
BREAKFAST Total children served: <u>17</u> Number of children served: 1-2: _____ 3-5: <u>7</u> 6-12: <u>10</u> Program Adults: _____		WG <input checked="" type="checkbox"/> 1 (32-oz) box cheerios		7# bananas, unpeeled	1 gallon lowfat white milk



Issues with Food Forms

- It ***must*** be indicated if an item is handmade or pre-packaged on questionable items served
- DO NOT only list **CEREAL**
 - Some cereals do not meet requirement such as honey nut cheerios, The only cheerios that meet are regular & Multigrain. ***BE SPECIFIC***
- DO NOT only list **CHEESE**
 - Not all cheese meets requirement such as Velveeta, cheese products, and imitation cheese. ***BE SPECIFIC***
- Additional food items to **be specific** (*not all inclusive*)– hot dogs, yogurt, lunch meats, sausage, etc.

Menu as Served Records

- ▶ If the center has a softer that is pre-filling out with menu items, someone must write in the actual quantities that were served in each component column
 - ***Example:*** if you use a Menu as Served form from a purchased software program that calculates the servings needed for that meal service, ***the amounts of products you actually served must be handwritten in the columns***

Calculating Servings

Calculating Number of Servings Required

- Determine number of children/participants and by age group
- For each component, multiply the number of children or participants by the minimum quantity required
- Total the age group quantities for each component
- Interactive version available in the Resource Library under Interactive Forms section

AD-177-179

LUNCH AND SUPPER*

HOW TO CALCULATE NUMBER OF ADULT SERVINGS NEEDED

Adults Present: 9

Number of Adults Served					
MILK*					
Adults	9	X	8 fluid ounces	=	72
					Total Number of Fluid Ounces Needed
There are 128 ounces of milk in one gallon. 72 total fluid ounces needed ÷ 128 ounces per gallon = .56 gallon or 3/4 gallon needed					

VEGETABLE					
Adults	9	X	2 (1/4 cup)	=	18
					Total Number of 1/4 Cups Needed

FRUIT					
Adults	9	X	2 (1/4 cup)	=	18
					Total Number of 1/4 Cups Needed

MEAT/MEAT ALTERNATE					
Adults	9	X	2.0 ounces	=	18
					Total Ounces Needed

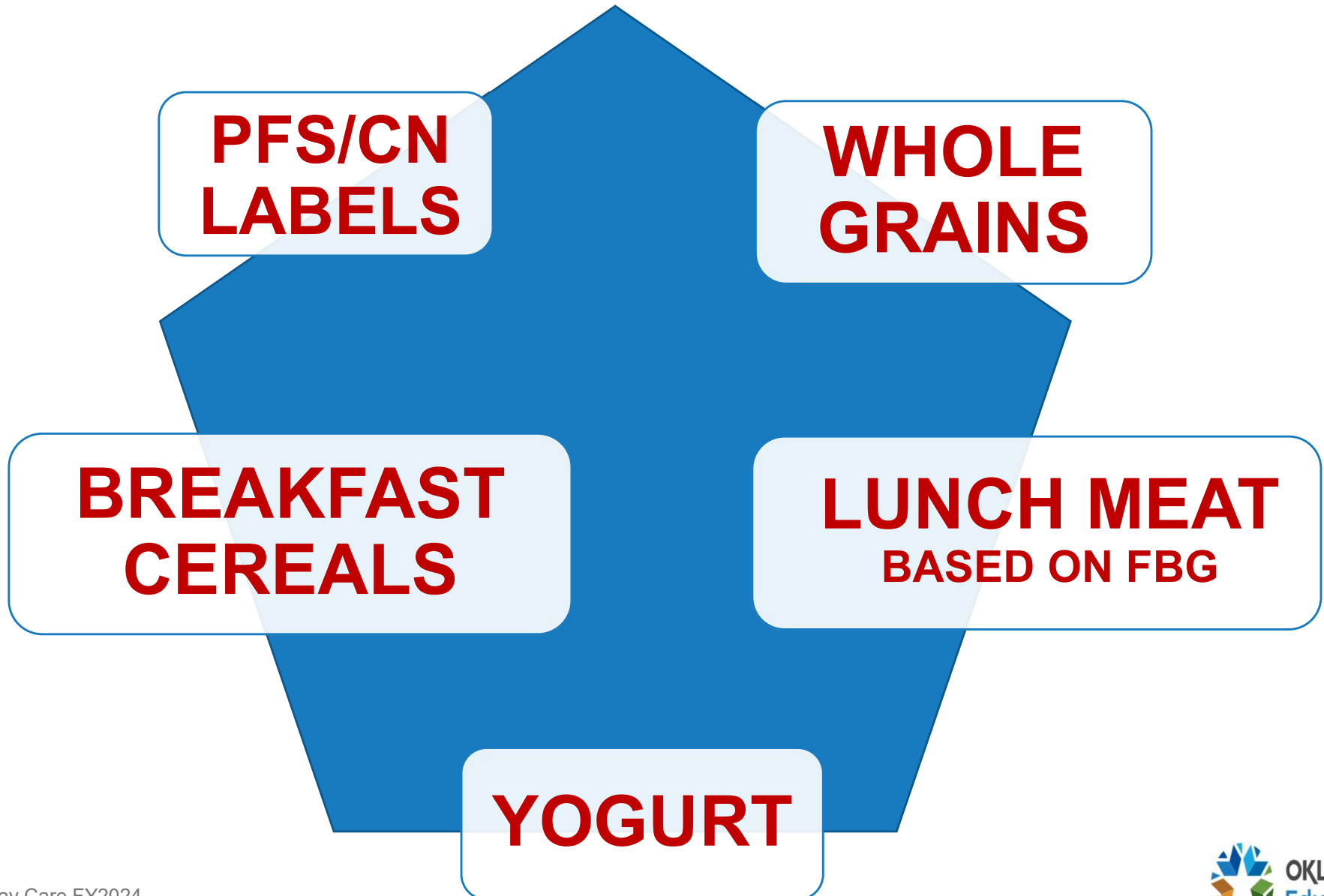
GRAINS					
Adults	9	X	2 oz eq	=	18
					Total Ounce Eq Needed

*Milk is not a required component at supper.

FOOD-RELATED AND MEAL SERVICE

MAINTAIN LABELS

Nutrition Facts - Package - Ingredients



Types of Meal Serves

All food components and the minimum quantities must be on the plate when served unless doing family style

Family Style

- Allows children to serve themselves from common serving bowls & platters of food
- Supervising adults may provide assistance as needed



Family Style Meal Guidelines

- Place enough food, in the bowls, at each table to provide the required portions for each child
- Children may take smaller portions
- Actively encourage participants to take the full serving
- If the food is refused, do not force
- Meals are reimbursable as long as all food components are offered in the required quantities

Offer Versus Serve (OvS)



- Operators may serve food pre-portioned or directly
- Participants may decline one or two of the food components or items
- **Offer vs Serve is NOT ALLOWED at snack**

AD-141

Lunch/Supper Offer vs. Serve

All ***five (5) components*** must be offered:

- Milk (*Optional for Supper for Adult Day Only*)
 - Meat/Meat Alternate
 - Vegetable
 - Fruit
 - Grain
-
- ***Three (3) food components*** must be taken

Breakfast Offer vs. Serve


Four (4) food items must be offered:

- Milk
- Fruit/Vegetable
- Grains
- Meat/Meat Alternate **OR** an additional item from the fruit/vegetable or grains component

• ***Three (3) food items*** must be taken

Questions??

Original/Blank Documents



**Resource
Library
Worksheets
& Center
Forms**

ADULT



AD-187

Register in the Training Calendar:

1. Go to the CACFP Online Application System:

<https://cnp.sde.ok.gov/CACFP/SNPWelcomeM.aspx>

2. Log into the system using your assigned username & log-in

3. Go to the mustard yellow column on the left-hand side

4. Click on Training Calendar

5. Look at all the Titles and Dates of the Trainings available

(There are trainings offered all over Oklahoma, click the pages listed below to see all locations)

6. Select Details for the Training you would like to attend. Scroll to the bottom of the details section and Fill out the information – Name, Title, and Institution you are under.

**You will not be sent a CERTIFICATE. Your training attendance will appear in the Business Maintenance page ONLY if you register in the Training Calendar
(Give us up to a week to get it posted)**