CACFP Updates, Q & A, Roundtable Discussions

We will get started shortly after 9am!



Discussions...

- Cooking for Kids, feedback?
 - Who has attended
 - New training dates?
- OIG
- Maintaining records
 - Daily!
 - Where are they kept?
 - Do you use a software system?
- Meal Patterns
 - Milk substitutions/Medical Statement
 - If you aren't sure, ask!

- CECPD credits coming soon for training
- How to update your applicationWhere to find forms?
- Seriously Deficient
 - What does that mean?
 - What do you do?
- What to expect in the upcoming year
 - Not much change to application
 - Continue with EOY report
 - New rule for bank statements



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MILK SUBSTITUTION REQUEST

Age:

Date:

Child's Name:

My	child	cannot	consume	milk	for	the	following	reason(s)	ð

Signature of Parent/Guardian:	

INSTITUTION APPROVAL:	
Signature:	Date:

Nondairy Beverages

In the case of children who cannot consume fluid milk due to medical or other special dietary needs other than a disability, nondairy beverages may be served in lieu of fluid milk. Nondairy beverages must be nutritionally equivalent to milk and meet the Nutrient Standards found in cow's milk. Nondairy beverage nutrient requirements per cup include each of the following:

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

Parents or guardians may now request in writing nondairy milk substitutions, as described above, without providing a medical statement. As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request of the child's caretaker asking that a milk substitution be served in lieu of cow's milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. *Such substitutions are at the option and the expense of the facility.* The requirements related to milk or food substitutions for a participant who has a medical disability and who submits a medical statement signed by a licensed physician, physician's assistant, or nurse practitioner remain unchanged.

MEDICAL STATEMENT

Part I (to be filled out by parent/guardian)		
Name of Child:	Age:	
Name of Parent/Guardian:	Telephone Number:	
Name of Provider:		

Part II (to be filled out by a medical authority)

Diagnosis (include description of the patient's medical or other special dietary needs that restrict the patient's diet):

List food(s) to be omitted from diet:

List food(s) that may be substituted (diet plan):

Additional information:

This child has a disability as defined by the American Disability Act: Yes 🗌

Date Signature of State-Recognized Medical Authority
Telephone Number



No 🗌

New trainings to look for in the future

- CACFP Roundtable discussions will continue every month as long as we have participation
 - Last Wednesday of each month
- Monitoring May 29
- Serious Deficiency (SD) Procedures– May 9
 - If you are ever SD
 - If you are a Sponsoring Organization (SO)
- Sponsoring Organization (SO) policies and procedures– May 15
 - Will be required before application renewal (at least that is the plan)
- CACFP Budgets and Administrative Costs- May 23
- What other trainings topics would you like to so offered? Suggestions on annual training? Dates?
- OSDE Connect—do you know how to find trainings?
 - CACFP Training calendar
- Technical assistance- onsite! Don't wait until it is too late!





https://youtu.be/b3osvMis_P Q



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