PROVIDER RECORD KEEPING

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

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

CHILD'S INFORMATION

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

PARENT'S INFORMATION

- Name of Parent/Guardian, Address, and Home Telephone Number: Record the name of the child's parent or guardian, address, and home telephone number.
- Parent's or Guardian's Signature and Date: Have the parent or guardian sign the form.
- Date Child Dropped: Record the date the child drops from the family day care home (FDCH).

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

EXAMPLE

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

Provider's Name: PATTY PERFECT

Provider Number: 43

Child's Name: Lisa Leone

Date of Birth: MM/DD/YYYY

CHILD'S INFORMATION

Normal Days in Attendance:

SUN	MON	TUE	WED	THU	FRI	SAT
	X	X	X	X	X	

Normal Hours of Attendance: 8:45 (a.m./p.m.) to: 3:45 (a.m./p.m.)

SPECIAL DIETARY NEEDS*: ☐ **Yes** ☒ **No**

Normal Meals Provided:

☐ Breakfast ☒ Lunch ☐ Supper

☒ A.M. Snack ☒ P.M. Snack ☐ Late P.M. Snack

***Attach signed medical statement.**

PARENT'S INFORMATION

Name of Parent/Guardian: LARRY LEONE

Address: 900 S 7TH City: BIG HILL Zip: 77777

Home Telephone Number: 405-222-9876

I attest the above information is true and correct. I understand that the sponsoring organization may contact me to verify the above information.

Larry Leone — Signature(s) of Parent(s) or Guardian(s)

MM/DD/YYYY — Date

Date Child Dropped, if applicable: _____

DAILY ARRIVAL AND DEPARTURE RECORD INSTRUCTIONS

- Name of Provider: Record the name of the FDCH provider.
- Provider Number: Record the provider agreement number.
- Month and Year: Record the current month and year.
- Time In/Time Out: Record the actual time the child arrived at the FDCH and the actual time the child left the FDCH for each day that he or she attended.

EXAMPLE

DAILY ARRIVAL AND DEPARTURE RECORD

Name of Provider: PATTY PERFECT Provider Number: 43 Month and Year: MM/DD/YYYY

	CHILDREN'S NAMES									
	LISA LEONE		LIBBY LEONE		JIMMY JAMES		SONNY BOY			
DATE	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
1	9:05	3:00	9:05	3:00	7:15	12:30	6:45	2:20		
2	8:55	3:06	8:55	3:06	7:05	12:45	6:30	2:25		
3										
4										
5	9:00	3:00	9:00	3:00	--	--	6:35	2:45		
6	9:05	3:05	9:05	3:05	7:10	12:30	6:45	2:00		
7	9:00	3:00	9:00	9:00	--	--	6:45	2:15		
8	9:10	2:59	9:10	9:10	7:15	12:35	6:35	2:00		
9	9:15	3:01	9:15	9:15	7:00	12:31	6:30	2:05		
10										
11										
12	10:45	3:00	10:45	3:00	8:30	12:35	--	--		
13	9:01	3:10	9:01	3:10	7:00	12:35	--	--		
14	9:00	3:15	9:00	3:15	7:15	12:00	--	--		
15	9:02	3:05	9:02	3:05	7:05	12:15	--	--		
16	9:00	2:57	9:00	2:57	7:10	12:15	6:30	2:05		
17										
18										
19	--	--	--	--	7:15	12:35	6:30	2:00		
20	9:05	3:07	9:05	3:07	7:11	12:40	6:35	2:15		
21	9:01	3:04	9:01	3:04	7:00	12:30	6:40	2:10		
22	8:59	3:10	8:59	3:10	--	--	6:45	2:05		
23	9:10	3:15	9:10	3:15	--	--	6:30	2:05		
24										
25										
26	10:46	3:05	10:46	3:05	--	--	6:30	2:00		
27	--	--	9:00	3:00	--	--	6:35	2:15		
28	--	--	9:10	3:10	--	--	6:40	2:05		
29	--	--	9:05	3:11	--	--	6:30	2:06		
30	9:05	3:10	9:05	3:10	--	--	6:32	10:55		
31										

DAILY RECORD OF MEALS SERVED
INSTRUCTIONS

- Provider's Name: Record the provider's name.
- Home Agreement Number: Record the provider's agreement number.
- Month and Year: Record the current month and year.
- Names of Children and Age: Record each child's name and age.
- Type of Meal: Place a mark each day for every meal being claimed for reimbursement. ***NOTE:*** No more than three meals per day per child may be claimed for reimbursement.

SPONSORING ORGANIZATION ONLY:

- Tier: (The SO must fill in this section.) Record the child's tier determination, which has been identified by the sponsor.
- Breakfast, Lunch, Supper, and Snack: Total all breakfasts for each child for the month. Total all lunches for each child for the month. Total all suppers for each child for the month. Total all snacks for each child for the month.
- Total Meal Counts: (This must be filled in by the SO.) Total all Tier I breakfasts, lunches, suppers, and snacks. Total all Tier II-Higher breakfasts, lunches, suppers, and snacks. Total all Tier II-Lower breakfasts, lunches, suppers, and snacks. Total all breakfasts (Tier I, II-H, and II-L), lunches (Tier I, II-H, and II-L), suppers (Tier I, II-H, II-L), and snacks (Tier I, II-H, and II-L).

- Signature of Provider: The provider must sign the FDCH Daily Record of Meals Served.

EXAMPLE

DAILY RECORD OF MEALS SERVED

Provider's Name: Patty Perfect Home Agreement Number: 43 Month and Year: MM/DD/YYYY

Check meals served each child.

Names of Children	Type of Meal	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	For Sponsor Use Only: Breakfast	Lunch	Supper	Snack	Tier
Lisa Leone	Breakfast																																				
	A.M. Supp	X	X			X	X	X	X	X				X	X	X	X				X	X	X	X							X					16	
	Lunch	X	X			X	X	X	X	X			X	X	X	X	X				X	X	X	X			X				X			18			
	P.M. Supp	X	X			X	X	X	X	X			X	X	X	X	X				X	X	X	X			X				X					18	II-H
Age: 3	Supper																																				
	Late Supp																																				
Libby Leone	Breakfast																																				
	A.M. Supp	X	X			X	X	X	X	X				X	X	X	X				X	X	X	X				X	X	X	X					19	
	Lunch	X	X			X	X	X	X	X			X	X	X	X	X				X	X	X	X			X	X	X	X	X			21			
	P.M. Supp	X	X			X	X	X	X	X			X	X	X	X	X				X	X	X	X			X	X	X	X	X					21	II-H
Age: 2	Supper																																				
	Late Supp																																				
Jimmy James	Breakfast	X	X				X		X	X				X	X	X	X			X	X	X											12				
	A.M. Supp	X	X				X		X	X			X	X	X	X	X			X	X	X														13	
	Lunch	X	X				X		X	X			X	X	X	X	X			X	X	X												12			
	P.M. Supp																																				I
Age: 10 months	Supper																																				
	Late Supp																																				
Sonny Boy	Breakfast	X	X			X	X	X	X	X							X			X	X	X	X	X			X	X	X	X	X		18				
	A.M. Supp	X	X			X	X	X	X	X							X			X	X	X	X	X			X	X	X	X	X					18	
	Lunch	X	X			X	X	X	X	X							X			X	X	X	X	X			X	X	X	X				17			
	P.M. Supp																																				II
	Supper																																				
Age: 3	Late Supp																																				
	Breakfast																																				
	A.M. Supp																																				
	Lunch																																				
	P.M. Supp																																				
	Supper																																				
Age: ____	Late Supp																																				

I hereby certify that all of the above information is true and correct. I understand that this information is being given in connection with the receipt of federal funds; that State Department of Education and sponsoring organization officials may verify information; and that deliberate misrepresentation may subject me to prosecution under applicable state and federal criminal statutes.

Signature of Provider: Patty Perfect Date: MM/DD/YYYY

FOR SPONSORS ONLY:

	Breakfast	Lunch	Supper	Snack
Tier I Totals	12	12		13
Tier II-H Totals		39		74
Tier II-L Totals	18	17		18
Total Meal Counts	30	68		105

WEEKLY MEALS SERVED
INSTRUCTIONS

- Record food items served to children at each meal service.
- Provider's Name and Agreement Number: Record the FDCH provider's name and agreement number.
- From _____ to _____ : Record the dates from the beginning of the week to the end of the week.
- Menu Number and Date: Record the cycle menu number (if applicable) and date of the meal.

EXAMPLE

WEEKLY MEALS SERVED

Provider's Name: PATTY PERFECT Agreement Number: 43

From: 10/05/YYYY To: 10/9/YYYY

MINIMUM MEAL PATTERN REQUIREMENTS	Ages 1-2 Years	Ages 3-5 Years	Ages 6-12 Years	Menu #9 Date: 10/5 MONDAY	Menu #10 Date: 10/6 TUESDAY	Menu #11 Date: 10/7 WEDNESDAY	Menu #12 Date: 10/8 THURSDAY	Menu #13 Date: 10/9 FRIDAY	Menu #____ Date: ____ SATURDAY	Menu #____ Date: ____ SUNDAY
BREAKFAST										
Fluid milk, fat-free or 1%	1/2 cup	3/4 cup	1 cup	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%		
Vegetables, fruits, or juices	1/4 cup	1/2 cup	1/2 cup	CINN APPLES	GRAPES	ORANGE JUICE	PEACHES	APPLESAUCE		
Bread and/or bread alternate	1/2 serving*	1/2 serving*	1 serving*	TOAST	WAFFLE	BISCUIT	OATMEAL	CHEESE TOAST		
Meat/meat alternate (optional)										
LUNCH										
Fluid milk, fat-free or 1%	1/2 cup	3/4 cup	1 cup	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%	MILK, 1%		
Meat and/or meat alternate	1 oz*	1 1/2 oz*	2 oz*	MEATLOAF	BEAN BURRITO	TUNA FISH	CHICKEN NUGGETS	FRANKS		
Vegetables, fruits, or juices	1/4 cup	1/2 cup	3/4 cup	PEACHES	LETTUCE	PEARS	MASHED POTATOES	BAKED BEANS		
	Total	Total	Total	GREEN BEANS	TOMATO	CARROT COINS	FRUIT COCKTAIL	TATER TOTS		
Bread and/or bread alternate	1/2 serving*	1/2 serving*	1 serving*	ROLL	FLOUR TORTILLA	SANDWICH BREAD	BISCUIT	HOT DOG BUN		
Other										
SUPPER										
Fluid milk, fat-free or 1%	1/2 cup	3/4 cup	1 cup							
Meat and/or meat alternate	1 oz*	1 1/2 oz*	2 oz*							
Vegetables, fruits, or juices	1/4 cup	1/2 cup	3/4 cup							
	Total	Total	Total							
Bread and/or bread alternate	1/2 serving*	1/2 serving*	1 serving*							
SNACKS				**A.M.**						
(Choose 2 of these 4)				CHEESE	CEREAL	TOAST		ORANGE SLICES		
Fluid milk, fat-free or 1%	1/2 cup	1/2 cup	1 cup	ORANGE JUICE	MILK, 1%	APPLE JUICE		SALTINES		
Vegetables, fruits, or juices	1/2 cup	1/2 cup	3/4 cup	**P.M.**						
Bread and/or bread alternate	1/2 serving*	1/2 serving*	1 serving*	OATMEAL	CHEESE	MILK, 1%	APPLE SLICES	PEANUT BUTTER		
Meat and/or meat alternate	1/2 oz*	1/2 oz*	1 oz*	MILK, 1%	SALTINES	GRAHAMS	MUFFIN	SLICED BREAD		
				LATE P.M.						

*Or an equivalent quantity of alternates.

RECORD OF DONATED PRODUCT

Use one form for every food item donated. Donor must complete documentation.

1. Record the name of the product (i.e., milk).
2. Record the total amount of the item donated. Use gallons, quarts, pounds, etc.
3. Record the date the item was donated.
4. Record the name of the donor.
5. Record the telephone number of the donor.
6. Signature for certification statement.

EXAMPLE

RECORD OF DONATED PRODUCT

Use one form for every food item donated. Donor must complete documentation.

1. Product: *Bread*
2. Amount: *3 loaves*
3. Date Donated: *10/3/YYYY*
4. Name of Donor: *Sallie Smith*
5. Telephone Number: *444-555-6677*

CERTIFICATION STATEMENT:

I certify that the items listed above ***WERE NOT*** secured/received through any federal program (i.e., WIC, SNAP, FDPIR, commodities).

I further certify that all of the above information is true and correct.

Name: *Sallie Smith* **Date:** *10/3/YYYY*

PARENTAL NOTIFICATION OF CACFP BENEFITS

Public Law 106-224, the Agricultural Risk Protection Act of 2000, requires all sponsoring organizations and day care centers to reproduce the *Building for the Future* fact sheet and distribute it annually to all parents of participating children in their facilities. As new children are enrolled in these facilities, they must be given a copy of the *Building for the Future* fact sheet. ***Prior to copying the fact sheet, each sponsoring organization and day care center must complete the section titled Contact Information Sponsoring Organization/Center.***

The State Agency has translations of the letter and the fact sheet in the following languages:

- Spanish
- Russian
- French
- Khmer
- Thai
- Portuguese
- Japanese
- Laotian
- Chinese
- Vietnamese
- Hmong
- Haitian Creole

Building for the Future

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

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

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups)
Milk, 1% Fruit or Vegetable Grains or Bread	Milk, 1% Meat or Meat Alternate Grains or Breads Two different servings of fruits or vegetables	Milk, 1% Meat or Meat Alternate Grains or Breads Fruit or Vegetable

Participating Facilities

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

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

EXAMPLE

Eligibility

State agencies reimburse facilities that offer nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas.

Contact Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization
Name of Sponsor

State Department of Education
Child Nutrition Programs
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
(405) 521-3327

USDA is an equal opportunity provider and employer.

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM INFORMATION

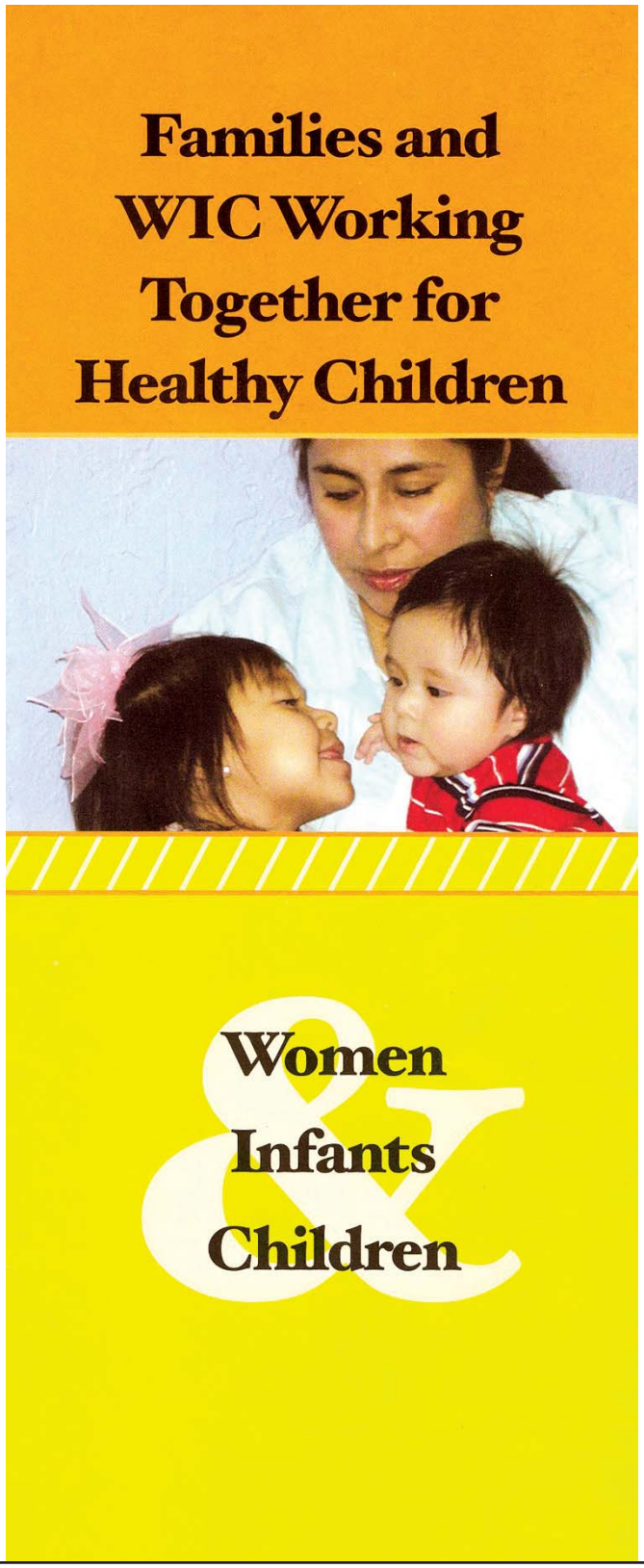
Sponsors and providers participating in the CACFP are required to provide WIC information to the parents or guardians of children enrolled in their facilities. This requirement may be met by posting the WIC brochure on a bulletin board in the office of the SO, as well as the provider's home. Additional copies of the WIC brochure may be obtained by calling the local WIC office telephone number or the telephone number listed at the bottom of this page.

The goal of WIC is to give children the best possible start in life. This is done by providing nutrition education, breast-feeding support, healthy foods, and health care referrals during the critical stages of fetal and childhood development.

For questions about applying for WIC, call:

1-888-OKLAWIC
1-888-655-2942

WOMEN, INFANTS, AND CHILDREN (WIC) BROCHURE



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