INVENTORY
END OF MONTH RECORD OF INVENTORY (Optional)

An inventory system is a tool of management that is recommended for an efficient food service operation. The inventory provides a systemic method for taking and maintaining a complete inventory record of purchased food and milk and food-related supplies.

An incorrect inventory can mean the difference between profit or loss and will also reflect an incorrect food cost.

Inventory records are used to:

1. Prepare monthly orders for food and supplies.
2. Avoid being overstocked or understocked.
3. Assure that quantity of food needed to meet menu requirements is available.
4. Control any possible disappearance of food.
5. File insurance claims in case of fire or theft.

INVENTORY INSTRUCTIONS

At the end of the month:

1. Enter the month and date, including the year, at the top of the page.
2. Record the name of the unopened items left on hand at the end of the month.
3. Record in the Amount on Hand column the number of units that are unopened for each item listed.
## EXAMPLE

### END OF MONTH RECORD OF INVENTORY

<table>
<thead>
<tr>
<th>ITEM</th>
<th>PURCHASED FOODS AMOUNT ON HAND</th>
<th>SUPPLIES AMOUNT ON HAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corn, whole kernel</td>
<td>3 #10 cans</td>
<td></td>
</tr>
<tr>
<td>Beans, cut green</td>
<td>5 #10 cans</td>
<td></td>
</tr>
<tr>
<td>Peas, black-eyed</td>
<td>5 #303 cans</td>
<td></td>
</tr>
<tr>
<td>Foil</td>
<td>1 box — 25 feet</td>
<td></td>
</tr>
<tr>
<td>Paper towels</td>
<td>3 rolls</td>
<td></td>
</tr>
<tr>
<td>Bleach</td>
<td>3 gallons</td>
<td></td>
</tr>
</tbody>
</table>

Month: October  
Date: 10/31/YYYY
EXAMPLE
END-OF-MONTH MILK INVENTORY

Fiscal Year:  __YYYY____

<table>
<thead>
<tr>
<th>MONTH</th>
<th>UNIT SIZE GALLONS/QUARTS/HALF-PINTS</th>
<th>HOW MANY GALLONS/QUARTS/HALF-PINTS ON HAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>OCTOBER</td>
<td>GALLON</td>
<td>6</td>
</tr>
<tr>
<td>NOVEMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DECEMBER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JANUARY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEBRUARY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MARCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>APRIL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUNE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>JULY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUGUST</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEPTEMBER</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

At the close of business on the last working day of the month, count and record the number of unopened containers of milk gallons/quarts/half-pints, etc., on hand.
IN-SERVICE TRAINING

All centers must designate a person as the Child and Adult Care Food Program (CACFP) trainer. The person designated by the institution as the program’s trainer **MUST** conduct annual CACFP workshop training and maintain documentation of this training.

Training of all personnel involved with the CACFP, including all shifts and new personnel, is the institution’s responsibility. Documentation of all personnel training must be maintained.

*Training must be completed PRIOR to beginning program operations.*
*Training must be completed by September 30th of EACH year.*

In-service training documents must include:

- Date
- Location
- Agenda (topics covered)
- Signatures of participants (personnel in attendance)

Required topics, at a minimum, include:

1. CACFP meal patterns
2. Reimbursement **System**
3. Accurate meal counts
4. Claims submission
5. **Claim Review Procedures**
6. Record keeping
7. Civil rights

Acceptable training methods include:

1. Conference/meeting style
2. One-on-one
3. Online*
4. Self-paced curriculum*

* These methods must include documentation of posttraining test and benchmarks, e-mail confirmation, questions and answers, and sign-in/log-in records.
EXAMPLE

CHILD AND ADULT CARE FOOD PROGRAM
IN-SERVICE TRAINING AGENDA

Trainer—Jane Jones
Toys N Noise
October 4, YYYY
1234 NW Block Street
Oklahoma City, Oklahoma 73124

• Record-Keeping Requirements
  I. Attendance
  II. Meal Count Worksheet
  III. Receipts/Expenses

• CACFP Meal Patterns
  I. Child Care Meal Pattern—Breakfast, Lunch, and Snack Meal Components and Quantities for Teachers
  II. Bread/Cereal Chart—Breakfast, Lunch, and Snack Items

• Food Production Records
  I. Food Production Record/Menu as Served Forms—Emphasis on the Importance of Proper Documentation
  II. Food Production Record/Menu as Served Form Documentation Examples

• Reimbursement System Process

• Accurate Meal Counts

• Claims Submission

• Claim Review Procedures

• Civil Rights Training

SIGN-IN/Name and Position

Freda Fryer, Cook
L. Simon, Teacher
C. Smith, Teacher
Hilda Brand, Director
CIVIL RIGHTS
CIVIL RIGHTS

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

A. Public Information Responsibilities

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

   In accordance with Federal 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, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

   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) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

   To file a program discrimination complaint, a complainant should complete a Form AD 3027, USDA Program Discrimination Complaint Form, which can be obtained online, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

   2. Fax: 202-690-7442

   3. E-Mail: program.intake@usda.gov

   This institution is an equal opportunity provider.

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

Example: If the document was typed in 12 point font, “This institution is an equal opportunity provider” must be in 12 point font or higher.
2. Inform parents or guardians of children in sites participating in the CACFP, as well as local minority and grassroots organizations, of the availability of program benefits and services, the nondiscrimination policy, and all significant changes in existing requirements that pertain to program eligibility and benefits.

3. Display in a prominent place (where meals are served) the nondiscrimination poster developed by USDA. The poster is required to measure 11 by 17 inches.

4. Make available to the public, and to participants and potential participants upon request, information about program requirements and the procedures for filing a complaint in English and/or in the appropriate translation to non-English-speaking persons.

B. Data Collection

1. Develop a method for collection of data. Methods include determination of the information by the institution staff through observation, personal knowledge, or voluntary self-identification by an applicant on the Family-Size and Income Application (FSIA).

2. Maintain information on file for three years.

3. Establish procedures to ensure that the information is made available only to authorized state and federal personnel during reviews or as part of federal- or state-approved surveys.

C. Civil Rights Complaints

1. All written or verbal complaints alleging discrimination on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, shall be processed within 90 days upon receipt in the manner prescribed by this instruction.

2. The Office of Minority Affairs (OMA) has been delegated the authority to determine the manner in which all civil rights complaints, investigations, preliminary inquiries, and compliance reviews are to be handled. Regardless of the administrative or operational level of the CACFP where a civil rights complaint is filed, it must be forwarded in accordance with Item D2 (on the next page) to the Director, Civil Rights (CR) Division, for submission to the OMA. The OMA will prepare and issue letters of acknowledgment to the complainant(s).

3. A preliminary inquiry or an investigation will be conducted on all valid complaints to substantiate or refute allegations.
D. Procedure for Filing Complaints of Discrimination

1. **Right to File a Complaint:** Any person alleging discrimination based on race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by USDA, has a right to file a complaint *within 180 days* of the alleged discriminatory action. Under special circumstances, this time limit may be extended by OMA. (Not all bases apply to all programs.)

2. **Acceptance:** All complaints must be in writing and signed by the complainant. All complaints shall be accepted by the CACFP institution, Oklahoma State Department of Education (the State Agency), or Food and Nutrition Service Regional Office (FNSRO). The complaints will be forwarded the CR Division. It is necessary that the information be sufficient to determine the identity of the agency or individual toward which the complaint is directed and to indicate the possibility of a violation. Please see a Civil Rights Complaint Form on page 87. The person who has allegedly been discriminated against must complete and sign.
UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
PROGRAM DISCRIMINATION COMPLAINT FORM
INSTRUCTIONS
OMB Control Number 0508-0002

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form.

You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint. You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination, unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a “good cause” explanation for the delay. For example, you may have “good cause” if:

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

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs. USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and in the programs involved.) Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

***PLEASE READ IMPORTANT LEGAL INFORMATION BELOW***

CONSENT

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this notice is attached. The United States Department of Agriculture’s Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.
If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

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

First Name: ______________________  Middle Initial: __________  Last Name: ______________________

Mailing Address: ___________________________________________________________________________

City: ________________________________  State: ___________  Zip Code: __________________

E-Mail Address (If You Have One): ________________________________

Telephone Number, Starting With Area Code: ________________________________

Alternate Telephone Number, Starting With Area Code: ________________________________

Best Time of Day to Reach You: ________________________________

Best Way to Reach You (Check One): Mail _____  Phone _____  E-Mail _____  Other: _______

Do you have a representative (lawyer or other advocate) for this complaint?  Yes ______  No _______

If Yes, please provide the following information about your representative:

First Name: ______________________  Last Name: ______________________

Address: ___________________________  City: _____________  State: ______  Zip Code: ______

Telephone: ___________________________  E-Mail: ___________________________

1. Who do you believe discriminated against you? Use additional pages, if necessary. Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable):

Please check mark the United States Department of Agriculture (USDA) agency below that conducts the program or provides federal financial assistance for the program (if known):

☐ Farm Service Agency  ☐ Food and Nutrition Service
☐ Rural Development  ☐ Natural Resource Conservation Service
☐ Forest Service  ☐ Other: ___________________________

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.
3. When did the discrimination occur?

   Date:  ________________  Month:  ________________  Day:  ________________  Year:  ________________

   If the discrimination occurred more than once, please provide the other dates:


4. Where did the discrimination occur?

   Address of location where incident occurred:

   Name and Street, P O Box, or RD Number:  ___________________________________________________

   City, State, and Zip Code:  _________________________________________________________________

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs.) Reprisal is prohibited based on prior civil rights activity.

   I believe I was discriminated against based on my:


6. Remedies: How would you like to see this complaint resolved?


7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?
   Yes _____  No _____

   If Yes, with what agency or court did you file?  ___________________________________________________

   When did you file?  Month:  ________________  Day:  ________________  Year:  ________________

   Signature:  ___________________________________________  Date:  __________________________

Mail Completed Form to:

- USDA
- Office of the Assistant Secretary for Civil Rights
- 1400 Independence Avenue, SW, Stop 9410
- Washington, D.C. 20250-9410

Telephone Numbers:
- Local Area:  202-260-1026
- Toll-Free:  866-632-9992
- Local or Federal Relay:  800-877-8339
- Spanish Relay:  800-845-6136
- Fax:  833-256-1665

E-Mail Address:
- program.intake@usda.gov