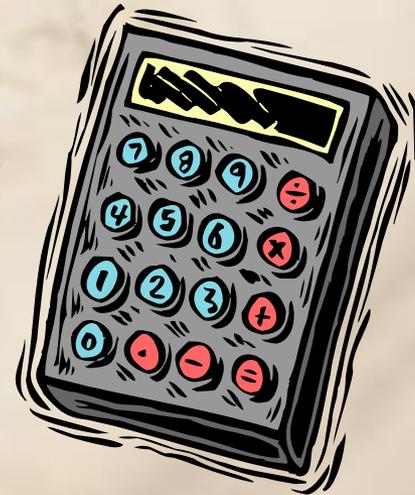


# Welcome to CACFP Business Track Training

Application and Recordkeeping



Arizona Department of Education

# Resources

- Business Track Training Manual
- Master Recordkeeping Forms
- Application & Management Plan (for training use)
- Child Care Center Compliance Manual
- Code of Federal Regulations (7 CFR 226)
- FNS Instructions – 796-2 Rev. 3
- ADE Specialist of the Day – 602-542-8700

# Important Websites

- ❑ USDA CACFP Website:
  - ❑ <http://www.fns.usda.gov/cnd/care/default.htm>
- ❑ ADE CACFP Website:
  - ❑ <http://www.azed.gov/health-nutrition/cacfp/>
- ❑ Code of Federal Regulations (CFR's):
  - ❑ <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html#page1>
- ❑ FNS Instructions 796-2 Rev. 3:
  - ❑ <http://www.fns.usda.gov/cnd/care/management/796-2.htm>
- ❑ DUNS Number:
  - <http://fedgov.dnb.com/webform>

# Important Websites Cont'd

- ❑ CNP Web Common Logon:
  - ❑ <http://www.ade.az.gov/>
- ❑ Free/Reduced Percentage Reports for Area Eligibility
  - ❑ <http://www.azed.gov/health-nutrition/frpercentages/>
- ❑ Civil Rights Information:
  - ❑ <http://www.fns.usda.gov/cr/Documents/113-1.pdf>
  - ❑ <http://www.ade.az.gov/health-safety/cnp/CivilRights/Default.asp>
  - ❑ <http://www.lep.gov/>
  - ❑ <http://www.usda.gov/wps/portal/usda/usdahome?navid=FBCI>

# Non-Profits Are Also Eligible

## □ Criteria:

- Non-residential
- Tax-exempt status
- Licensed by DHS **or** demonstrate compliance with applicable State or local child care standards
- If 25% of your total enrollment does not qualify for free/reduced priced meals, then you must submit one of the following:
  - Area Eligibility: Center is located near a school where at least 25% of enrolled students are eligible for free and reduced priced meals
    - <http://www.azed.gov/health-nutrition/nslp/>
    - Click on Free and Reduced Percentage Reports
  - If your center is not in an area eligible location, you must submit a grassroots outreach policy

A close-up, slightly blurred photograph of a wooden pencil with a sharpened lead tip, resting on a piece of graph paper. A metal ruler is positioned diagonally across the paper, partially overlapping the pencil. The background is a warm, golden-brown color, suggesting a desk or a similar surface. The overall composition is clean and professional, suitable for a presentation or document cover.

**GETTING STARTED...**

# **Income Eligibility Forms & Claiming Rosters**

# Distribute & Collect Income Eligibility Forms

- Distribute an income eligibility form for every enrolled participant - 7 CFR 226.23(e)(1)(i)
  - CACFP Fiscal Year - October 1<sup>st</sup> – September 30<sup>th</sup>
  - Collect new eligibility forms each year. Effective July 1<sup>st</sup>
    - Distribute no sooner than June 1<sup>st</sup>
- All income eligibility forms must include the parent letter to inform parents about the program - 7 CFR 226.23(e)(2)

# Income Eligibility Forms

## Part 1 – Household Members

- All household members must be listed in Part 1; includes all individuals residing in the same house as one economic unit
- Include members with income
- Identify children
- Foster children are listed in Part 1 with all household members. However, if all children are foster children, the parent/guardian will then skip to Part 4

# Income Eligibility Forms

## Part 2 – Benefits

- List case number if any household member receives the following benefits:
  - Supplemental Nutrition Assistance Program (SNAP)
  - Food Distribution Program on Indian Reservations (FDPIR)
  - Temporary Assistance for Needy Families (TANF)
- If valid case number is provided, all children should be placed into the free category

# Income Eligibility Forms

## **Part 3 – Total Household Gross Income**

- Only household members with income are listed in Part 3

## **Part 4 – Household Member Certification Statement**

- Signature, date, and contact information is required
- Must list last 4 digits of the Social Security Number or the word “None”

# Income Eligibility Forms

**Part 5** - If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your school, homeless liaison, or migrant coordinator. ***If not applicable, skip this part.***

## **Part 6** – Ethnic and Racial Identities

- Optional information for your use when determining the ethnic and racial statistics of your facility for reporting on the Civil Rights Data Collection Form

# Categorize Income Eligibility Forms – 7 CFR 226.23(e)(4)

## Official Use Only – Eligibility Determination

- **Foster Child Eligibility** – If Part 1 identifies a household member as a foster child, that child is automatically categorized as free
  - Enter the total number of foster children on the Foster Child Eligibility line
- **Income Eligibility** – total all household income from Part 3 and total all household members from Part 1 (including foster children)
  - Use the FY2014 Income Guidelines to determine eligibility. Enter the total number of children on the Categorical Eligibility line
- **Categorical Eligibility** – if Part 2 is complete and contains a valid case number, the enrolled child(ren) are automatically categorized as free
  - Enter the total number of children on the Categorical Eligibility line

# Categorize – Continued



- **Determining Official's Signature** – need two separate signatures.
  - One to determine eligibility
  - One to edit check and confirm accuracy
- Participants without an income eligibility form on file or with an incomplete income eligibility form must be categorized as Paid
  - Under no circumstances may a staff member fill in or complete any part of an income eligibility form, except the staff approval section. The person who signs the eligibility form must be the one to complete **all** applicable sections.

# Storing Income Eligibility Forms

- Income eligibility forms must be kept in a secured area, preferably locked up in a filing cabinet.
  - Eligibility forms should never leave the center for any reason
- Only supervisory staff should have access to these documents

# Head Start Children – 7 CFR 226.17(b)(8) & 226.23(e)(1)(i)

- Head Start applications are used in place of income eligibility forms
  - Must have a list of all children enrolled in Head Start Program
    - Must be reviewed & signed by Head Start determining official
  
- All Head Start children are **automatically** categorized as Free

# Claiming Rosters

- Used to track number of eligible participants in each category
  - ▣ Use separate roster for Free, Reduced and Paid
  - ▣ Track on a monthly basis
- Attendance must be verified for each claim month using sign in/out sheets
  - ▣ A participant in attendance at any time during the claiming month must be listed on correct roster

# Child And Adult Care Food Program

## Claiming Percentage Roster

Fiscal Year \_\_\_\_\_

Sponsor Name Smiling Child Care CTD # \_\_\_\_\_

Site Name \_\_\_\_\_

List participants qualifying for **Free** meals:

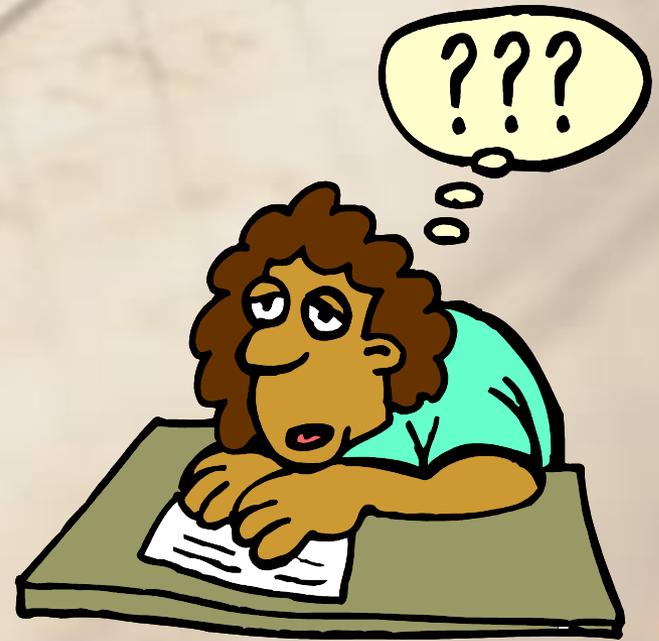
Name

Last	First	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
<b>A, Michael</b>		X	X				X						
<b>B, Barney</b>		X	X	X	X	X	X						
<b>B, George</b>		X	X	X			X						
<b>D, Harry</b>		X	X	X	X	X	X						
<b>E, Joe (Smith)</b>		X	X	X			X						
<b>F, Irma</b>		X	X	X	X	X	X						
<b>M, Holy</b>		X	X	X									
<b>N, Angelica</b>		X	X	X		X							
<b>N, Jorge</b>			X	X	X								
<b>N, Samantha</b>				X		X	X						
<b>Q, Amanda</b>					X	X	X						

# Claiming Rosters Requirements

- Place names in alphabetical order (use “sort” in word or excel)
- Names should match sign in/out records and income eligibility forms
- Maintain a single binder separated with FREE, REDUCED, & PAID claiming rosters followed by income eligibility forms, in alphabetical order
- Keep rosters up to date with information of newly enrolled children

# Record Keeping Requirements

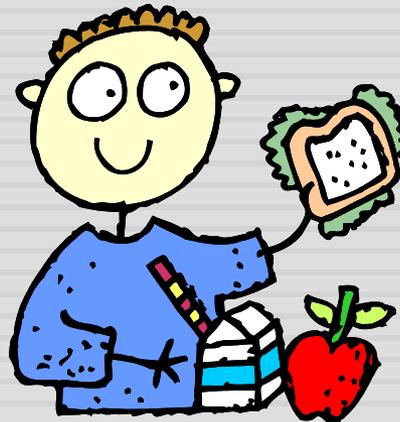


# Enrollment – 7 CFR 226.15(e)(2)

- Documentation of the enrollment of each participant must be updated annually, and be signed and dated by a parent or legal guardian
  - One idea is to distribute along with income eligibility forms during annual collection period

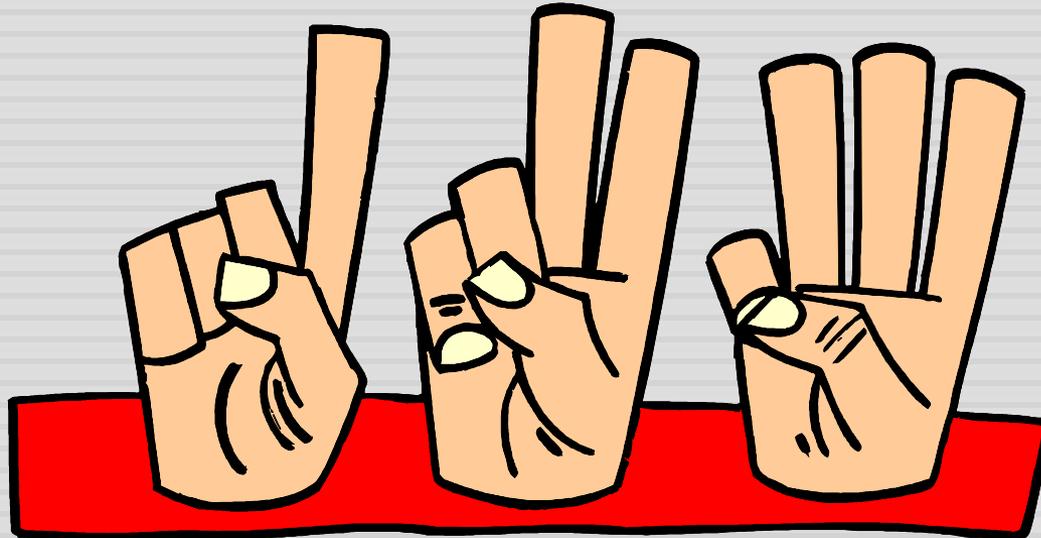
# Title XX (DES Child Care) Documentation – 7 CFR 226.11(b)(3) and (c)(4)

- For-profits must serve at least 25% Title XX beneficiaries **OR** 25% Free/Reduced during claim month
  - ▣ If 25% is not met, access to claiming meals will be denied



# Meal Counts - 7 CFR 226.15(e)(4) and 226.17(b)(9)

- Meal counts must be done at **point of service**
  - ▣ While children are eating
  - ▣ NOT determined by attendance



# Claimable Meals/Snacks – 7 CFR 226.17(b)(3)

Per participant, per day:

2 meals & 1 snack

OR

1 meal & 2 snacks

OR

3 snacks

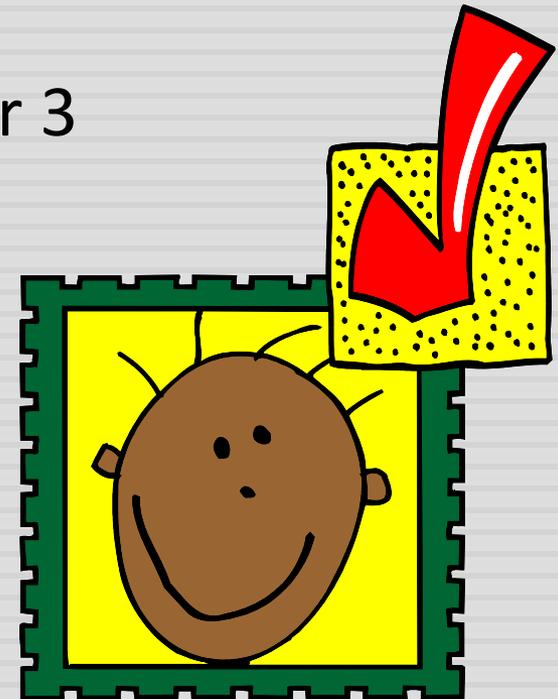


# At-Risk After School Programs – 7 CFR 226.17a

- Must be area eligible (F/R 50% or more)
  - ▣ [http://www.azed.gov/health-nutrition/frpercentages /](http://www.azed.gov/health-nutrition/frpercentages/)
- Must provide educational/enrichment activities
- Limited to 1 at-risk snack and 1 meal (usually supper) per child per day
  - ▣ Reimbursed at Free rate
  - ▣ Record keeping must be kept totally separate from regular child care records
- Claim only during school session
  - ▣ Includes intercessions, weekends, & holidays
    - Cannot claim during summer breaks

# Point of Service Meal Count Sheet & Meal Count Summary

- Point of Service Meal Count Sheet
  - ▣ Tracks children individually
  - ▣ Verifies no more than 2 meals and 1 snack, 2 snacks and 1 meal, or 3 snacks are claimed per child
  
- Meal Count Summary
  - ▣ Summarizes totals from Point of Service Meal Count Sheet



# Value of Excess Personnel Meals – 7 CFR 226.15(e)(5)

- You must keep records of meals/snacks served to staff
  - ▣ At the end of the month, divide total number of each meal/snack served to participants by 5. This is the maximum number of staff meals you can serve without having to report it in your claim.

Example: Lunch served 1000 participants

$$1000 \div 5 = 200$$

- ▣ Subtract that number by your total number of meals/snacks served to staff.

Example: Lunch served 250 staff

$$250 - 200 = 50$$

# Value of Excess Personnel Meals – 7 CFR 226.15(e)(5)

- ▣ Assign a monetary value and multiply it by the remaining staff meals for each meal/snack served to staff.

Example: 50 staff x \$2.72 = \$136 lunches

- Sponsors may assign a fair value that represents the cost of the meal or may use the USDA Reimbursement rate for Free Meals
- ▣ Total the values for all meals/snacks and enter it in the “Value of Excess Personnel Meals” field on the Sponsor claim.
- ▣ Staff meals/snacks are NOT reimbursable

# Instructions for Point of Service Meal Count Sheet

- Step 1: Check off all meals served to a participant (✓)
- Step 2: Indicate by use of a colored slash mark specific meals/snacks that will be claimed for reimbursement. (✓)
- Step 3: Indicate the total of all meals/snacks claimed

# Point of Service Meal Count Sheet

NAME	MONDAY						TUESDAY						WEDNESDAY						THURSDAY				
	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	DINNER	NITE SNACK	BREAKFAST	AM SNACK	LUNCH	PM SNACK	
A, Jake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
B, Maddie			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
C, Carrie	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
D, Michael		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
E, Tyson	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Totals	3	4	5	2			3	4	5	2			3	4	4	2			3	4	4	2	

# Reporting Costs – 7 CFR 226.15(e)(6), (10), and (13)

- Costs must be reported every month but are **NOT** reimbursable.
  - Why report? Verifies:
    - Non-profit food service
    - Financial viability
- Monthly documentation required:
  - Food Service Cost Report
  - Monthly Expense Worksheet
    - Time Distribution Reports



# Food Service Cost Report

- Complete monthly
- File with receipts/invoices
  - Include only items that are directly related to CACFP
    - Must reflect menus
    - Must deduct foods purchased for meals/snacks not claimed on CACFP
  - All receipts/invoices must be kept intact
  - Photocopy receipts that might fade from sun or heat
- **At least 50%** of CACFP reimbursement **MUST** be used for quality food purchases
  - ▣ Not including fuel surcharges, supplies, tax, delivery fees, etc...



# Food Service Cost Report

Itemized Costs	<b>Operational</b> – Direct Meal Service (preparation and service of meals to participants)
Food	Net food used/delivered
Supplies and Equipment	Bleach, paper plates/cups, cooking pans, etc.

Date	Supplier	Total Invoice	Food/ Milk	CACFP <b>Operational</b> Supplies	Non CACFP Supplies	Tax	# of Milk Units
9/10	Costco	329.30	269.22	0	49.35	10.73	7
9/15	Sam's Club	102.22	76.10	22.96	0	3.16	
9/29	Costco	80.71	27.89	9.49	37.98	5.35	
		<b>TOTAL</b>	<b>\$ 373.21</b>	<b>\$ 32.45</b>			<b>7</b>

# Activity II

## Food Service Costs



# Administrative Vs. Operational Costs

- ❑ **Operational Costs**: Cost associated directly with meal preparation and service
- ❑ Examples:
  - ❑ A cook's salary due to preparing the meal by heating and placing food on plates
  - ❑ A teacher's time for taking meal counts and ensuring correct portion sizes
  - ❑ The electric/gas bill documented as a facility expense because electricity is used directly for food preparation

# Administrative Vs. Operational Costs

- ❑ **Administrative** expense: A cost associated *indirectly* with the preparation and service of the meal
- ❑ Examples:
  - ❑ An owner's time submitting a claim
  - ❑ A director's time due to collecting receipts and completing the food service cost report
  - ❑ The phone/internet bill documented as an administrative facility expense

# Time Distribution Reports – FNS 796-2 Rev. 3

- Every person who performs CACFP related duties **MUST** complete a time distribution report
  - ▣ **Employee** should complete on a daily basis
  - ▣ Supervisor signs off monthly
  - ▣ Must have written job descriptions that include CACFP duties
- Purpose is to ensure that CACFP hours are properly accounted for on a monthly basis
  - ▣ No more than 15-30 minutes for a meal
  - ▣ No more than 15 minutes for a snack

# Time Distribution Report

Employee Name	<b>D Martinez</b>	Position	<b>Director</b>	Month/Year	<b>Sept.</b>
---------------	-------------------	----------	-----------------	------------	--------------

Day	Work Hours		CACFP Administrative Tasks	Food Service Operational Tasks	Totals
	Start	End	A. e.g. Managing, planning, training, monitoring	B. e.g. Meal counts, ensure proper portion sizes	C. Total Hours Worked for the day

1	<b>7:00 am</b>	<b>4:00 pm</b>		<b>0.5</b>	<b>9</b>
2	<b>7:00 am</b>	<b>4:30 pm</b>		<b>1</b>	<b>9.5</b>
3	<b>7:05 am</b>	<b>4:35 pm</b>	<b>1</b>	<b>0.5</b>	<b>9.5</b>

Total Administrative Hours Worked 1 Total Operational Hours Worked 2 Total Monthly Hours Worked 28

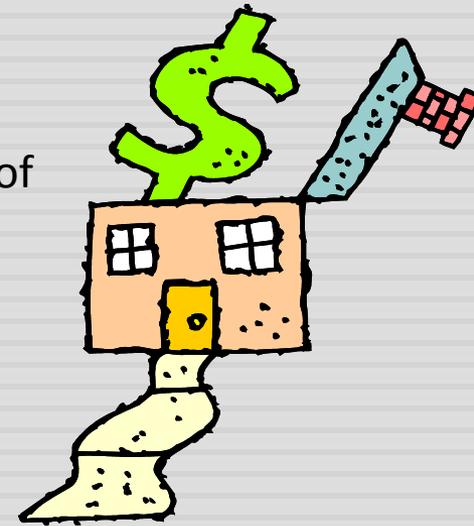
# Monthly Expense Worksheet – Labor Costs

Labor Expenses		ADMINISTRATIVE SALARIES/BENEFITS			Benefits <sup>†</sup>	
A	B	C	D	E	F	
Position, Employee Name	Total Administrative Hours per month  (From Time Distribution Report)*	Salary per Hour	Gross Pay (B X C)	Percent of Time spent on CACFP Tasks this month  Total B ÷ Monthly Hours	CACFP Portion of Benefits  Benefits Paid to Employee  E X	
Director – D Martinez	1	\$15.00	\$15.00	1 ÷ 28 = 0.04 or 4%	0.04 x \$100 = \$4	
		Total: Salaries	\$15.00	Benefits	\$4.00	

Labor Expenses		OPERATIONAL SALARIES/BENEFITS			Benefits <sup>†</sup>	
A	B	C	D	E	F	
Position, Employee name	Total Operational Hours per month  (From Time Distribution Report)*	Salary Per Hour	Gross Pay (B X C)	Percent of Time spent on CACFP Tasks this month  Total B ÷ Monthly Hours	CACFP Portion of Benefits  Benefits Paid to Employee  E X	
Director – D Martinez	2	\$15.00	\$30.00	2 ÷ 28 = 0.07 or 7%	0.07 x \$100 = \$7	
		Total: Salaries	\$30.00	Benefits	\$7.00	

# Monthly Expense Worksheet – Facility Costs

- Facility Expenses are based on square foot percentage attributed to CACFP
  - **Administrative:**
    - Office space used for CACFP only
  - **Operational:**
    - Kitchen, food storage, and food service area
      - If multi-purpose room, measure only square footage of table tops
- File all supportive documents
  - Billing statements, receipts
    - Communications/Utilities, Rent/Mortgage, Contracted Services, Other Costs



# Monthly Expense Worksheet – Rent/Mortgage

- Owned facilities
  - Need depreciation schedule (Refer to FNS Instruction 796-2, Rev. 3, Depreciation and Use Allowances)
    - Cannot include land, taxes, interest, etc.
- Rented/leased facilities
  - Need copy of current lease agreement to validate costs
  - Cannot include taxes, common area maintenance fees, etc.

# Monthly Expense Worksheet – Facility Expenses

Itemized Costs	<b>Administrative</b> – Overseeing Compliance (planning, organizing and managing CACFP)
Rent/Mortgage	Office area
Contracted Services	Storage facility, computer maintenance
Communications	Phone, internet
Other Costs	Computer, copy machine, CACFP office supplies (paper, pens, printer ink, etc...)

## **Administrative Facility Expenses**

Square Footage of CACFP Office Space ÷ Total Square Footage of Facility = Percent attributed

$$\frac{200 \text{ sq.ft}}{\text{(Office Space, Leased Storage Space)}} \div \frac{2,400 \text{ sq.ft}}{\text{(Entire facility)}} = \frac{0.083 \text{ (8.3\%)}}{\text{(column c)}}$$

A	B	C	D
<b>Service</b>	<b>Billed Amount</b>	<b>Percent Attributed to CACFP</b>	<b>Total (B x C)</b>
Rent or Mortgage	\$500	0.083 (8.3%)	\$41.50
Contracted Services			
Communications	\$186.56	0.083 (8.3%)	\$15.48
Other Costs			

# Monthly Expense Worksheet – Facility Expenses

Itemized Costs	<b>Operational – Direct Meal Service</b> (preparation and service of meals to participants)
Rent/Mortgage	Kitchen, service areas
Contracted Services	Pest control, refrigerator repair
Utilities	Electricity, water
Other Costs	Stove, refrigerator, grocery shopping (supported by mileage reports)

## Operational Facility Expenses

Square Footage of CACFP Office Space ÷ Total Square Footage of Facility = Percent attributed

$$600 \text{ sq.ft} \div 2,400 \text{ sq.ft} = 0.25 (25\%)$$

(Kitchen, Food Storage, Eating Area)

(Entire facility)

(column c)

A	B	C	D
Service	Billed Amount	Percent Attributed to CACFP	Total (B x C)
Rent or Mortgage	\$500	0.25 (25%)	\$125
Contracted Services	\$85.00	0.25 (25%)	\$21.25
Utilities	\$1,015.16	0.25 (25%)	\$253.79
Other Costs			



# Items to be Posted in a Prominent Area – 7 CFR 226.15 (o), Section 243(b) of Pub. L. 106-224 and FNS 113-1

## □ WIC

- ▣ A supplemental nutrition program for women, infants, & children



## □ Building for the Future

- ▣ Informs parents and staff that your center participates on the CACFP

**Building for the Future**

This child care receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's **Child and Adult Care Food Program.**

Questions? Concerns?

Call USDA toll free: **1-866-USDA CND (1-866-873-2263)**

Visit USDA's website: **www.fns.usda.gov/cnd**

USDA United States Department of Agriculture  
FNS-2017  
10/17/17  
Revised June 2017

USDA is an equal opportunity provider and employer.

## □ “And Justice for All” Poster





# Record Maintenance

# Record Maintenance – 7 CFR 226.10 (d) & 7 CFR 226.15 (e)

## □ Record Maintenance

- All CACFP records must be kept for at least 5 years
  - **Current year must be kept onsite**
    - Income eligibility forms for all attending participants
    - Claiming Percentage Rosters for Free, Reduced, & Paid participants
    - All monthly records
    - All current years records – Must keep copy of all application materials
  - Previous 4 years may be archived, but must be made immediately available upon request
- All files must be made available at the time of review
- Must have a written policy
  - Should include where specific records are stored, how long they are stored for, and who has access to them



# CIVIL RIGHTS



# Civil Rights – FNS 113-1

- Effective Notification System
  - Program Availability
  - Complaint Information
  - Non-discrimination Statement
    - Must be on all publications posted or given to public, including menus
- Civil Rights Poster
- Complaint and Compliance
  - Complaint Procedures – Must keep copy on file
  - Federal, State & Local Compliance

# Approved Non-Discrimination Statements

- This institution is an equal opportunity provider and employer.

OR

- The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment 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 the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

# Civil Rights Cont'd

- Limited English Proficiency (LEP)
  - ▣ Proportion
  - ▣ Frequency
  - ▣ Importance
  - ▣ Resources

For more information on LEP go to:

[www.lep.gov](http://www.lep.gov)

# Civil Rights Cont'd

- Religious Organizations
  - ▣ Equal Opportunity
  - ▣ Independence
  - ▣ Facilities
  - ▣ Discrimination
- Short prayer before a meal is OK only if the meal giver does not require participation in the prayer (or other religious practices) as a condition for receiving the meal

For further information go to: [www.fbc.usda.gov](http://www.fbc.usda.gov)

# Civil Rights Information Available At:

- ADE website:

<http://www.azed.gov/health-nutrition/civil-rights/>

- Ellen Pimental- Civil Rights Liaison

- 602-542-6208

- [Ellen.Pimental@azed.gov](mailto:Ellen.Pimental@azed.gov)





# TRAINING REQUIREMENTS

# Training Requirements – 7 CFR 226.16(d)(2)&(3); 226.17(b)(10)

- Training required for staff prior to participation
  - Annually thereafter
- ADE will ensure that content and frequency is in compliance
  - Training records – sign in sheet
  - Retention of handouts, agendas, and/or materials

# Required Training Topics

<b>Minimum Content Areas</b>	<b>Examples of training topics</b>
<b>Meal Pattern Requirements</b>	<ul style="list-style-type: none"><li>•Child &amp; infant meal patterns</li><li>•Portion sizes</li><li>•Creditable and non-creditable foods</li></ul>
<b>Meal Count Documentation</b>	<ul style="list-style-type: none"><li>•Meal counts separate from attendance</li><li>•Point of service meal counts</li></ul>
<b>Record Keeping</b>	<ul style="list-style-type: none"><li>•Monthly record keeping forms</li><li>•Menus and food production records</li><li>•Medical Statements</li><li>•Infant Records</li></ul>
<b>Claims Submission</b>	<ul style="list-style-type: none"><li>•Claims preparation and process</li><li>•Claim submission dates</li></ul>
<b>Reimbursement System</b>	<ul style="list-style-type: none"><li>•Monthly claim edit checks</li><li>•Claim preparation</li><li>•CACFP record retention</li></ul>
<b>Civil Rights</b>	<ul style="list-style-type: none"><li>-Program Availability</li><li>-Complaint Procedures</li><li>-Non-Discrimination Statement</li></ul>



**Sponsors with  
Multiple Sites &  
Owners of Multiple  
Single Sites**

# Monitoring Requirements – 7 CFR 226.16(d)(4)

- Sponsors of multiple sites and owners with multiple single sites are required to monitor each center three times per year
  - At least 2 must be unannounced
    - At least one unannounced review must include a meal observation
  - 5-day reconciliation must be conducted at each visit
  - No more than 6 months between reviews
  - If serious deficiency found, next visit must be unannounced

# Who can monitor?

- A monitor should be someone who is NOT involved in the day-to-day operations
  - A member of the Board or advisory group
  - Other staff not involved in the food service operation
- Sponsors must provide sites with written notice of the right for the sponsor, ADE, USDA, or auditors to make unannounced or announced reviews
  - Must have photo ID

The background of the slide features a close-up, slightly blurred image of a wooden pencil with a sharp lead tip, resting on a sheet of graph paper. A metal ruler is positioned diagonally across the paper, with its markings visible. The overall color palette is warm and muted, with shades of beige, brown, and light grey.

# 5-DAY RECONCILIATION



# 5-Day Reconciliation – 7 CFR 226.16(d)(4)(ii)

- Sponsors must conduct 5-day reconciliations at EVERY monitoring visit
  - May do a 10% sample to reduce workload
- Review the most recent 5 consecutive days of meal counts for each approved meal type to ensure that meal counts do not exceed the number of participants in attendance on any day
- Remember that meal counts should never exceed licensed capacity or attendance [7 CFR 226.17(b)(4) and 226.18(e)]

# Step 1: Enter dates to be reconciled and approved meal service times.

Total Number of participants <b>claimed</b> ( <i>based on meal counts</i> ):						
	Meal	1 Day Before Date: <b>9/15</b>	2 Days Before Date: <b>9/14</b>	3 Days Before Date: <b>9/13</b>	4 Days Before Date: <b>9/12</b>	5 Days Before Date: <b>9/11</b>

Total Number of participants in <b>attendance</b> ( <i>based on sign in/out sheets</i> ):						
Meal Service Times	Meal	1 Day Before Date: <b>9/15</b>	2 Days Before Date: <b>9/14</b>	3 Days Before Date: <b>9/13</b>	4 Days Before Date: <b>9/12</b>	5 Days Before Date: <b>9/11</b>
<b>6:00-7:30 am</b>	Breakfast					
<b>9:00-9:30 am</b>	AM Snack					
<b>11:00am-12:30pm</b>	Lunch					

# Step 2: Enter number of meals claimed for each of the 5 days listed

Total Number of participants <b>claimed</b> ( <i>based on meal counts</i> ):						
	Meal	1 Day Before Date: <b>9/15</b>	2 Days Before Date: <b>9/14</b>	3 Days Before Date: <b>9/13</b>	4 Days Before Date: <b>9/12</b>	5 Days Before Date: <b>9/11</b>
	Breakfast	<b>25</b>	<b>24</b>	<b>26</b>	<b>20</b>	<b>19</b>
	AM Snack	<b>28</b>	<b>24</b>	<b>26</b>	<b>18</b>	<b>17</b>
	Lunch	<b>24</b>	<b>24</b>	<b>25</b>	<b>18</b>	<b>19</b>

**Step 3: Enter the number of children in attendance during the listed meal times. This must be based on the sign in/out sheets.**

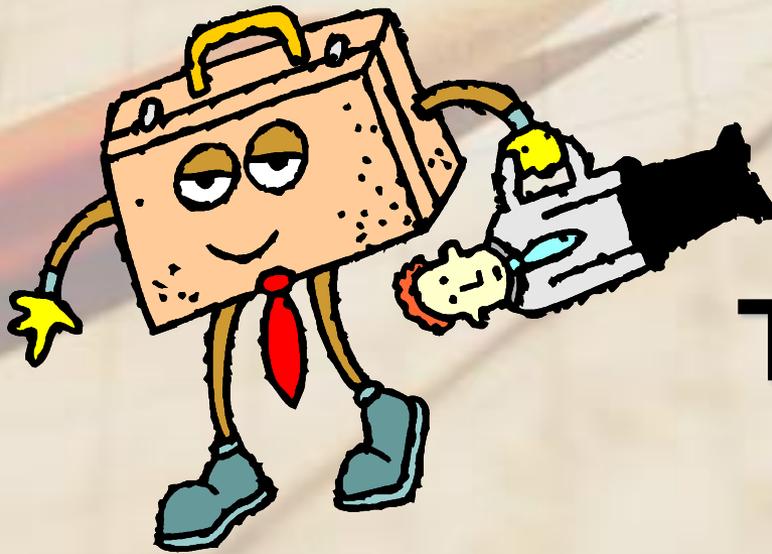
Total Number of participants in **attendance** (*based on sign in/out sheets*):

Meal Service Times	Meal	1 Day Before Date: <b>9/15</b>	2 Days Before Date: <b>9/14</b>	3 Days Before Date: <b>9/13</b>	4 Days Before Date: <b>9/12</b>	5 Days Before Date: <b>9/11</b>
<b>6:00-7:30 am</b>	Breakfast	<b>25</b>	<b>24</b>	<b>26</b>	<b>20</b>	<b>19</b>
<b>9:00-9:30 am</b>	AM Snack	<b>30</b>	<b>24</b>	<b>26</b>	<b>18</b>	<b>18</b>
<b>11:00am-12:30pm</b>	Lunch	<b>25</b>	<b>23</b>	<b>25</b>	<b>18</b>	<b>18</b>

# Step 4: Compare the two tables and indicate if there are any discrepancies resulting in an over-claim.

Total Number of participants <b>claimed</b> (based on meal counts):						
	Meal	1 Day Before Date: <b>6/15</b>	2 Days Before Date: <b>6/14</b>	3 Days Before Date: <b>6/13</b>	4 Days Before Date: <b>6/12</b>	5 Days Before Date: <b>6/11</b>
	Breakfast	<b>25</b>	<b>24</b>	<b>26</b>	<b>20</b>	<b>19</b>
	AM Snack	<b>28</b>	<b>24</b>	<b>26</b>	<b>18</b>	<b>17</b>
	Lunch	<b>24</b>	<b>24</b>	<b>25</b>	<b>18</b>	<b>19</b>

Total Number of participants in <b>attendance</b> (based on sign in/out sheets):						
Meal Service Times	Meal	1 Day Before Date: <b>6/15</b>	2 Days Before Date: <b>6/14</b>	3 Days Before Date: <b>6/13</b>	4 Days Before Date: <b>6/12</b>	5 Days Before Date: <b>6/11</b>
<b>6:00-7:30 am</b>	Breakfast	<b>25</b>	<b>24</b>	<b>26</b>	<b>20</b>	<b>19</b>
<b>9:00-9:30 am</b>	AM Snack	<b>30</b>	<b>24</b>	<b>26</b>	<b>18</b>	<b>18</b>
<b>11:00am-12:30pm</b>	Lunch	<b>25</b>	<b>23</b>	<b>25</b>	<b>18</b>	<b>18</b>



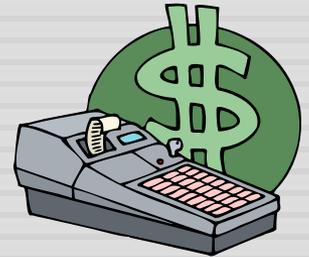
# The Application Process

# Application Time Frame

- ❑ No more than 3 months (90 days) may elapse between the time you take the three required trainings and the time you submit the application
  - ❑ If it has been more than three months, you must retake the training classes
    - ❑ 90 days begins after first class taken
  - ❑ You may not submit a new application prior to a center opening or receiving a license

# Annual Projected CACFP Expenses – 7 CFR 226.7(g)

- Sponsor budgets must be updated every year
  - ▣ Application and Management Plan
    - Three months of bank statements required
      - Shows financial viability
  - ▣ Similar to monthly records, but projects annual numbers
- Sponsor must be familiar with FNS instruction 796-2 Rev. 3 which defines allowable & unallowable costs
  - ▣ <http://www.fns.usda.gov/cnd/Care/Default.htm>



# Projected Annual Income

- Non-CACFP Income
  - ▣ Tuition, Grants, Federal Assistance, DES Reimbursement
- CACFP Income
  - ▣ CACFP Reimbursement
- Value of Cash/Non-Cash Donations
- Value of Excess Meals Served to Personnel

# Items Required for New Application

- Application Checklist
- Sponsor Application
- Site Application (Each Site)
- Application & Management Plan
- Organizational Chart
- Last 3 months of bank statements
- Copy of Training Certificates (3)
- Outside Employment Policy
- Copy of current DHS License
- One month's menus
- Procurement Standards & Guidelines
- Civil Rights Pre-Award Compliance Review
- Civil Rights Data Collection

# Items Required for New Application Cont'd

- Free & Reduced Price Policy Statement
  - Confirmation F/R Price Policy Statement was sent to media
- CNP Web/Common Logon Agreement
- Sponsor/Site Add, Change, Delete Form
- DUNS Number Worksheet
- AZ W-9 Tax Form
- Permanent Agreement (2 original signed)

# Items Required for New Application – Only If Applicable

- Food Service Vendor Contract (if food is catered)
- List of Board of Directors with addresses
- Evidence of At-Risk area eligibility and Enrichment Activities
- 501 (c)(3) for Non-Profit Organizations

# Free and Reduced Price Policy Statement – 7 CFR 226.23

- Every new applicant is required to submit a free and reduced price policy statement
  - Along with this statement, the applicant is required to submit a copy of the policy statement to a local media source that notifies the public that your center operates under the Child and Adult Care Food Program.
    - One time only

# Common Logon

- User ID and Password
  - Acts as a signature and certification that information submitted is valid
  - Issued only to approved authorized signers
  - Must NOT be shared
    - ADE highly recommends having at least two people with access to the CNP Web
  - If change in employee, contact ADE to delete/add
  
- To obtain, call (602) 542-8810

# Data Universal Numbering System (DUNS) Number – 2 CFR 170 & 2 CFR 25

- Must request a DUNS number PRIOR to applying for CACFP
  - ▣ Must provide DUNS number in application
- Request at: <http://fedgov.dnb.com/webform>
  - ▣ Select: “Federal Government Grantee or Applicant”

# CNP Web

- <http://www.ade.az.gov>
- Access to Sponsor & Site applications
- Access to Sponsor & Site claims
- Access to program memos
  - It is important to review these periodically to ensure program compliance



# Notify ADE for the following:

- Adding or deleting site(s)
- Change in authorized signers
- New ownership
  - CACFP is not part of a sale. New owners must reapply
- License/approval status
- Tax-exempt status

# Direct Deposit

- If you would like to request to have your CACFP reimbursements electronically deposited into your bank account, you must complete the ACH Vendor Authorization Form
  
- Send to address listed on form AFTER your application is approved
  - Send copy to ADE



# **ADE Review Procedures**

# Pre-approval Visit

- Once your assigned specialist determines that your application is complete, he/she will contact you to schedule a Pre-approval Visit
- ▣ Purpose is to determine if the applicant is capable of operating the Child & Adult Care Food Program
  - It is expected that centers fully train staff and start all recordkeeping prior to the visit
    - Includes income eligibility forms, claiming rosters, meal counts, production worksheets, etc

# Types of Reviews – 7 CFR 226.6(m) & 7 CFR 226.8(c)

- Welcome Visit: Within first 90 days of participation
  - Conducted by CACFP Specialist
  - Reviews program & provides technical assistance
- Program Reviews: At least every three years
  - Conducted by CACFP Specialist
  - Announced or unannounced
- Agreed Upon Procedures/Audits: As needed
  - Performed by contracted accountants
    - John C Todd II PC
    - Heinfeld, Meech & Co, PC

# Corrective Action & Serious Deficiency - 7 CFR 226.6(c)(3) & 7 CFR 226.6(k)

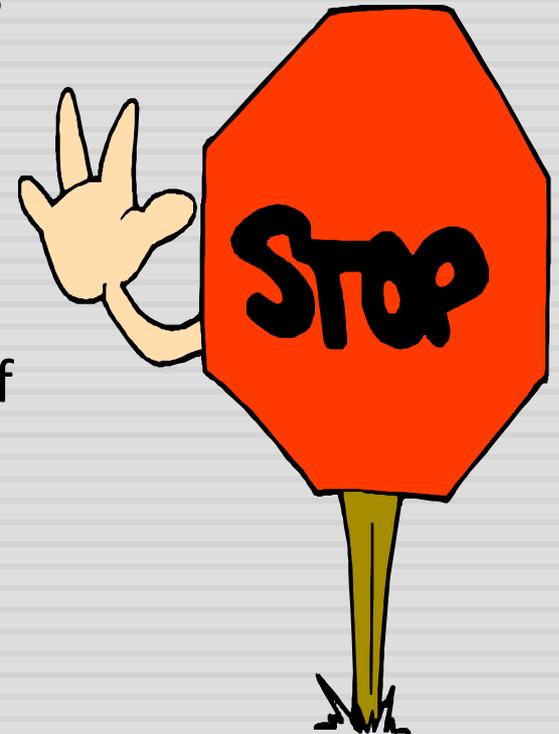
- Corrective Action must be permanently maintained
- Recurrence of same problem will result in a serious deficiency determination
  - Only one chance to correct a serious deficiency
  - ADE to propose termination if serious deficiency recurs
- Administrative Review Procedures
  - Sponsor can appeal action negatively affecting payment and/or participation
    - Cannot appeal serious deficiency determination or corrective action
    - Copy of procedures are included in your master handouts. Keep in a permanent place

# Suspension – 7 CFR 226.6(c)(5)

“The temporary ineligibility of an institution to participate in the program, including program payments”

## Why suspend?

- ▣ Imminent threat to health and safety of a child and/or public
- ▣ Submission of false or fraudulent claim



# National Disqualified List (NDL) – 7 CFR 226.6(c)(3)( iii)

- Termination from CACFP: Who is placed on the National Disqualified List?
  - ▣ Institutions
  - ▣ Responsible Individuals
  - ▣ Responsible Principals
  
- How long can someone remain on the National Disqualified List?
  - ▣ 7 years or longer