CACFP Training for New Staff

Training for New Staff

Topics

- Eligibility Determination
- Meal Pattern
- Menu Planning
- Reporting Costs
- Civil Rights
- Training and monitoring
- Recordkeeping
- Reimbursement
- Review process

Training for New Staff

Training Materials

- PowerPoint Presentation
- Resource Folder
  - MyPlate Five Food Groups
  - Empower (Family Style Dining)
  - Food Safety: Cleaning and Sanitizing
  - Food Safety: Handwashing
  - Choking Prevention
  - Important Resources

Housekeeping

Meal Benefit Eligibility Forms and Claiming Rosters

Distribution & Collection

7 CFR 226.23(e)(1)(i) and 7 CFR 226.23(e)(2)

Provide a meal benefit income eligibility form to the parent or guardian of every enrolled participant

- When? Collect new eligibility forms June 1st – June 30th annually

  Important: Distribute no sooner than June 1st

- Begin Using? Begin using when claiming July meals. Effective date – July 1st

  Valid for 1 year

- All Meal Benefit Income Eligibility Forms must include the parent/guardian letter to inform them about the program

  Important: Distribute form double sided to avoid fiscal action

- What if a parent or guardian refuses to complete the form?

  Put the participants name(s) on the form and write diagonally in large print "PARENT REFUSED" all the way across the form , then place them in the "paid" category

Distribution & Collection

7 CFR 226.23(e)(1)(i) and 7 CFR 226.23(e)(2)

- Meal Benefit Eligibility Forms are **not required** for children residing in an *emergency shelter* or enrolled in a *Headstart Program*. These children are automatically categorized as Free

- Maintain Meal Benefit Income Eligibility Forms in a single binder separated by tabs; Free, Reduced, Paid

- Completed Meal Benefit Income Eligibility Forms containing more than one last name should be copied and filed under each last name

Sandy Jones	(place the original under "B" then copies under
John Smith	"J" and "S" to ensure that every participant has
Bill Brown	a Meal Benefit Form filed alphabetically in the binder)

Lets take a look at the Meal Benefit Eligibility Form

Claiming Percentage Rosters

7 CFR 226.17(b)(8)

Used to track number of eligible participants in each category on a monthly basis

- Use a separate Claiming Percentage Roster for Free, Reduced and Paid
- Maintain claiming percentage rosters in a single binder separated by Free, Reduced, and Paid followed by the Meal Benefit Income Eligibility Forms
- Place names in alphabetical order (use “sort” in word or excel)

Attendance must be verified for each claim month using sign in/out sheets

- A participant in attendance at <u>any time</u> during the claiming month must be listed on correct Claiming Roster
- Names on Sign-in Attendance Sheets, Meal Benefit Income Eligibility Forms, and Claiming Percentage Rosters must match and be the full legal name (no nicknames)

Lets take a look at the Claiming Percentage Roster

Enrollment (Blue Cards)

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

- It's best practice to distribute the Emergency Information Form "Blue Cards" along with Meal Benefit Income Eligibility Form each year during the June collection period
- Otherwise, you'll need to track expiration dates each month to ensure that any forms that are close to expiration get updated by the parents or guardians prior to the expiration date
- Meals cannot be claimed for participants without a valid enrollment form and funds will be recovered if the enrollment has expired

Activity 1: Meal Benefit Form

CACFP Meal Pattern and Modifications

Breakfast Meal Pattern

7 CFR 226.20(a)(1)

Food Components	Ages 1-2	Ages 3-5	Ages 6-12
Breakfast			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetable, fruit, or 100% juice	¼ cup	½ cup	½ cup
Grains/bread (whole grain or enriched)	½ slice	½ slice	1 slice
or cornbread, rolls, muffins, or biscuits	½ serving	½ serving	1 serving
or cold dry cereal	¼ cup or 1/3 oz	1/3 cup or ½ oz	½ cup
or cooked cereal, pasta noodle products, or cereal grains	¼ cup	¼ cup	½ cup

Lunch/Supper Meal Pattern

7 CFR 226.20(a)(2) and 7 CFR 226.20(a)(3)

Food Components	Ages 1-2	Ages 3-5	Ages 6-12
Lunch or Supper			
Milk, fluid	½ cup	¾ cup	1 cup
Vegetable and/or fruit, or 100% juice	¼ cup total	½ cup total	¾ cup total
Grains/bread (whole grain or enriched)			
or cornbread, rolls, or biscuits	½ slice	½ slice	1 slice
or cooked cereal, pasta, noodle products, or cereal grains	½ serving ¼ cup	½ serving ¼ cup	1 serving ½ cup
Meat or meat alternates			
Lean meat, fish or poultry	1 ounce	1-1/2 ounce	2 ounces
or cheese	1 ounce	1-1 1/2 ounce	1-1 1/2 ounces
or cottage cheese, cheese spread, cheese food	2 ounces or ¼ cup	3 ounces or 3/8 c	4 ounces or ½ cup
or egg	1 egg	1 egg	1 egg
or cooked dry beans or peas	¼ cup	3/8 cup	½ cup
or yogurt (low or nonfat)	½ cup	¾ cup	1 cup
or peanut butter, soy nut butter or other nut or seed butters	2 Tbsp	3 Tbsp	4 Tbsp
or peanuts, soy nuts, tree nuts or seeds	½ ounce	¾ ounce	1 ounce
or an equivalent quantity of any combination of the above meat/meat alternates	1 ounce	1-1 1/2 ounces	2 ounces

Snack Meal Pattern

7 CFR 226.20(a)(4)

Food Components	Ages 1-2	Ages 3-5	Ages 6-12
Snack (select 2 of the 4 components)			
Milk, fluid	½ cup	½ cup	1 cup
Vegetable, fruit or 100% juice	½ cup	½ cup	¾ cup
Grains/breads (whole grain or enriched)			
Bread	½ slice	½ slice	1 slice
or cornbread, rolls, muffins, or biscuits	½ serving	½ serving	1 serving
or cold dry cereal	¼ cup or 1/3 oz	1/3 cup or ½ oz	¾ cup or 1 oz
or cooked cereal, pasta, noodle products, or cereal grains	¼ cup	¼ cup	½ cup
Meat or meat alternates			
Lean meat, fish or poultry	½ ounce	½ ounce	1 ounce
or cheese	½ ounce	½ ounce	1 ounce
or egg or yogurt	½ egg or ¼ cup	½ egg or ¼ cup	1 egg or ½ cup
or cooked dry beans or peas	1/8 cup	1/8 cup	¼ cup
or peanut butter, soy nut butter or other nut or seed butters	1 tablespoon	1 tablespoon	2 tablespoons
or peanuts, soy nuts, tree nuts or seeds	½ ounce	½ ounce	1 ounce
or an equivalent quantity of any combination of the above meat/meat alternates	½ ounce	½ ounce	1 ounce

Milk & Water

7 CFR 226.20

The milk component must be pasteurized and:

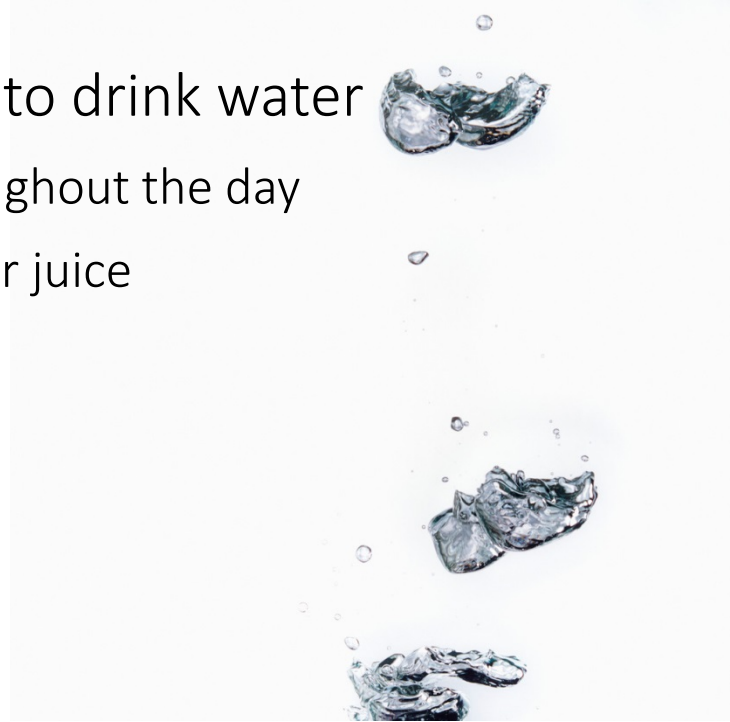
- 12 months - 23months – Whole Milk
- 24 months and older – 1% or Skim

  -Chocolate/strawberry milk is a **high-sugar item**

  -Milk must be served at breakfast, lunch & supper

Children get busy playing and forget to drink water

- Water must be made available throughout the day
- Offer during snacks instead of milk or juice



Meal Pattern Modifications

Religion and Vegetarian Diets

Religion

- 7 CFR 226.20(d)(2)(i) "FNS may approve variations in the food components of the meals on an experimental or a continuing basis in any institution where there is evidence that such variations are nutritionally sound and are necessary to meet ethnic, religious, economic, or physical needs". If a center wants to serve meals that vary from USDA Meal Patterns, you must submit an alternate meal pattern with justification for approval.

Personal Preference, Vegan or Vegetarian Diet

- Organizations have the flexibility to decide if and how to accommodate a participant with a vegan diet. However, ADE strongly encourages organizations to accommodate participants when it is feasible.
- When substitutions are made, they **must be documented on the menu.**

Meal Pattern Modifications

Dietary 7 CFR 226.20 (h)

- USDA regulations require special meals be provided to a **disabled** participant whose condition requires special medical foods, food substitutions, or textural modifications
- Participants who cannot consume fluid milk due to a special dietary needs (e.g. **lactose intolerant**), other than a disability, may be served a non-dairy beverage that is nutritionally equivalent to fluid milk.
- Juice and water **cannot be offered** as milk substitutes. Meals with juice and water in place of milk are **not reimbursable**.

Meal Pattern Modifications

Documentation

Disability or Life Threatening Allergy

- Written statement from a <u>Medical Authority</u>
- Who is a medical authority? A **Licensed physician, Physician Assistant or Nurse Practitioner.**
- The non-dairy beverage must be nutritionally equivalent to milk
- The medical statement must include:
  - Identification of the disability or dietary condition which restricts the participants' diet
  - The food or foods to be omitted from the participant's diet
  - The food or choice of foods to be substituted

Meal Pattern Modifications

Documentation

Special Dietary Need or Food (Milk) Intolerance

- Written request from for a non-dairy substitute from a parent or guardian
- The non-dairy beverage must be nutritionally equivalent to milk
- The written request must include:
  - The food or foods to be omitted from the participant's diet
  - The food or choice of foods to be substituted

Allowable Milk Substitutions

The following soy milks meet CACFP requirements. **Only** these substitutions may be served in place of cow's milk, unless an alternative is **requested and documented by a medical authority**:

- 8th Continent Soymilk (original, vanilla & light chocolate)
- Pacific Natural Ultra Soy Milk (plain & vanilla)
- Kikkomon Pearl Organic Soymilk (creamy vanilla & chocolate)
- Great Value Original Soy Milk
- Kirkland Organic Plain Soy Milk

Infant Feeding

Infant Meal Pattern

7 CFR 226.2 (b)

	Birth - 3 months	4 - 7 months	8 - 11 months
Breakfast	•4-6 fluid ounces breast milk or iron-fortified infant formula	•4-8 fluid ounces breast milk or iron-fortified infant formula •0-3 tablespoons infant cereal (optional)	•6-8 fluid ounces breast milk or iron-fortified infant formula •2-4 tablespoons Iron-fortified infant cereal •1-4 tablespoons fruit and/or vegetable
Lunch or Supper	•4-6 fluid ounces breast milk or iron-fortified infant formula	•4-8 fluid ounces breast milk or iron-fortified infant formula • 0-3 tablespoons infant cereal (optional) • 0-3 tablespoons fruit and/or vegetable (optional)	•6-8 fluid ounces breast milk or iron-fortified infant formula •2-4 tablespoons infant cereal **and/or** 1-4 tablespoons meat, fish, poultry, egg yolk, cooked dry beans, or dry peas, **or** ½-2 ounces cheese **or** 1-4 ounces cottage cheese, cheese food, or cheese spread •1-4 tablespoons fruit and/or vegetable
Supplement	•4-6 fluid ounces breast milk or iron-fortified infant formula	•4-8 fluid ounces breast milk or iron-fortified infant formula •0-3 tablespoons infant cereal (optional)	•2-4 fluid ounces breast milk, iron-fortified infant formula, or full strength 100% fruit juice •0-1/2 slice bread or 0-2 crackers (optional)

Infant Meal Pattern

Ensure that all food served to infants is creditable

- Review the infant section of the Creditable Food Guide for more information

Prepared fruits and vegetables (jar foods)

- Must list fruit/vegetable as the first ingredient

Formula and Infant cereal

- Must be iron-fortified
- Label must state “with iron” or “iron-fortified”
- Cereal must be infant cereal, not breakfast cereal or other grains

Infant Meals

Birth – 3 months

Reimbursable Meals:

- Parent-provided breast milk
- Center-provided formula
- Parent-provided formula

Non-Reimbursable Meals:

- Mom breastfeeding her child at the center (**exception**: if mom is an employee of the center)

Infant Meals

4 months – 7months

Reimbursable meals when the infant is **only drinking formula or breast milk**:

- Parent-provided breast milk or formula
- Center-provided formula

Reimbursable meals when the infant is **developmentally ready to eat solid foods**:

- When **at least one** food component is supplied by the center

Infant Meals

8 months – 11 months

Reimbursable Meals:

- All meal components are required to be offered at breakfast and lunch. **Grain component is optional at lunch.**
- Center must supply **at least one** of the meal components

CACFP Menus

High Fats & High Sugars

No more than two high-sugar items per week

- Per menu, not per meal
- Can be served only during breakfast and snack

No more than two high-fat items per week

- Per menu, not per meal
- Limit does not include high-quality items such as cheese and peanut butter

High Sugar Foods

Greater than 35% total sugar by weight

- Cookies
- Brownies
- Toaster Pastries
- Donuts
- Cake/Cupcakes
- Pop Tarts
- Granola Bars
- Cinnamon Rolls
- Gelatin/Jell-O
- Rice Krispy Treats
- Cereal Bars
- High Sugar Breakfast Cereals
- Quick Breads
- Muffins
- Vanilla Wafers
- Custard/Pudding
- Iced Animal Crackers
- Syrup
- Jam/Jelly
- Honey
- Danish
- Flavored Milk
- Added Sugar to Breakfast Cereals

High Fat Foods

Greater than 35% of total calories from fat

- Corn Dogs
- Hot Dogs
- Bologna
- Sausage/Bacon
- Salami/Pepperoni
- Tater Tots
- French Fries
- All fried foods not limited to: fried chicken, taquitos, chimichangas, hard shell/crunch tacos, fry bread
- Chicken Nuggets/Patties/Shapes
- Fish Sticks/Nuggets/Shapes
- Hot Pockets
- Top Ramen/Ramen Noodles
- Tortilla Chips/Potato Chips
- Croissants
- Margarine/Butter
- Full-fat Cream Cheese, Sour Cream, Mayonnaise, Tarter Sauce, Dressing, and Dipping Sauces

Nutrition Calculator

Address http://www.ade.az.gov/cacfpnutritioncalculator/default.aspx Go Links

Google Go Bookmarks 12 blocked Check AutoLink Settings

Employment Opportunities
Contact ADE
About ADE
Charter Schools
County Agencies
Non-Discrimination Guideline
A-Z Services

information you have available.

- Enter the requested information in the spaces provided.
- Read the disclaimer and check the box if you agree.
- Finally, click the Evaluate button to see the results.

Test Type

What type of test do you need to perform?

High Sugar

- Use the "High Sugar" test if you know the "Sugar per Serving" and "Serving Size" information.
- Use the "High Fat" test if you know the "Calories from Fat" per serving and the "Calories per Serving" information.
- Use the "High Fat (no Calories from Fat)" test if you know the "Total Fat" and the "Calories per Serving" information.

Nutrition Calculator

Address http://www.ade.az.gov/cacfpnutritioncalculator/default.aspx Go Links

Google Go Bookmarks 12 blocked Check AutoLink Settings

Test for "High Sugar"

Serving Size (g): 30

Sugar per Serving (g): 1

Nutrition Facts

Serving Size 1 cup (30g)
Children Under 4 ¾ cup (20g)
Servings Per Container about 19
Children Under 4 about 28

Amount Per Serving	Cereal	with 1/2 cup skim milk	Cereal for Children Under 4
Calories	110	150	70
Calories from Fat	15	20	10
	% Daily Value**		
Total Fat 2g*	3%	3%	1g
Saturated Fat 0g	0%	3%	0g
Trans Fat 0g			0g
Polyunsaturated Fat 0.5g			0g
Monounsaturated Fat 0.5g			0g
Cholesterol 0mg	0%	1%	0mg
Sodium 210mg	9%	12%	140mg
Potassium 200mg	6%	12%	130mg
Total Carbohydrate 22g	7%	9%	15g
Dietary Fiber 3g	11%	11%	2g
Soluble Fiber 1g			0g
Sugars 1g			1g
Other Carbohydrate 18g			12g
Protein 3g			2g

Nutrition Calculator

Address http://www.ade.az.gov/cacfpnutritioncalculator/default.aspx Go Links

Google Go Bookmarks 12 blocked Check AutoLink Settings

Other Carbohydrate 18g	12g
Protein 3g	2g

Disclaimer

☑ I have read and agree with the following:

I hereby certify that I am responsible for the accurate input of information to determine if a product meets the Arizona CACFP Nutrition Standards. I understand that the Arizona Department of Education does not collect or maintain any information submitted or entered into the Arizona CACFP Nutrition Calculator.

I agree the Arizona Department of Education is not responsible for the inaccurate input of information into the Arizona CACFP Nutrition Calculator by its users. I am solely responsible for the information and the results generated by my input into the Arizona CACFP Nutrition Calculator. I understand I may not modify or alter the information provided by the Arizona CACFP Nutrition Calculator.

Evaluate Reset

Copyright © 2007 by Arizona Department of Education.
This page was last updated 2/14/2007 8:07:20 AM

Calendar of Events :: **Newsletters Subscription** :: **Privacy Policy** :: **Resource Center**

Copyright © 2007 Arizona Department of Education: Information Technology, All Rights Reserved

Nutrition Calculator

Address http://www.ade.az.gov/cacfpnutritioncalculator/default.aspx

Google Go Bookmarks 12 blocked Check AutoLink Settings

Results

Your item contains 3.3% Sugar which is within CACFP guidelines.

Disclaimer

☐ I have read and agree with the following:

I hereby certify that I am responsible for the accurate input of information to determine if a product meets the Arizona CACFP Nutrition Standards. I understand that the Arizona Department of Education does not collect or maintain any information submitted or entered into the Arizona CACFP Nutrition Calculator.

I agree the Arizona Department of Education is not responsible for the inaccurate input of information into the Arizona CACFP Nutrition Calculator by its users. I am solely responsible for the information and the results generated by my input into the Arizona CACFP Nutrition Calculator. I understand I may not modify or alter the information provided by the Arizona CACFP Nutrition Calculator.

Evaluate Reset

Condiments and Dipping Sauces

When using condiments or dipping sauces to accompany a food component, it must be 35% or less total calories from fat to not be considered a high fat item

- Many “low-fat” products are greater than 35%
- May need to use “fat-free”
- Use online nutrition calculator to determine whether or not it is not a “high fat” item

Whole Grains

Grain and bread items must be enriched or **whole grain**

- First word on ingredient label is “whole”
  - Contains more fiber, antioxidants (Vitamin E), iron, magnesium, zinc, and B vitamins
- CACFP recommends that whole grain products are served at least once a day, but would like to see all whole grain items.

Additional Requirements

- Dried beans or dried peas may be used as a meat alternate **or** as a vegetable; **can not satisfy the requirement for both components**
- **No more than 50%** of the requirement shall be met with nuts or seeds. Nuts or seeds must be combined with another meat/meat alternate. **Includes peanut butter**
- If raisins are served, another fruit/vegetable **must be served**
- Juice **may not be served** at snack when milk is the other component
- Lettuce **may not be served** by itself as a component. Another fruit or vegetable must accompany it
- It is recommended that crackers be limited to once per week
- It is recommended that one fruit and one vegetable be served at lunch and supper
- It is recommended that fresh fruit be served at least five times per week
- It is recommended that five different vegetables be served each week, at least three of which are fresh

Homemade Items

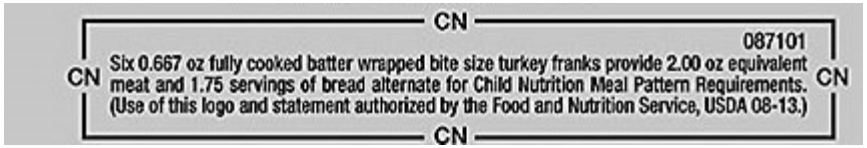
Homemade items are those that are physically made from a recipe. They are not convenience foods that require an additional step such as heating or cooking

- **Keep recipe on file for ADE's review**
- Homemade items must be identified on menus (HM or Homemade)

Child Nutrition (CN) Labels

7 CFR 226.6 (Appendix C)

- Voluntary label administered by USDA's Food and Nutrition Service. Usually not found in grocery stores, but where food products are purchased in bulk
- CN labels will always contain:
  - CN logo (a distinct border)
  - Meal pattern contribution statement
  - 6 digit product identification number
  - USDA/FNS authorization statement
  - Month and year of approval



Child Nutrition (CN) Labels

7 CFR 226.6 (Appendix C)

Required for **all** processed or convenience foods and **must be** kept on file for ADE's review

- ADE recommends that frozen and processed entrées be served no more than once per week

Found on meat, poultry, seafood, meat alternate, and juice products (not all inclusive)

- Chicken patties/nuggets
- Cheese/meat pizzas
- Beef/cheese/bean burritos
- Egg rolls
- Fish sticks
- Corn dogs/nuggets
- Meatballs
- Raviolis
- Macaroni & Cheese or Lasagna that is not homemade

Required Menu Disclaimers

Must include Civil Rights non-discrimination statement

- "This institution is an equal opportunity provider and employer."

Must include 100% juice disclaimer

- "All juices served are 100% juice."
  - ADE recommends that juice be served only twice per week
  - Best practice to serve juice at snack time only

Must include milk disclaimer

- "Whole milk will be served to children 12-23 months. Children 24 months and older will be served 1 % or fat-free milk."

Must include water disclaimer

- Describe how water is made available throughout the day, i.e. "Water coolers are available in each classroom" or "Drinking fountains are available in each classroom" etc.

Anytime a fruit cocktail, mixed veggies, fruit salad, etc. is listed, you must identify the main ingredients in that item

- Fruit Cocktail = pears, peaches, cherries, and pineapple.

Activity 2: Meal Creation

5 Minute Break

Menu Preparation

Production Records

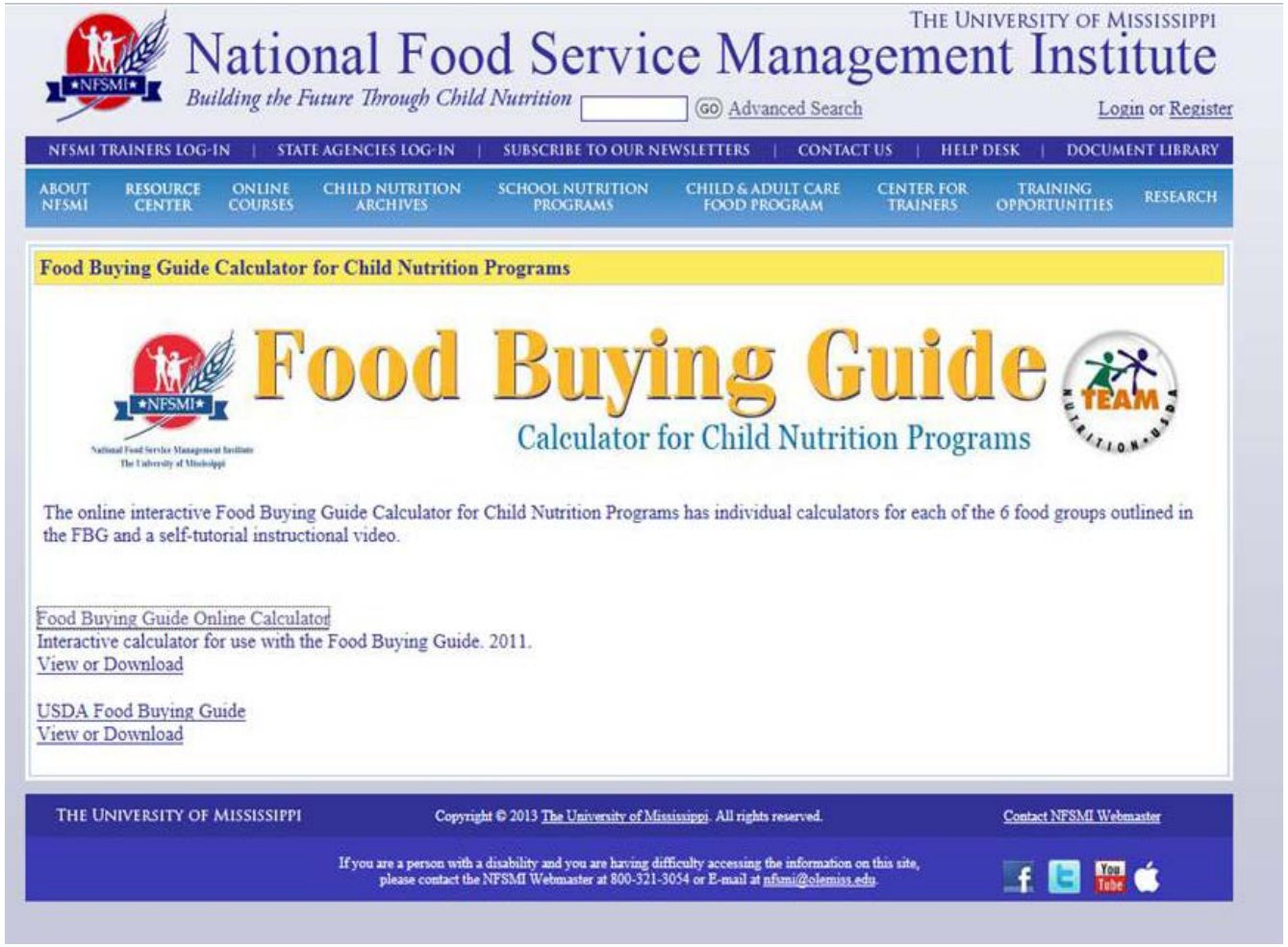
Must be completed for every meal/snack claimed for reimbursement

- Should be done two weeks in advance
- Not required for infant meals
- Can use the online system for calculations at: http://fbg.nfsmi.org/
- If meals are catered, production records must be maintained and cannot be waived by ADE

Information needed to complete production records:

- Menu that meets the meal pattern
- The number of children/adults (including staff) who will be eating the meal

Online Buying Guide



THE UNIVERSITY OF MISSISSIPPI

National Food Service Management Institute

Building the Future Through Child Nutrition

GO Advanced Search

Login or Register

NFSMI TRAINERS LOG-IN | STATE AGENCIES LOG-IN | SUBSCRIBE TO OUR NEWSLETTERS | CONTACT US | HELP DESK | DOCUMENT LIBRARY

ABOUT NFSMI | RESOURCE CENTER | ONLINE COURSES | CHILD NUTRITION ARCHIVES | SCHOOL NUTRITION PROGRAMS | CHILD & ADULT CARE FOOD PROGRAM | CENTER FOR TRAINERS | TRAINING OPPORTUNITIES | RESEARCH

Food Buying Guide Calculator for Child Nutrition Programs

Food Buying Guide

Calculator for Child Nutrition Programs

The online interactive Food Buying Guide Calculator for Child Nutrition Programs has individual calculators for each of the 6 food groups outlined in the FBG and a self-tutorial instructional video.

Food Buying Guide Online Calculator
Interactive calculator for use with the Food Buying Guide. 2011.
View or Download

USDA Food Buying Guide
View or Download

THE UNIVERSITY OF MISSISSIPPI

Copyright © 2013 The University of Mississippi. All rights reserved.

Contact NFSMI Webmaster

If you are a person with a disability and you are having difficulty accessing the information on this site, please contact the NFSMI Webmaster at 800-321-3054 or E-mail at nfsmi@olemiss.edu.

Online Buying Guide

Online Buying Guide

Food Buying Guide

Calculator for Child Nutrition Programs

Select the planned **Serving Size** from the drop down list. Enter the planned **Number of Servings**. Click on **Add to List**

Search Guide Again

Item Description (AP)	Purchase Unit	Serving Description (EP)	Notes	Serving Unit
Applesauce, canned, smooth or chunky includes USDA Foods	No. 10 can (108 oz)	applesauce		cup

Serving Size

1/4 cup

Number of Servings

93

Add to List

THE UNIVERSITY OF MISSISSIPPI Copyright © 2010 - 2013 , The University of Mississippi. All rights reserved. Give Us Your Comments

If you are a person with a disability and you are having difficulty accessing the information on this site, please contact the NFSMI Webmaster at 800-321-3054 or E-mail at nfsmi@olemiss.edu.

Online Buying Guide

Food Buying Guide

Calculator for Child Nutrition Programs

Home | Add More Items | Print List | Email List

NOTE: The Food Buying Guide Calculator rounds up to the nearest whole Purchase Unit or next 1/4 pound.

If you need to add more food items, select **Add More Items.** To edit a food item on your Shopping List, click **Edit** to the right of the food item entry. To remove a food item on your Shopping List, click **Remove** to the right of the food item.

If you are finished, select **Print List** or **Email List**

*****Print or Email your shopping list before exiting the Calculator or your browser! It will not be saved.*****

Shopping List

Item	Servings	Size	Food Item (AP)	Serving Description (EP)	Exact Qty	Purchase Qty	Purchase Unit	Select
1	93	1/4 cup	Applesauce, canned, smooth or chunky includes USDA Foods	applesauce	1.95	2.00	No. 10 can (108 oz)	Remove Edit

THE UNIVERSITY OF MISSISSIPPI

Copyright © 2010 - 2013 , The University of Mississippi. All rights reserved.

Give Us Your Comments

If you are a person with a disability and you are having difficulty accessing the information on this site, please contact the NFSMI Webmaster at 800-321-3054 or E-mail at nfsmi@olemiss.edu.

Online Buying Guide

Production Record August 2, 2013							
Item #	Servings	Size	Food Item(AP)	Serving Desc(EP)	Exact Qty	Purchase Qty	Purchase Unit
1	25	2 oz	Beef, ground, fresh or frozen, no more than 15% fat, (like IMPS 136)	cooked drained lean meat	4.17	4.25	lb
2	25	1/2 cup	Pasta, (group H), elbow macaroni, regular, dry	dry pasta (uncooked)	3.57	3.75	lb
3	25	1/2 cup	Peas and carrots, frozen	cooked drained vegetable	4.59	4.75	lb
4	25	1/4 cup	Watermelon, fresh, whole	raw watermelon	0.15	0.25	melon (about 27 lb)
5	25	1 cup	Milk, fluid, skim or nonfat milk, lowfat milk, reduced fat milk, whole milk, lactose-reduced milk, lactose-free milk, buttermilk, acidified milk, (unflavored or flavored)	fluid milk	1.56	2.00	gallon

Activity 3: Production Records

Claimable Meals/Snacks

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

Exception: Emergency Shelters

- 3 meals per participant, per day

Meal Service Requirements

Duration of Meal Service

7 CFR 226.20 (k)

Must be a two hour minimum between the beginning of each meal.

Meal Type	Customary Meal Times	Claimable Duration of Food Service
Breakfast	6am - 9am	1 ½ hours
AM Snack	Between Breakfast & Lunch	1 hour
Lunch	11am - 1pm	2 hours
PM Snack	Between Lunch & Supper	1 hour
Supper	5pm - 7pm	2 hours
Night Snack	After 7pm	1 hour

Meal Service Requirements

Meal must be served during approved times

- Exception: Infants are served on demand

Correct portion sizes given to each participant

- Offer small pieces of food to younger children to prevent choking

All components must be served together

- If a meal is missing a component it is not reimbursable
- Family style meal service is an **option**

Participants must be given a reasonable amount of time to consume the meal in order for it to be claimed

- Ex. snack starts at 2:30 pm and the participant is signed out at 2:32 pm

Safety & Sanitation

Participants and staff must wash hands before meal service

All stored foods must be sealed, labeled, and dated. Document all food temperatures using thermometers

- Thermometers must be in both the refrigerator and freezer
- Record the time and temperatures on the Food Temperature Log
  - Cold food must be kept at or below 40°F until served
  - Hot food must be kept at or above 140°F until served

Each county in Arizona sets its own requirements for food safety certifications. Ensure your center is in compliance

- Food Safety Manager
- Food Handlers Card
  - ADE requires all staff handling food to have a Food Handler's Card, regardless of any County requirements. Certified food safety managers do not need a separate food handlers card

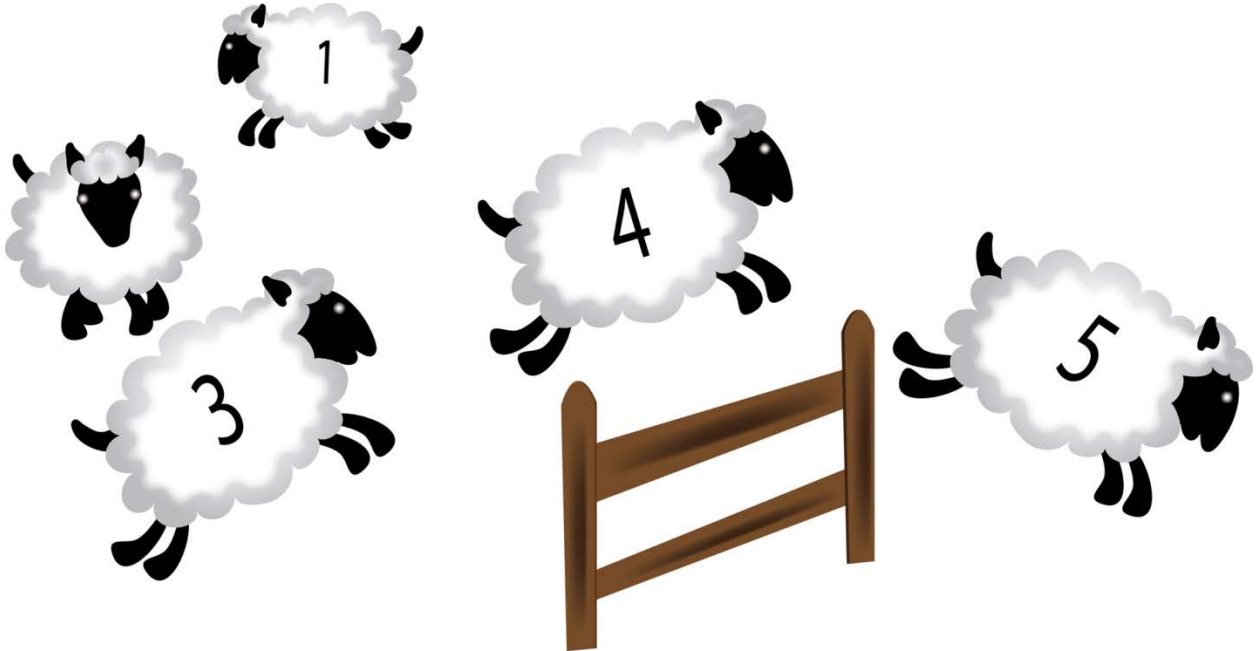
Meal Counts and Point of Service

Meal Counts

7 CFR 226.15(e)(4) and 226.17(b)(9)

Meal counts must be done at <u>point of service</u>

- While participants are eating
- Before participants leave the table
- NOT determined by attendance



Documenting Meal Counts

Point of Service Meal Count Sheet

- Tracks children individually
- Verifies no more than 2 meals and 1 snack, 2 snacks and 1meal, or 3 snacks are claimed per child

Meal Count Summary

- Summarizes totals from Point of Service Meal Count Sheet

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	√	√	√				√	√	√				√	√					√	√		
B,Maddie			√	√					√	√					√	√					√	√
C,Carrie	√	√	√	√			√	√	√	√			√	√	√	√			√	√	√	√
D,Michael		√	√	√				√	√	√				√	√	√				√	√	√
E,Tyson	√	√	√	√			√	√	√	√			√	√	√	√			√	√	√	√
Totals	3	4	5	2			3	4	5	2			3	4	4	2			3	4	4	2

Infant Daily Production Record

Infant Meal Components

- 0-3 T means the component is optional
- Portion size not listing zero as a measurement indicates that component **must be offered**
- Specify component when required
  - Banana, Sweet Potato, Green Beans etc.
  - If the component is not specified the meal is not reimbursable

Infant Daily Production Record

Daily Meal Production Record for Infants
Date: 1
Completed by: Infant Staff

INSTRUCTIONS:

- Record the names of the infant(s) being served the meal
- Use a (✓) where indicated
- Record the specific kind of fruit/vegetable or meat served
- Indicate by circling specific meals/snacks that will be claimed for reimbursement
- All formula and infant cereal served must be iron fortified
- Record infant totals each day and transfer to Daily Meal Count Summary Sheet
- IFC = Infant Cereal

*Adopted from New Mexico CACFP form

NAMES 0-3 months	Breakfast	AM	Lunch	PM	Supper
	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-6 oz (✓)
Sarah H.	✓	✓	✓		
John B.	✓		✓	✓	

NAMES 4-7 months	Breakfast		AM	Lunch			PM	Supper		
	Formula or Breast Milk 4-8 oz (✓)	IFC 0-3 T (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-8 oz (✓)	Veg./Fruit 0-3 T **Specify**	IFC 0-3 T (✓)	Formula or Breast Milk 4-6 oz (✓)	Formula or Breast Milk 4-8 oz (✓)	Veg./Fruit 0-3 T **Specify**	IFC 0-3 T (✓)
Jason L.	✓		✓	✓						
Adam S.	✓	✓	✓	✓	Green beans	✓				

NAMES 8-11 months	Breakfast			AM		Lunch			PM		Supper		
	Formula or Breast Milk 6-8 oz (✓)	IFC 2-4 T (✓)	Veg/Fr 1-4 T **Specify**	Formula, Breast Milk, fruit juice 2-4 oz (✓)	0-1/2 slice bread or 0-2 crackers (✓)	Formula or Breast Milk 6-8 oz (✓)	Veg./Fruit 1-4 T **Specify**	IFC 2-4 T **OR** Meat/Alt 1-4 T ½ - 2 oz. **Specify**	Formula, Breast Milk, fruit juice 2-4 oz (✓)	0-1/2 slice bread or 0-2 crackers (✓)	Formula or Breast Milk 6-8 oz (✓)	Veg./Fruit 1-4 T **Specify**	IFC 2-4 T **OR** Meat/Alt 1-4 T ½ - 2 oz. **Specify**
David T.				✓	✓	✓	Carrots	IFC	✓	✓			
Mark C.	✓	✓	Peaches	✓		✓	Peas	Chicken					

Daily Infant Totals: **Breakfast:** 5 **AM:** 5 **Lunch:** 6 **PM:** 2 **Supper:** 0

Meal Count Summary

MEAL COUNT SUMMARY (Pg.1)

Name of Center: _____ Month/Year: _____

	Number of Meals Claimed for Enrolled Children							Number of Meals Consumed by Adult Staff						
Date	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack	Breakfast	A.M. Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack
1	3	4	5	2										
2	3	4	5	2										
3	3	4	4	2										
4	3	4	4	2										
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														
Subtotal														
Infant Totals *														
Total # Meals To Claim								**DO NOT CLAIM ADULT MEALS CONSUMED BY STAFF**						
	Breakfast	AM Snack	Lunch	PM Snack	At-Risk Snack	Supper	Night Snack	If any daily adult meal totals above exceed the 5 to 1 student/teacher ratio, report the dollar value of the exceeded meals onto your CNP Sponsor Claim.						

Meal Count Summary

INFANT MEAL COUNT SUMMARY (Pg.2)

Daily Infant Meal Counts from Infant Production Records for the Month of: _____

Date	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
1	5	5	6	2	0	
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						
Infant Meal Totals	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
	*	*	*	*	*	*

* TRANSFER THESE TOTALS TO REVERSE SIDE OF FORM FOR CLAIMING TOTALS

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

Value of Excess Personnel Meals

7 CFR 226.15(e)(5)

You must keep records of meals/snacks served to <u>staff</u>

- 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

  $250 - 200 = 50$

Activity 4: Best Practices

It's Lunch Time!

See you in an hour

Reporting Costs

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

Monthly Reports

Food Service Cost Report

- 50% of CACFP reimbursement MUST be used for quality food purchases
- All receipts/invoices must be kept intact; photocopy receipts that might fade
- Include only items that are directly related to CACFP
- deduct foods purchased for meals/snacks not claimed on CACFP

Expense Worksheet

- Document administrative and operational labor
- All bills/receipts/invoices and time distribution reports must be kept intact and on file
- Document facility expenses such as gas, rent and electricity

Food Service Cost Report

Itemized Costs	Operational – 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 Operational 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	
		TOTAL	$ 373.21	$ 32.45			7

Monthly Expense Worksheet

Labor

Time Distribution Reports

- **MUST** be completed on a daily basis by every person who performs CACFP duties
- **Must** have written job descriptions that include CACFP duties
- Supervisor signs off monthly
- Completed for administrative and operational labor

Employee Name D Martinez	Position Director	Month/Year Sept.

	Work Hours		CACFP Administrative Tasks	Food Service Operational Tasks	Totals
Day	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	7:00 am	4:00 pm		0.5	9
2	7:00 am	4:30 pm		1	9.5
3	7: 05 am	4:35 pm	1	0.5	9.5

Total Administrative 1 Total Operational 2 Total Monthly 28

Monthly Expense Worksheet

Labor Section

- Complete by using the administrative and operational hours from the time distribution reports

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 B÷ Total Monthly Hours	CACFP Portion of Benefits E X Benefits Paid to Employee
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

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 B÷ Total Monthly Hours	CACFP Portion of Benefits E X Benefits Paid to Employee
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 Costs – Administrative

200 sq.ft	÷	2,400 sq.ft	=	0.083 (8.3%)
(Office Space, Leased Storage Space)		(Entire facility)		(column c)

Itemized Costs	**Administrative** – 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…)

A	B	C	D
Service	**Billed Amount**	**Percent Attributed to CACFP**	**Total (B x C)**
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 – Operational

600 sq.ft	÷	2,400 sq.ft	=	0.25 (25%)
(Kitchen, Food Storage, Eating Area)		(Entire facility)		(column c)

Itemized Costs	Operational – Direct Meal Service (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)

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			

Activity 5: True or False

Question 1

True or False.

When determining the administrative facility expense, you can only use the square footage of the office space and supply room?

Question 2

Name a contracted service that can be claimed as an operational expense.

Question 3

True or False.

ADE requires a sponsor to spend 50% of its' monthly reimbursement on food cost?

Question 4

Reporting monthly costs is done to verify _____ and _____.

Question 5

Name at least one position that can be claimed under administrative labor and at least one position that can be claimed under operational labor.

Question 6

True or False.

Taxes and maintenance fees can be included in the facilities rent charge and claimed to CACFP.

Civil Rights and Required Displays

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

Limited English Proficiency (LEP)

- Proportion
- Frequency
- Importance
- Resources

For more information on LEP go to: www.lep.gov

Civil Rights

FNS 113-1

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.fbci.usda.gov

ADE Civil Rights Liaison

Ellen Pimental- Civil Rights Liaison

- 602-542-6208
- Ellen.Pimental@azed.gov
- For further information go to: http://www.azed.gov/health-nutrition/civil-rights/

Non-Discrimination Statements

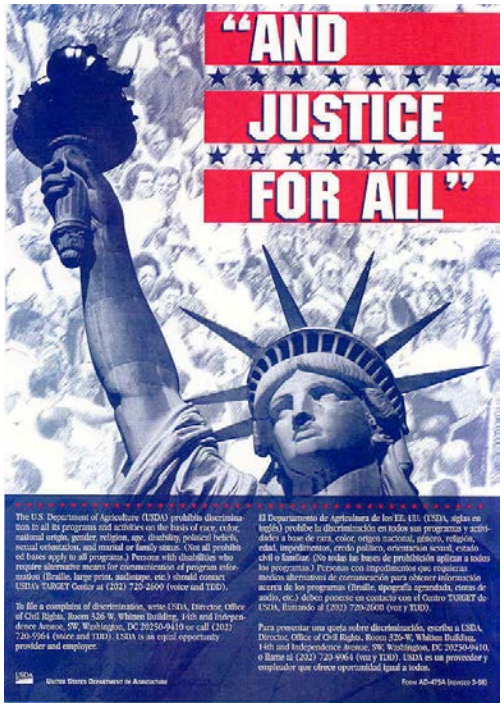
- This institution is an equal opportunity provider and employer.

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, 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.
- 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).
- USDA is an equal opportunity provider and employer.

Required Displays

7 CFR 226.15 (o), Section 243(b) of Pub. L. 106-224 and FNS 113-1



Activity 6: Civil Rights

Think of scenarios or situation as a group that may or may not result in a complaint of discrimination

CACFP Training

Training Requirements

7 CFR 226.16(d)(2)&(3); 226.17(b)(10)

Training is required for staff prior to participation

- Annually thereafter

ADE will ensure that content and frequency is in compliance

- Training attendance record – sign in sheet
- Retention of handouts, agendas, and/or materials

Required Training Topics

Minimum Content Areas	Examples of Training Topics
Meal Pattern Requirements	- Child & infant meal pattern - Portion sizes - Creditable and non-creditable foods
Meal Count Documentation	- Meal counts separate from attendance - Point of Service
Record Keeping	- Monthly record keeping forms - Menus and food production records - Medical statements - Infant records
Claims Submission	- Claims preparation and process - Claims submission dates
Reimbursement System	- Monthly claim edit checks - Claim preparation - CACFP record retention
Civil Rights	- Program availability - Complaint procedures - Non-Discrimination Statement

Sponsors with multiple sites or 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

Monitoring Requirements

7 CFR 226.16(d)(4)

A monitor should be someone who is <u>NOT</u> involved in the day-to-day program operations. For example:

- A member of the Board or advisory group
- Other staff not involved in the food service operation
- A director or supervisor from another site

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

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)]

5-Day Reconciliation

Review the reconciliation for discrepancies

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

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

5 Minute Break

Record Maintenance

Record Maintenance

7 CFR 226.10 (d) & 7 CFR 226.15 (e)

All CACFP records must be kept for at least 5 years

- Current year must be kept onsite
  - Meal Benefit Income Eligibility 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

Claims and Payment

CNPWeb

CACFP Online System

Common Logon

- System for submitting CACFP claims
- Accessed at http://www.ade.az.gov
- Requires a User ID and Password
- 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

CNPWeb

CACFP Online System

Common Logon

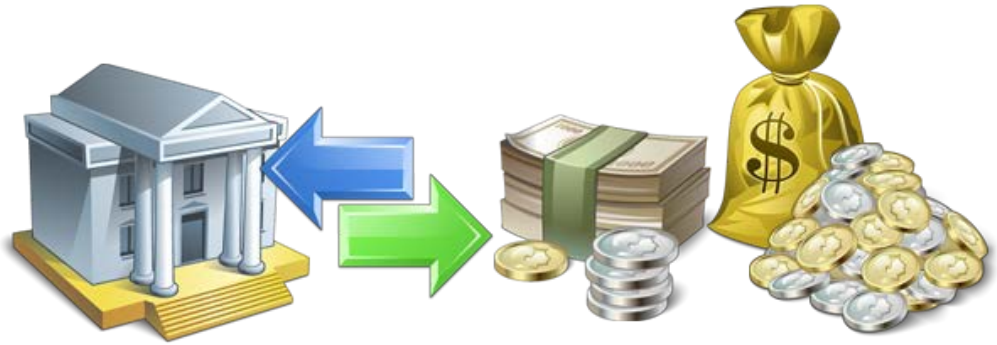
- Access to Sponsor & Site applications
- Access to Sponsor & Site claims
- Access to program memos
  - It is important to review these periodically to ensure program compliance

CACFP Reimbursement

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 the form to the address listed AFTER your application is approved. **Send a copy to ADE as well**
- Once the Arizona General Accounting Office informs you that you have been entered into their system; you must contact our Finance & Operations office at (602) 542-8746 to get entered into our system too



When to Notify ADE

- Adding or deleting site(s)
- Change in authorized signers
- New ownership
  - **CACFP is not part of a sale, new owners must attend "How to Apply For CACFP" training**
- License/approval status
- Tax-exempt status

ADE Review Procedures

Types of Reviews

7 CFR 226.6(m) & 7 CFR 226.8(c)

Pre-Approval

- Purpose is to determine if the applicant is capable of operating the Child & Adult Care Food Program

Welcome Visit (Within first 90 days of participation)

- Reviews program & provides technical assistance

Program Reviews (At least every three years)

- 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 the 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

At-Risk Afterschool Meals Program

At-Risk Afterschool Programs

7 CFR 226.17a

Must be area eligible (F/R 50% or more) and provide educational/enrichment activities

- http://www.ade.az.gov/health-safety/cnp/frpercentages/

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

Quarterly At-Risk Afterschool Program training is available

Questions

Arizona Dept. of Education

CACFP Participant Survey

- Annual Survey to all participating sponsors
  - Typically in April
- Completely confidential
- To email address on CNP Web Sponsor Application
- Email from Rachael.Hatfield@azed.gov