

# FDCH FY21 Annual Renewal Training

## HNS WEBINAR

July 7, 2020



# Arizona Department of Education (ADE)

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This training was developed by the Arizona Department of Education (ADE) Health and Nutrition Services Division (HNS).

## Intended Audience

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This training is intended for daycare home Sponsors operating the **Child and Adult Care Food Program (CACFP)**.



**Mary Nesteruck**, Audit Specialist

**Elsa Ramirez**, Community Nutrition  
Program Specialist

**Michelle Roberts**, Community Nutrition  
Program Specialist

**Elena Valenzuela**, Community Nutrition  
Program Specialist

**Rita Juhl**, Administrative Assistant III

**Kenny Barnes**, Director



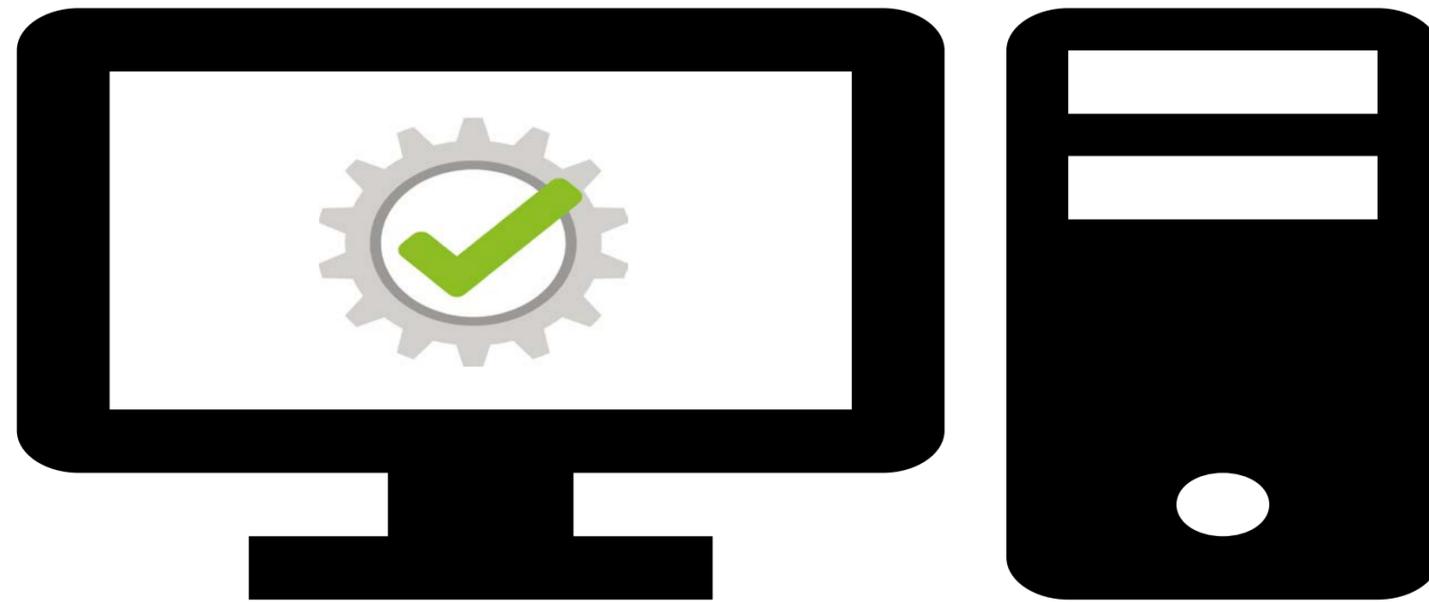
Thank you for joining us today!

# Overview

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- Renewal Application
- Monitoring
- Menu Modifications
- Provider Management System
- Minute Menu Documentation
- Awards/Recognition

# Management Plan & Budget Renewal Application



# Objectives

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- Discuss FY 2021 Management Plan and Budget Renewal Process
- Highlight Changes to Management Plan and Budget System

# Important Items to Remember

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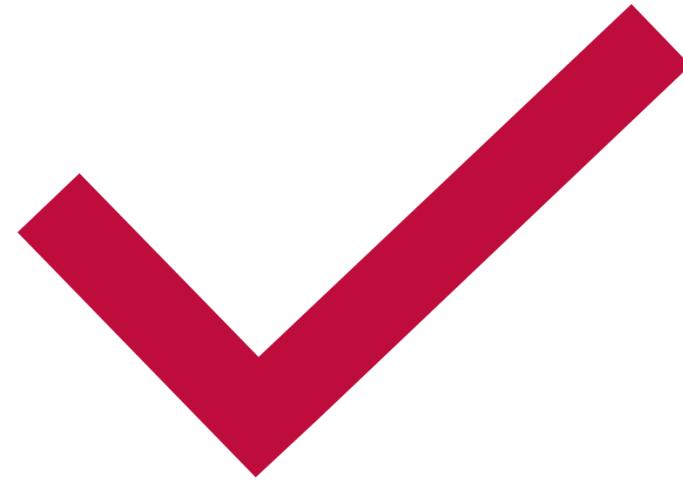
Review each page for accuracy

Information that rolled over may have changed in the last year and will need to be updated

Error message means you must complete that section

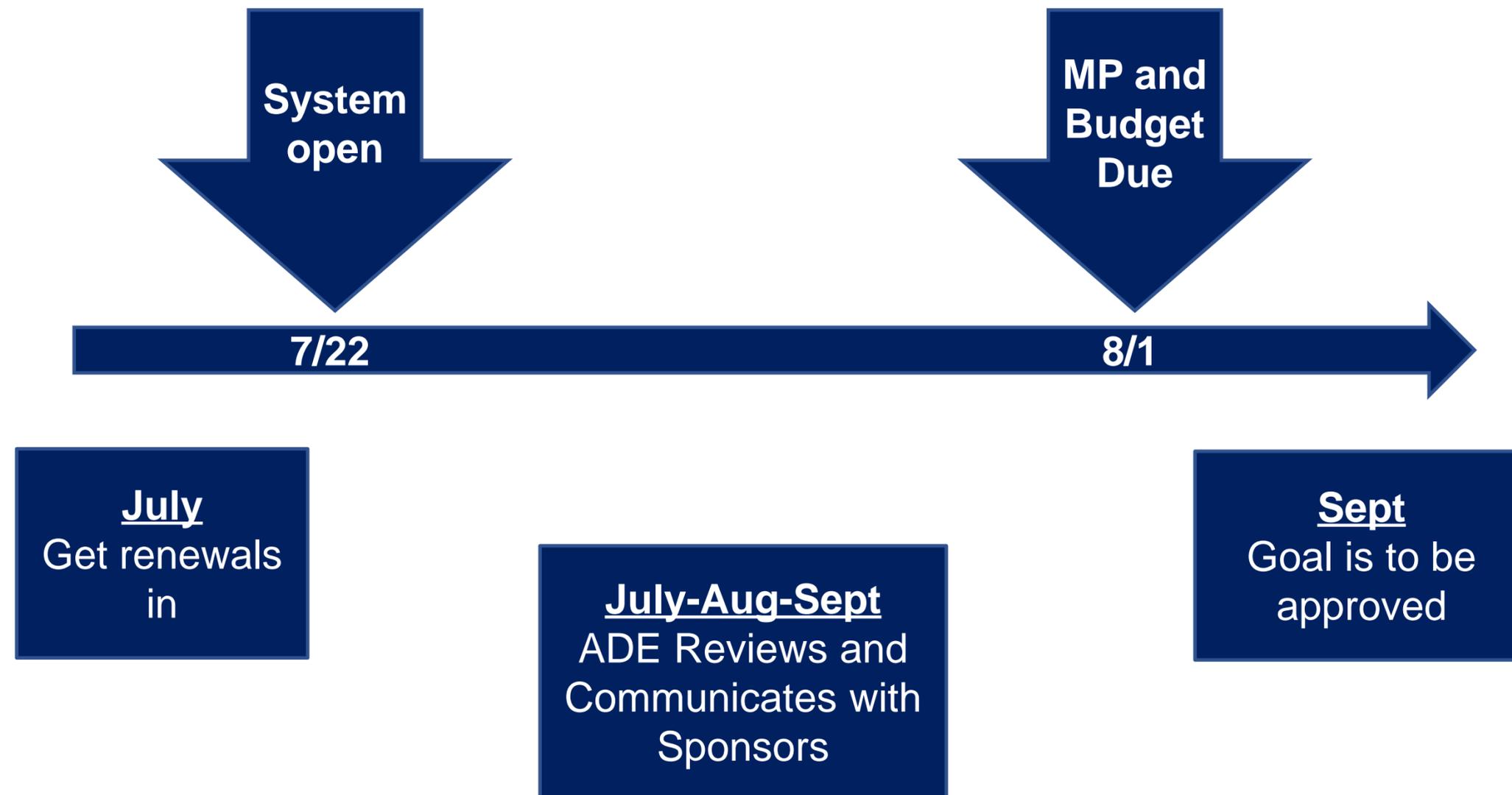
Information entered is good for the Program Year – unless there are significant changes

Review last year's Management Plan and Budget for reference



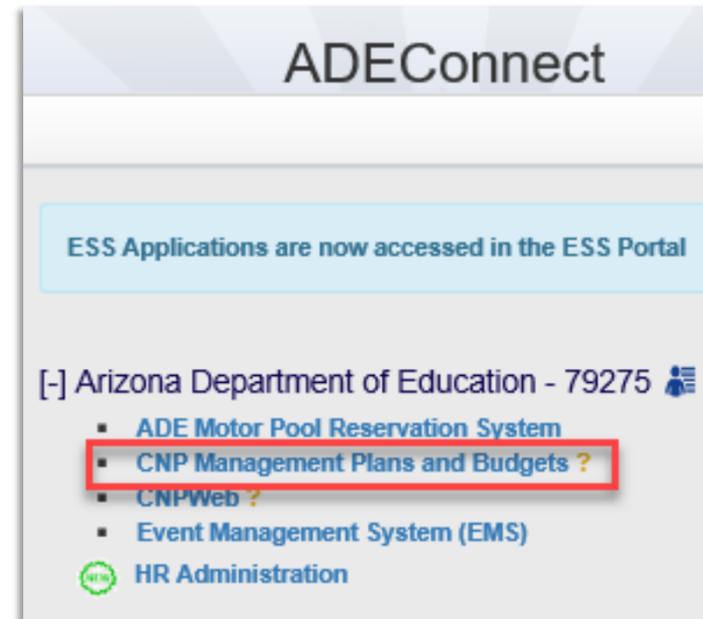
# Renewal Submission Timeline

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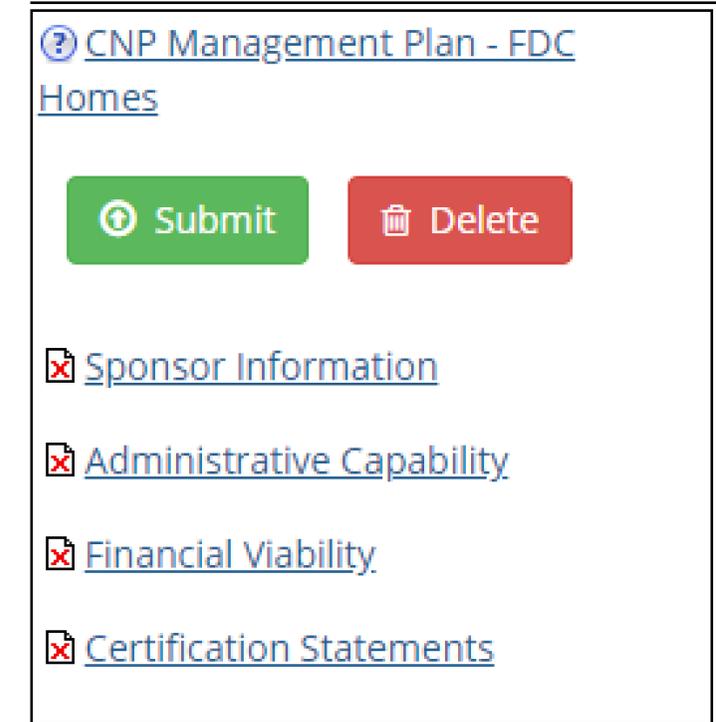
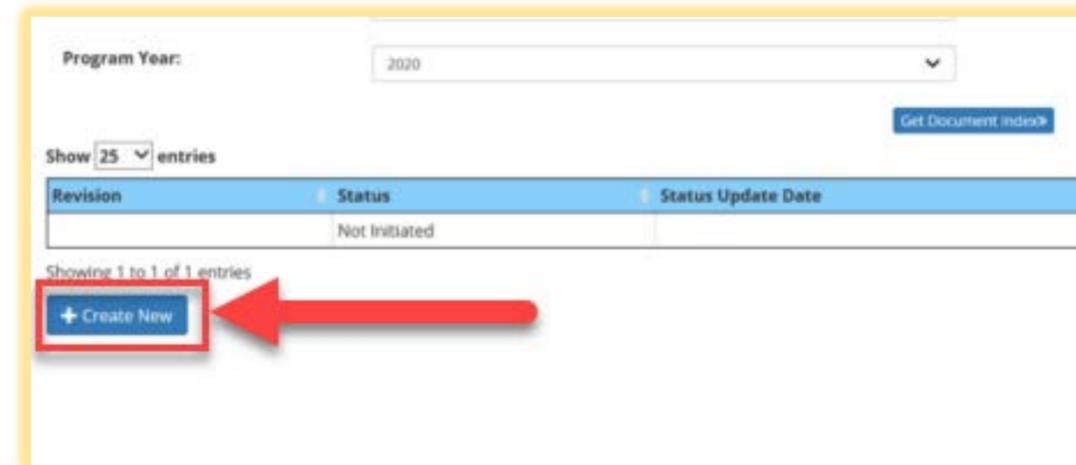
# Management Plan

## Getting Started



**Assigned Program Specialist**  
For FDC Homes contact [Michelle Roberts](#) at 602-364-2205

- [CNP Management Plan - FDC Homes - PY 2021](#)  
The Form has **not yet been created**. Please click the link above to begin this year's Form
- [CNP Management Plan - FDC Homes - PY 2020](#)  
Congratulations! Your **Revision 8** Form was **Approved** by HNS on **10/9/2019** If all applicable document statuses are "Approved", you may complete the online applications in CNPWeb.
- [CNP Budget - FDC Homes - PY 2021](#)  
The Form has **not yet been created**. Please click the link above to begin this year's Form
- [CNP Budget - FDC Homes - PY 2020](#)  
Congratulations! Your **Revision 4** Form was **Approved** by HNS on **4/1/2020** If all applicable document statuses are "Approved", you may complete the online applications in CNPWeb.



# Sponsor Information

## County Civil Rights Data

Enter current information for each county serviced by sponsoring organization

## Uploads

Annual Training Certificates

FY 2021 Media Release

List of Active Providers

# Administrative Capability

## Staffing

Will you provide performance related increases?

Explanation of how staffing needs will be met during fiscal year if number of providers change

Are Monitors available?

## Staff Training

Annual CACFP and Civil Rights training date(s)

Annual CACFP and Civil Rights training topics

## Description of Need/Recruitment

Description of recruitment goals

Were last years goals met?

# Administrative Capability

## Provider Training

Topics for the Annual CACFP and Civil Rights trainings for Providers

## Record Retention

You will need to check the box indicating you have read and understand the CACFP record retention requirements

# Administrative Capability Document Upload

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## Training Agendas and Sign-in Sheets

Annual Staff CACFP and Civil Rights Trainings

Provider Annual and Civil Rights Trainings

## Home Monitoring Forms

Child Enrollment Form with Parent/Guardian letter  
(English & Spanish)

Provider Application Form (English & Spanish)

**\*\*New form\*\***

Electronic Meal Count Agreement between Sponsor and ADE

# Financial Viability

## **Organization**

Tax-exempt Status

## **Responsible Principals and Board**

## **Fiscal Resources and Financial History**

All information, except the 1st question, requires re-entry

**\*\*Exception\*\*** – Yes answers and explanations to the bankruptcy or liens questions will rollover

## **Reimbursement and Advances**

Requesting advances?

How would you operate if advances were eliminated?

## **Equipment and Durable Supplies**

# Financial Viability

## Fiscal Resources and Financial History

**\*\*Change\*\***

Line of Credit options have been removed

Sponsoring Organizations may occasionally be required to return administrative funds and/or meal reimbursement over-claims to the State Agency. Indicate how the organization will handle repayment of over-claims, should this action occur. Note that Program funds cannot be used to pay back any debts. \*

**Unrestricted Funds** – Sponsoring organization will use the unrestricted funds listed in revenue source table.

**Donations** – Sponsoring organization will use donations available from revenue source table.

Indicate how the organization will continue to fund operations in the event of temporary disruptions in Program reimbursements or while repaying Program over-claims: \*

**Unrestricted Funds** – Sponsoring organization will use the unrestricted funds listed in revenue source table.

**Donations** – Sponsoring organization will use donations available from revenue source table.

# **Financial Viability Document Upload**

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**Governing Board Members list**

**Last 2 Governing Board Meeting minutes**

**Authorized Principals Letters**

**GAAP Compliant Statement of Financial Position, Statement of  
Activities, Statement of Cash Flows and Notes**

**IRS 990 or 990EZ**

**Physical Office Inventory**

## Certification Statements

Edit

Welcome to the new CNP Management Plan and Budgets system. Please complete all required information then click the Save button. For assistance, please contact your specialist or the Specialist of the Day at (602) 542-8700 then press 1 for the Community Nutrition Program.

### Summary of identified issues

- All Statements Must be Certified

### General Certification Statement

This is to certify that [REDACTED] meets all requirements contained in 7 CFR 226.6(b)(1)-(2) for a New or Renewing institution. I Certify that:

- No sponsored facility or principal of a sponsored facility is currently on the CACFP National Disqualified List; \*
- The outside employment policy most recently submitted to the Arizona Department of Education remains current and in effect; \*
- The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the Arizona Department of Education; \*
- The Institution itself, and the Institution's principals, are not currently on the CACFP National Disqualified List; \*
- The list of any publicly funded programs institutions and principals have participated in the past seven years is current; \*
- The Institution itself, and Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of the Program's requirements in the past seven years; \*
- No principals of the Institution have been convicted of any activity that occurred during the past seven years and that indicated a lack of business integrity; \*
- The Institution is currently compliant with the required performance standards and financial viability and management, administrative capability, and program accountability as described in 7 CFR 226.6(b)(2)(vii); \*
- All CACFP documentation is maintained on-site for the current Program year, and all CACFP records are maintained for five years according to the Record Retention Policy provided; \*
- I understand that all [CACFP Guidance Manuals](#) and other resources are available to me on the Arizona Department of Education's website; \*
- I have read and understand [Procedures for Complaints of Discrimination](#) and [Administrative Review Procedures](#) provided on the Arizona Department of Education website; \*

Any of the above information that has changed since the initial application has already been submitted to the Arizona Department of Education or is being submitted with this certification.

- I Agree \*

# Certification Statements

You must re-certify each year

# Budget



# General Information

Reimbursement Rate for Travel Mileage

Projected Homes

Projected FDC Home Administrative  
Reimbursement

**\*\*New\*\***

**Documents Upload**

Documents Upload

ADE Additional Document Request:

Choose Files No file chosen

# **Specific Prior Written Approval**

**Nothing Rolls Over**

**Mark items pertaining to your organization  
and add information where prompted**

**Document Upload also specific to your  
organization**

# Employee Information

**All employees will rollover  
Name, Position Title and Salaried (Y/N)**

**Hourly Rates  
Job Functions  
Benefits  
Travel**

**All will need to be re-entered**

# Training & Conferences

## Training & Conferences

If part of your normal program operation each year, enter, even if your plans may change

### Staff & Provider Training **\*\*Required\*\***

Enter any projected associated costs

# Training & Conferences

## Training & Conferences

To be completed, if the organization will be sending any staff members to in-state or out-of-state trainings or conferences when costs will be charged to the CACFP. This includes the travel and registration fees for attending meetings devoted solely to the CACFP. With Specific Prior Written Approval (SPWA), a prorated share of travel and registration fees may be charged to CACFP when CACFP is only a portion of a larger child care related agenda. Complete the SPWA page for prorated share of travel and registration. Documentation of all trainings and conferences, including agenda and/or conference brochures must be uploaded.

Do you project any Training and/or Conferences expenses?

[Expand All](#) / [Collapse All](#)

### National CACFP Conference

Meeting/Conference Name:

Meeting/Conference Description:

Training Conference Location:

State:

City:

Event: **The costs entered in the table should be the total costs for all attendees/trainings. The number of attendees/trainings are information only and not used in system calculations of total costs.**

Expenses	FDC Homes*
Number of Employees Attending	<input type="text" value="1"/>
Number of Days	<input type="text" value="4"/>
Registration Fee	\$ <input type="text" value="300"/>
Number of Miles	<input type="text" value="0"/>
Rate/Mile	N/A
Total Mileage Cost	
Parking Cost	\$ <input type="text" value="0"/>
Other Transportation Fee	\$ <input type="text" value="500"/>
Lodging	\$ <input type="text" value="800"/>
Meals	\$ <input type="text" value="250"/>
Total Cost to Sponsor	
Non CACFP Funding for this Event	\$ <input type="text" value="0"/>
Total Annual Cost to CACFP	

# Training & Conferences

## **\*\*New\*\*** Document Upload for Conferences

### Training & Conferences

Welcome to the new CNP Management Plan and Budgets system. Please complete all required information then click the Save button. For assistance, please contact your specialist or the Specialist of the Day at (602) 542-8700 then press 1 for the Community Nutrition Program.

#### Summary of identified issues

Your changes were saved. However, the following errors need to be resolved in order to complete this form:

- Attachment required: Training & Conferences Documentation

#### Documents Upload

Training & Conferences Documentation:\*

Choose Files No file chosen

Attachment required: Training & Conferences Documentation

Save

Cancel

# Administrative Expenses

## Administrative Expenses

Answer Yes or No to each Expense topic

Enter details for each topic for which you answered Yes

Non-CACFP Funding:

Group or Individual Membership *	Organization or Publication Name *	Purpose *	Total Annual Cost For Sponsor *	Annual Non-CACFP Funding for this item *	Annual Cost to CACFP
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# Administrative Expenses Document Upload **\*\*New\*\***

## Equipment Rent/Lease and Maintenance Agreements

**Documents Upload**

Equipment Rent/Lease and Maintenance Agreements: \*

No file chosen

Attachment required: Equipment Rent/Lease and Maintenance Agreements

## Approved Indirect Cost Rate from Cognizant Agency

**Indirect Costs**

Instructions: Indirect costs are those costs that have been incurred for common or joint objectives but cannot be readily identified or assigned to the CACFP. Indirect costs must be allocated on a consistent and rational basis and are subject to review by ADE and FNS. The indirect cost rate must be developed through a cost allocation plan approved by the cognizant Federal or State agency. Supporting documentation of Indirect Costs charged to the Program must be uploaded.

Do you anticipate any Indirect Costs? \*

Indirect Cost Rate *	Approving Cognizant Agency *	Total Annual Cost For Sponsor *	Annual Non-CACFP Funding for this item *	Annual Cost to CACFP	Remove
15 %	DHHS	\$ 150,000	\$ 0	\$150,000	<input type="button" value="Remove"/>

**Documents Upload**

Indirect Cost Rate Letter from Cognizant Agency: \*

No file chosen

Attachment required: Indirect Cost Rate Letter from Cognizant Agency

# Facility Expenses

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**For each of the Facilities you list:**

Answer “less-than-arms-length relationship”  
question

Rent/Depreciation Table

**Remainder of areas on page – Enter if applicable**

**Documents Upload**

Submit Rental/Lease contract or Depreciation Schedule

**Postage,  
Printing &  
Supplies**

**Office  
Equipment**

**All items on these pages require you to  
re-enter all applicable information**

# Summary

**Review all tables  
on this page for  
accuracy**

## **Final Summary**

Enter Unrestricted  
Funding received by  
the organization

## **Certifications**

Read Certification  
Statement and check box  
Identify sources of non-  
CACFP income

# Budget - Reminders

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- The organization cannot show a profit in the CACFP budget. Additional Funds required will display in parentheses if you are showing a profit.
- Must show unrestricted funds whether it's from donations, grants or any other funding source
- Administrative labor cannot exceed 75%.
- Don't forget that when claiming, if a line item is over 10% of the approved budget for that line item, you must submit a revised budget.

# Application Tools



# FY2021 FDCH Sponsor Renewal Application Checklist



Arizona Department of Education  
Health and Nutrition Services Division

## FY2021 FDCH Sponsor Renewal Application Checklist

This checklist has been designed to assist you in organizing only the **minimum** required information and documents needed for submission into the CNP Management Plan and Budget renewal systems. Other information or documents may be needed depending on changes in your program operation.

Some of the required uploads are ADE documents for you to complete and sign; these documents can be found on the ADE website and accessed by clicking on the links in this checklist. ADE recommends you complete and save any required documents to your computer and upload where applicable.



### CNP MANAGEMENT PLAN

<b>SPONSOR INFORMATION</b>	<input type="checkbox"/> Annually Required Training Certificates <input type="checkbox"/> Annual Renewal Training <input type="checkbox"/> <a href="#">Online Civil Rights</a> <input type="checkbox"/> Media Release <input type="checkbox"/> List of Active Providers
<b>ADMINISTRATIVE CAPABILITY</b>	<input type="checkbox"/> Annual Staff Training Agenda and Sign-In sheet <input type="checkbox"/> Annual Provider Training Agenda and Sign-In Sheet <input type="checkbox"/> Staff Civil Rights Training Agenda and Sign-In Sheet <input type="checkbox"/> Provider Civil Rights Training Agenda and Sign-In Sheet <input type="checkbox"/> Home Monitoring Form <input type="checkbox"/> Child Enrollment Form (English and Spanish) <input type="checkbox"/> Provider Application Form (English and Spanish) <input type="checkbox"/> Electronic Meal Count Agreement between Sponsor and ADE  <p><b>The following should only be upload if they have been updated</b></p> <input type="checkbox"/> Outreach and Recruitment Policy & Procedure <input type="checkbox"/> Job Descriptions and Qualifications for all CACFP Staff <input type="checkbox"/> Recordkeeping Policy <input type="checkbox"/> Working Hour Guidelines Policy & Procedure <input type="checkbox"/> Outside Employment Policy & Procedure <input type="checkbox"/> Non-traditional Hours Staffing Plan <input type="checkbox"/> Compensation Policy & Procedure <input type="checkbox"/> Civil Rights Pre-Award Document <input type="checkbox"/> Tiering determination Policy & Procedure <input type="checkbox"/> One FTE for every 50-150 homes Policy & Procedure <input type="checkbox"/> Announced, Unannounced and Follow-Up Visits Policy & Procedure <input type="checkbox"/> Provider Corrective Action Policy & Procedure

Kathy Hoffman, Superintendent of Public Instruction  
1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-8700 • [www.azed.gov](http://www.azed.gov)  
This institution is an equal opportunity provider.

### CNP MANAGEMENT PLAN

	<input type="checkbox"/> Policy & Procedure for Declaring Providers Seriously Deficient <input type="checkbox"/> Policy & Procedure for Provider Suspensions <input type="checkbox"/> Policy & Procedure for Provider Appeals <input type="checkbox"/> Policy & Procedure for Provider's Non-compliance of Alternate Approval Requirements <input type="checkbox"/> Building for the Future Poster
<b>FINANCIAL VIABILITY</b>	<input type="checkbox"/> Governing Board Members List <input type="checkbox"/> Minutes of last two Governing Board Meetings <input type="checkbox"/> Authorized Principals Letters <input type="checkbox"/> Supporting documentation for anticipated grants <input type="checkbox"/> Supporting documentation for anticipated fundraising <input type="checkbox"/> GAAP Compliant Statement of Financial Position, Statement of Activities, Statement of Cash Flows and Notes <input type="checkbox"/> IRS 990 or 990EZ <input type="checkbox"/> Physical Office Inventory  <p><b>The following should only be upload if they have been updated</b></p> <input type="checkbox"/> Organizational Chart <input type="checkbox"/> Certificate of Incorporation <input type="checkbox"/> List of all Governing Board members <input type="checkbox"/> Organization's 501(C)(3) Tax Exempt Status Letter from IRS <input type="checkbox"/> Financial Management Policy & Procedures <input type="checkbox"/> Inventory and Equipment Disposal Policy & Procedures <input type="checkbox"/> Physical Office Inventory <input type="checkbox"/> Written Procedures for Processing Claims and Disbursing Payments <input type="checkbox"/> Procurement Guidelines, Standards, and Procedures with Code of Conduct

### CNP BUDGET

<b>BUDGET</b>	<input type="checkbox"/> Specific Prior Written Approval <input type="checkbox"/> Communications <input type="checkbox"/> DCH Licensing <input type="checkbox"/> Documentation of compensation to Members, Trustees, Directors, etc. <input type="checkbox"/> Membership/Subscriptions <input type="checkbox"/> Documentation of Other Purchased Services <input type="checkbox"/> Facility Expenses <input type="checkbox"/> Rental/Lease Contract or Depreciation Schedule <input type="checkbox"/> Training & Conferences <input type="checkbox"/> Administrative Expenses
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1535 West Jefferson Street, Phoenix, Arizona 85007 • (602) 542-8700 • [www.azed.gov](http://www.azed.gov)

1/Health and Nutrition/CACFP/FDCH Home/Website Update/FDCH Sponsor Info/FY2020 FDCH Sponsor Renewal Application Checklist  
Revised 1/21/2020

### CNP MANAGEMENT PLAN

	<input type="checkbox"/> Equipment Rent/Lease and Maintenance Agreements <input type="checkbox"/> Indirect Cost Rate Letter from Cognizant Agency

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1/Health and Nutrition/CACFP/FDCH Home/Website Update/FDCH Sponsor Info/FY2020 FDCH Sponsor Renewal Application Checklist  
Revised 1/21/2020

# FDCH Sponsor Recordkeeping Policy & Review Checklist



Arizona Department of Education  
Child & Adult Care Food Program  
Daycare Home Sponsor Recordkeeping Policy & Review Checklist

\_\_\_\_\_ understands that organized recordkeeping contributes to the  
(Sponsor Name)

successful administration and operation of the Child and Adult Food Program (CACFP). This document describes what records must be on file and where they can be easily accessed at any time. All records must be immediately available to ADE, USDA, and other State and Federal officials upon request when they come out for review.

Sponsoring Organization Name: \_\_\_\_\_

Records for the current fiscal year are kept on site at: \_\_\_\_\_

Records for the previous four fiscal years are located: \_\_\_\_\_

Sponsor Postings	Yes	No
Building for the Future	<input type="checkbox"/>	<input type="checkbox"/>

Sponsor Files				Sponsor Level Checklist		
Location	Director Office	Monitor Office	Online MP Application	Yes	No	N/A
Management Plan and Budget application	<input type="checkbox"/>					
Media Release	<input type="checkbox"/>					
Provider call out sheets	<input type="checkbox"/>					
Procurement Documentation	<input type="checkbox"/>					
Outreach documentation	<input type="checkbox"/>					
Serious Deficient providers	<input type="checkbox"/>					
Free and reduced-price policy statement	<input type="checkbox"/>					
Time distribution sheets	<input type="checkbox"/>					
Travel Forms	<input type="checkbox"/>					
Monthly Expense Ledgers	<input type="checkbox"/>					
Labor Costs Documentation	<input type="checkbox"/>					
Benefit Costs Documentation	<input type="checkbox"/>					
Reimbursement Reports	<input type="checkbox"/>					

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Reimbursement Reports	<input type="checkbox"/>					
Non-Program Funds Documentation (donations)	<input type="checkbox"/>					
Indirect Cost Documentation	<input type="checkbox"/>					
Bank Statements	<input type="checkbox"/>					
Receipts/Invoices to support monthly claims	<input type="checkbox"/>					
Civil Rights Racial/Ethnic Data	<input type="checkbox"/>					
Civil Rights Pre-Award	<input type="checkbox"/>					
Authorized Principal Letters	<input type="checkbox"/>					
Monthly Claims	<input type="checkbox"/>					
Current Guidance Manual	<input type="checkbox"/>					
Board Minutes	<input type="checkbox"/>					

Staff Training				Sponsor Level Checklist		
Location	Director Office	Monitor Office	Online MP Application	Yes	No	N/A
CACFP training agenda	<input type="checkbox"/>					
Civil Rights training agenda	<input type="checkbox"/>					

Permanent Files				Sponsor Level Checklist		
Location	Director Office	Monitor Office	Online MP Application	Yes	No	N/A
CACFP Permanent Agreement	<input type="checkbox"/>					
Sponsoring organization's policies and procedures	<input type="checkbox"/>					
Administrative review procedures	<input type="checkbox"/>					
Procedures for Complaints of Discrimination	<input type="checkbox"/>					

Provider Files				Sponsor Level Checklist		
Location	Director Office	Monitor Office	Online MP Application	Yes	No	N/A
Provider Application/Change Form(s)	<input type="checkbox"/>					
Sponsor/Provider Permanent Agreement	<input type="checkbox"/>					
Child Enrollment Application (for every child and care)	<input type="checkbox"/>					
Meal Benefit Income Eligibility Forms (if required)	<input type="checkbox"/>					
Tiering Information and Documentation of Determination	<input type="checkbox"/>					

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Child Care Standards (if an AA home)	<input type="checkbox"/>					
Fingerprint Cards	<input type="checkbox"/>					
Fire Inspections	<input type="checkbox"/>					
Health Inspections	<input type="checkbox"/>					
Monitoring Records and 5-day reconciliation	<input type="checkbox"/>					
Menus	<input type="checkbox"/>					
Meal Counts	<input type="checkbox"/>					
Copy of DHS, DES, Military license (if not, AA home)	<input type="checkbox"/>					
Provider Corrective Action, SD, and Termination Letters	<input type="checkbox"/>					
Menu Error/Disallowance Letters (if applicable)	<input type="checkbox"/>					

Provider Training				Sponsor Level Checklist		
Location	Director Office	Monitor Office	Online MP Application	Yes	No	N/A
CACFP training agenda and sign-in/out sheets	<input type="checkbox"/>					
Civil Rights training agenda and sign-in/out sheets	<input type="checkbox"/>					

Civil Rights				Sponsor Level Checklist		
Location	Director Office	Monitor Office	Online MP Application	Yes	No	N/A
Advertisements	<input type="checkbox"/>					
Other public information made by providers and/or SO (including the non-discrimination statement.)	<input type="checkbox"/>					

If a key is necessary to access any documents, the following people have access to the key: \_\_\_\_\_

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# Monitoring





Arizona Department of Education  
 Child and Adult Care Food Program  
 Family Day Care Home  
 Place Sponsor name in Here



# Meal Pattern

Provider Name \_\_\_\_\_

### Documentation of Yogurt being served

Brand	Sugar Req. Met Yes/No	Type of Documentation (WIC App, Picture, Nutrition Label)

### Documentation of Cereals meeting the required sugar content

Name of Cereal	Sugar Req. Met Yes/No	Type of Documentation (WIC App, Picture, Nutrition Label)

### WGR Requirement

Type of Product (100% whole wheat bread, WGR waffles, brown rice, WGR Wheat Thins, Oatmeal, etc.)	WGR Req Met Yes/No	Type of Documentation (WIC App, Picture, Ingredient Label)

### Entrees requiring CN Labels

Name of entrée (hot dogs, ravioli, lasagna, etc.)	CN Label (Yes/No)	Name of entrée (hot dogs, ravioli, lasagna, etc.)	CN Label (Yes/No)

- Documenting what items meet the whole grain rich, sugar requirements for yogurt and cereal and CN labels for entrees that are processed.
- Indicate what type of documentation is found in the home i.e. photos, WIC app or the ingredient label for WGR or nutrition label for sugar contents.
- Be specific for each component.



# PROVIDER RECORDKEEPING

- Best Practice to have for each provider

- Assist determining that every document is accounted for in the providers home

- Assist provider to organize their records



Arizona Department of Education  
 Child and Adult Care Food Program  
 Family Day Care Home

## Provider Recordkeeping and Review Preparation Checklist

\_\_\_\_\_ understands that organized recordkeeping contributes to the  
 (Provider Name)

successful administration and operation of the Child and Adult Food Program (CACFP). This document describes what records must be on file and where they can be easily accessed at any time. All records are immediately available to ADE, USDA, and other State and Federal officials upon request when they come out for review.

_____ name:	Daycare home address:
_____ the current fiscal year are kept at:	Records for the previous four fiscal years are located:

_____ Postings	Yes	No	N/A
_____ Planning for the Future – Completed with the State of Arizona contact and sponsor contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Current WIC information – If not posted, how are you notifying participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Documents	Yes	No	N/A
_____ Social Benefit Income Eligibility Forms (if required, including provider claiming for children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Enrollment forms for each child (including providers own)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Sign In/Out for each non-residential child in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ License (DES, DHS, or for AA homes – Child Care Standards, Fire and Health Inspections)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Tiering Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Current Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Pattern & Menu Compliance	Yes	No	
_____ Meal Counts – Current up to the previous day of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Menus – Current up to the previous day of operation. Note: DHS homes are required to have a weekly menu posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Menu Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Homemade Recipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ CN Labels or Product Formulation Statement for processed foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Yogurt: Product label and nutrition facts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This institution is an equal opportunity provider.

_____ Cereal: Product label, nutrition facts, and ingredients list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Whole Grain-Rich (WGR) documentation (using one of six methods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Menu Modification Form – For modifications that deviate from the meal pattern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation of Infant Feeding (Infant Preference Form, DHS Solid Food Production Form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Safety Compliance	Yes	No	N/A
_____ Refrigerator is 41 degrees or below and freezer is 0 degrees or below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Surfaces are clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Items removed from original packaging are labeled and dated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Overall cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ CFP File/Binder	Yes	No	N/A
_____ Provider Agreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Provider Claiming Agreement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Required Documentation	Yes	No	N/A
_____ Provider's License – This will be required to validate the provider resides in the State of Arizona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Transporting Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Auto insurance and vehicle registration (if transporting children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Permission to transport (caregiver permission slips, if transporting children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Documents Required During Visit	Yes	No	N/A
_____ 5 days of operation available including: sign-in/out records, menu, meal counts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ 2 Months of CACFP records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____ Provider Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This institution is an equal opportunity provider.

# COMPENSATION

## DES HOME

Can have no more than the license allows in the home

No more than 4 for compensation



## AA HOME

4 - Comp

2 – Non- Comp

Providers or Backup Providers Own do not get considered as for compensation when meals are claimed so are considered non-comp

## DHS HOME

10 – Comp

5 – Non-Comp

Providers or Backup Providers Own do not get considered as for compensation when meals are claimed so are considered non-comp

# COMP vs Non-Comp

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For Compensation is any child in child care that money is received for their care or reimbursement for meals.

Children cannot be not for compensation during one meal service and for compensation during another meal service.

AA homes can have 4 children for compensation. Any other children in care must be identified as not for compensation and may not be claimed for meals unless they are providers own.

Providers own children or the back up providers children are not considered for compensation; however, meals provided to them may be claimed.





# Menu Modifications



# Menu Modifications in the CACFP

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## Objectives:

- Increase understanding of when a modification does and does not meet the meal pattern.
- Clarify the difference between a required accommodation and an optional accommodation.
- Simplify the process of documenting menu modifications onto the brand new form.
- Specify when you can continue claiming.

# Menu Modification Form



**Child and Adult Care Food Program  
Participant Menu Modification**

This facility participates in the Child and Adult Care Food Program (CACFP) and serves meals and snacks in accordance with CACFP regulation. Menu modifications are required for any participant who discloses a food allergy, intolerance, medical condition, or any major bodily function affected by a food item. All required menu modifications must reasonably accommodate a participant's need. Menu modifications are optional for any participant who has a non-medical personal preference and an accommodation may be made at the customer service discretion of the facility.

Section 1. Documentation – To Be Completed by Parent/Guardian			
Participant's First & Last Name	Date of Birth		
<b>List the food(s) to be omitted from the diet and the food(s) that should be provided instead:</b>			
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.	
<b>Explain how exposure to the food(s) affects the participant:</b>			
Parent/Guardian Name	Date		
Parent/Guardian Signature			

Section 2. Assessment – To Be Completed by the CACFP Facility			
Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.			
<input type="checkbox"/> Modification meets the CACFP Meal Pattern		<input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern	
<b>Required Accommodation</b> or <b>Optional Accommodation</b>	<b>Required Accommodation</b> or <b>Optional Accommodation</b>		
<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference <small>No medical reason for the request. Accommodating this preference request is a facility's customer service decision.</small>	<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference <small>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</small>
<input type="checkbox"/> Reported Food Intolerance	<input type="checkbox"/> Reported Food Intolerance	<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification
<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification	<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification
<b>Documentation Required: Sections 1 &amp; 2</b>		<b>Documentation Required: Sections 1 &amp; 2 and request Medical Authority Documentation</b>	
Facility Representative Name	Date		

Updated: January 2020      This institution is an equal opportunity provider.

**Child and Adult Care Food Program  
Participant Menu Modification**

Section 3. Negotiation of Accommodation(s)			
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <small>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</small>			
The facility will provide:		Indicate Specific Brand if applicable:	
<input type="checkbox"/> Parent/Guardian accepts accommodation <small>The facility is purchasing the reasonable menu modification that is being provided.</small>	<input type="checkbox"/> Parent/Guardian does not accept accommodation <small>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</small>		
Notes:			
<small>The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.</small>			
Facility Representative Name	Signature		
Parent/Guardian Name	Signature		

Supplement A. Timeline – Medical Authority Documentation Requests		
<small>This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility is waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.</small>		
<input type="checkbox"/> Initial Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> 1-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> 3-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> 6-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement.		
Facility Representative Name	Signature	

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**Arizona Department of Education - Child and Adult Care Food Program  
Medical Authority Documentation | Participant Menu Modification**

A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.

Patient First & Last Name	Date of Birth		
<b>List the food(s) to be omitted from the diet and the food(s) that should be provided instead:</b>			
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.	
<b>Explain how exposure to the food(s) affects the patient:</b>			
<small>The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician</small>			
Medical Authority Name	Date		
Medical Authority Signature			
<small>This institution is an equal opportunity provider.</small>			

✂

Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation   Participant Menu Modification			
<small>A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.</small>			
Patient First & Last Name	Date of Birth		
<b>List the food(s) to be omitted from the diet and the food(s) that should be provided instead:</b>			
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.	
<b>Explain how exposure to the food(s) affects the patient:</b>			
<small>The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician</small>			
Medical Authority Name	Date		
Medical Authority Signature			
<small>This institution is an equal opportunity provider.</small>			

# Section 1

Section 1. Documentation – To Be Completed by Parent/Guardian				
Participant's First & Last Name	<b>Jennifer Lopez</b>		Date of Birth	<b>07/21/2019</b>
List the food(s) to be omitted from the diet and the food(s) that should be provided instead:				
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.		
<b>Strawberries</b>	<b>Any other fruit</b>			
Explain how exposure to the food(s) affects the participant:				
<b>Allergy, rash, itchy mouth.</b>				
Parent/Guardian Name	<b>Rosa Lopez</b>		Date	<b>07/07/2020</b>
Parent/Guardian Signature	<b>Rosa Lopez</b>			

The individual making the request will report the participant's name and date of birth, food(s) to be avoided, the allowable modification(s), and how exposure to the foods(s) affect the participant.

Provider should review this section to make sure all requests are specific and all sections are completed.

# Completing Section 2

**Completing section 2 requires knowledge of two areas:**

1. When modifications do and do not meet the meal pattern.
2. When modifications are a medical need vs. non-medical personal preference.

# CACFP Meal Pattern

## **Components**

The CACFP Meal Pattern requires certain components be served at each meal or snack.

### **Creditable Food/Beverage**

Each component requires a creditable, or allowable, food or beverage to be served.

### **Minimum Portion**

When you serve a food that credits toward the required component, make sure to serve at least the minimum portion!

**The meal pattern is not being met if a required component, creditable food/beverage, or minimum portion is not being offered.**

# CACFP Meal Pattern

Modifications that meet the meal pattern

VS

Modifications that do not meet the meal pattern

CACFP Component	Modifications that meet the CACFP Meal Pattern	Modifications that <u>do not</u> meet the CACFP Meal Pattern
<b>Milk Component</b>	<p>Lactose-Reduced Cow Milk (Nonfat/1% or Whole as Required)</p> <p>Nutritionally-Equivalent Soy Milks (Reference Soy Milk Guide)</p> <p>Goat Milk</p> <p>Breastmilk*</p> <p><i>*Note: Documentation not required</i></p>	<p>Almond Milk, Cashew Milk, Coconut Milk, Rice Milk, Hemp Milk, Oat Milk, Pea Milk, Macadamia Milk, Blends of any of the above, Water, Juice, any other beverage.</p>
<b>Grain Component</b>	<p>Creditable Grain</p> <p>Gluten-Free Creditable Grain</p>	<p>Grain-Based Dessert</p> <p>Non-Creditable Grain</p>
<b>Meat &amp; Meat Alternate Component</b>	<p>Creditable Meat or Meat Alternate</p>	<p>Non-Creditable Meat or Meat Alternate</p>
<b>Fruit Component</b>	<p>Creditable Fruit</p>	<p>Non-Creditable Fruit</p>
<b>Vegetable Component</b>	<p>Creditable Vegetable</p>	<p>Non-Creditable Vegetable</p>
<b>Infant Breastmilk/Formula</b>	<p>Iron-Fortified &amp; FDA-Approved Infant Formulas</p> <p><i>Milk Based, Lactose-Reduced, Soy, etc.</i></p>	<p>No-Iron Infant Formula</p> <p>Low-Iron Infant Formula</p> <p>FDA Exempt Infant Formula</p>

# Disability vs Preference

## Disability Requests

Required to Accommodate

### What is a disability?

- Major life activities like hearing, seeing, walking, speaking, learning, reading, eating and breathing are disrupted
- Major bodily functions like the digestive, immune, respiratory, circulatory, and neurological systems are disrupted

Facilities are *required* to accommodate disability requests.

If a participant has digestive issues when consuming a food (for example, constipation), you are considering this a disability and accommodating by providing a modification for the participant.

## Non-Medical Personal Preference Requests

Optional to Accommodate

Facilities are *not required* to accommodate non-medical personal preference requests. When this type of request is made, it is the facility's choice to accommodate it.

A facility *may choose* to accommodate this optional request to provide excellent customer service. On the other hand, a facility may choose to not accommodate an optional request *that does not meet the meal pattern* because then the facility *cannot claim the meals served to that participant*.

Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.
Strawberries	Any other fruit	
Explain how exposure to the food(s) affects the participant:		
Allergy, rash, itchy mouth.		

# Section 2

This section is completed and signed by the provider. This section helps the provider decide which situation they are navigating and assists them with how to navigate it.

**All modification requests can be categorized into one of these situations:**

- Meets meal pattern, preference
- Meets meal pattern, disability
- Doesn't meet the meal pattern, preference
- Doesn't meet the meal pattern, disability

Section 2. Assessment – To Be Completed by the CACFP Facility			
Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.			
<input checked="" type="checkbox"/> Modification meets the CACFP Meal Pattern		<input type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern	
Required Accommodation or Optional Accommodation		Required Accommodation or Optional Accommodation	
<input checked="" type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference	<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference
<input type="checkbox"/> Reported Food Intolerance	<i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision</i>	<input type="checkbox"/> Reported Food Intolerance	<i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i>
<input type="checkbox"/> Reported Major Bodily Function Affected	<input checked="" type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification	<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification
Documentation Required: Sections 1 & 2		Documentation Required: Sections 1 & 2 and request Medical Authority Documentation	
Facility Representative Name	<b>Elena Valenzuela</b>	Date	<b>07/07/2020</b>

# Section 3

There are two situations when having sections 1 & 2 on file is not enough documentation.

- 1 | If the request is a disability
- 2 | If the request does not meet the CACFP meal pattern.

# Completing Section 3

Section 3. Negotiation of Accommodation(s)			
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i>			
The facility will provide:	<b>Any other fruit</b>	Indicate Specific Brand if applicable:	<b>N/A</b>
<input checked="" type="checkbox"/> Parent/Guardian accepts accommodation  <i>The facility is purchasing the reasonable menu modification that is being provided.</i>		<input type="checkbox"/> Parent/Guardian does not accept accommodation  <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i>	
Notes:			
The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.			
Facility Representative Name	<b>Elena Valenzuela</b>	Signature	<b>Elena Valenzuela</b>
Parent/Guardian Name	<b>Rosa Lopez</b>	Signature	<b>Rosa Lopez</b>
Supplement A. Timeline – Medical Authority Documentation Requests			
This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility <u>is</u> waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.			
<input type="checkbox"/> Initial Request for Medical Authority Documentation	Date: <b>07/07/2020</b>	Staff Initials: <b>EV</b>	
<input type="checkbox"/> 1-Month Request for Medical Authority Documentation	Date:	Staff Initials:	
<input type="checkbox"/> 3-Month Request for Medical Authority Documentation	Date:	Staff Initials:	
<input type="checkbox"/> 6-Month Request for Medical Authority Documentation	Date:	Staff Initials:	
<input type="checkbox"/> Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement.			
Facility Representative Name	<b>Elena Valenzuela</b>	Signature	<b>07/07/2020</b>

# Completing Section 3

Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation   Participant Menu Modification			
A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.			
<b>Patient First &amp; Last Name</b>		<b>Date of Birth</b>	
<b>List the food(s) to be omitted from the diet and the food(s) that should be provided instead:</b>			
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.	
<b>Explain</b> how exposure to the food(s) affects the patient:			
The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician			
<b>Medical Authority Name</b>		<b>Date</b>	
<b>Medical Authority Signature</b>			
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# Example

Section 1. Documentation – To Be Completed by Parent/Guardian			
Participant's First & Last Name	<b>Michael Jackson</b>	Date of Birth	<b>10/11/2017</b>
List the food(s) to be omitted from the diet and the food(s) that should be provided instead:			
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.	
<b>Cow's Milk and Soy Milk</b>	<b>Coconut Milk</b>	<b>N/A</b>	
Explain how exposure to the food(s) affects the participant:			
<b>Abdominal pain and vomiting.</b>			
Parent/Guardian Name	<b>David Jackson</b>	Date	<b>07/07/2020</b>
Parent/Guardian Signature	<i>David Jackson</i>		

# Example

Section 2. Assessment – To Be Completed by the CACFP Facility			
Discuss the modification request with the parent/guardian. Assess if an accommodation meets the meal pattern & if it is required.			
<input type="checkbox"/> Modification meets the CACFP Meal Pattern		<input checked="" type="checkbox"/> Modification does <u>not</u> meet the CACFP Meal Pattern	
Required Accommodation or Optional Accommodation		Required Accommodation or Optional Accommodation	
<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference	<input type="checkbox"/> Reported Food Allergy	<input type="checkbox"/> Non-Medical Personal Preference
<input type="checkbox"/> Reported Food Intolerance	<i>No medical reason for the request. Accommodating this preference request is a facility's customer service decision</i>	<input checked="" type="checkbox"/> Reported Food Intolerance	<i>Participant Meals and Snacks may not be eligible for reimbursement if a facility chooses to accommodate this request.</i>
<input type="checkbox"/> Reported Major Bodily Function Affected	<input type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification	<input type="checkbox"/> Reported Major Bodily Function Affected	<input checked="" type="checkbox"/> Facility will provide modification <input type="checkbox"/> Facility will <u>not</u> provide modification
Documentation Required: Sections 1 & 2		Documentation Required: Sections 1 & 2 and request Medical Authority Documentation	
Facility Representative Name	<b>Elena Valenzuela</b>		Date
			<b>07/07/2020</b>

# Example

Section 3. Negotiation of Accommodation(s)			
Negotiation: Facility-Provided Reasonable Accommodation (Menu Modification) <i>Note: Required Reasonable Accommodations are not necessarily the accommodation requested (e.g. a preferred brand)</i>			
The facility will provide:	<b>Coconut Milk</b>	Indicate Specific Brand <i>if applicable</i> :	<b>Silk</b>
<input checked="" type="checkbox"/> Parent/Guardian accepts accommodation <i>The facility is purchasing the reasonable menu modification that is being provided.</i>		<input type="checkbox"/> Parent/Guardian does not accept accommodation <i>The parent/guardian is requesting an accommodation beyond the reasonable accommodation provided by the facility. The parent/guardian is incurring the cost of the menu modification and will bring this item from home.</i>	
Notes:			
The facility acknowledges that if one component or less is provided from home, meals and snacks can continue to be claimed for reimbursement. Meals and snacks with two or more components provided from home cannot be claimed for reimbursement.			
Facility Representative Name	<b>Elena Valenzuela</b>	Signature	<i>Elena Valenzuela</i>
Parent/Guardian Name	<b>David Jackson</b>	Signature	<i>David Jackson</i>

# Example

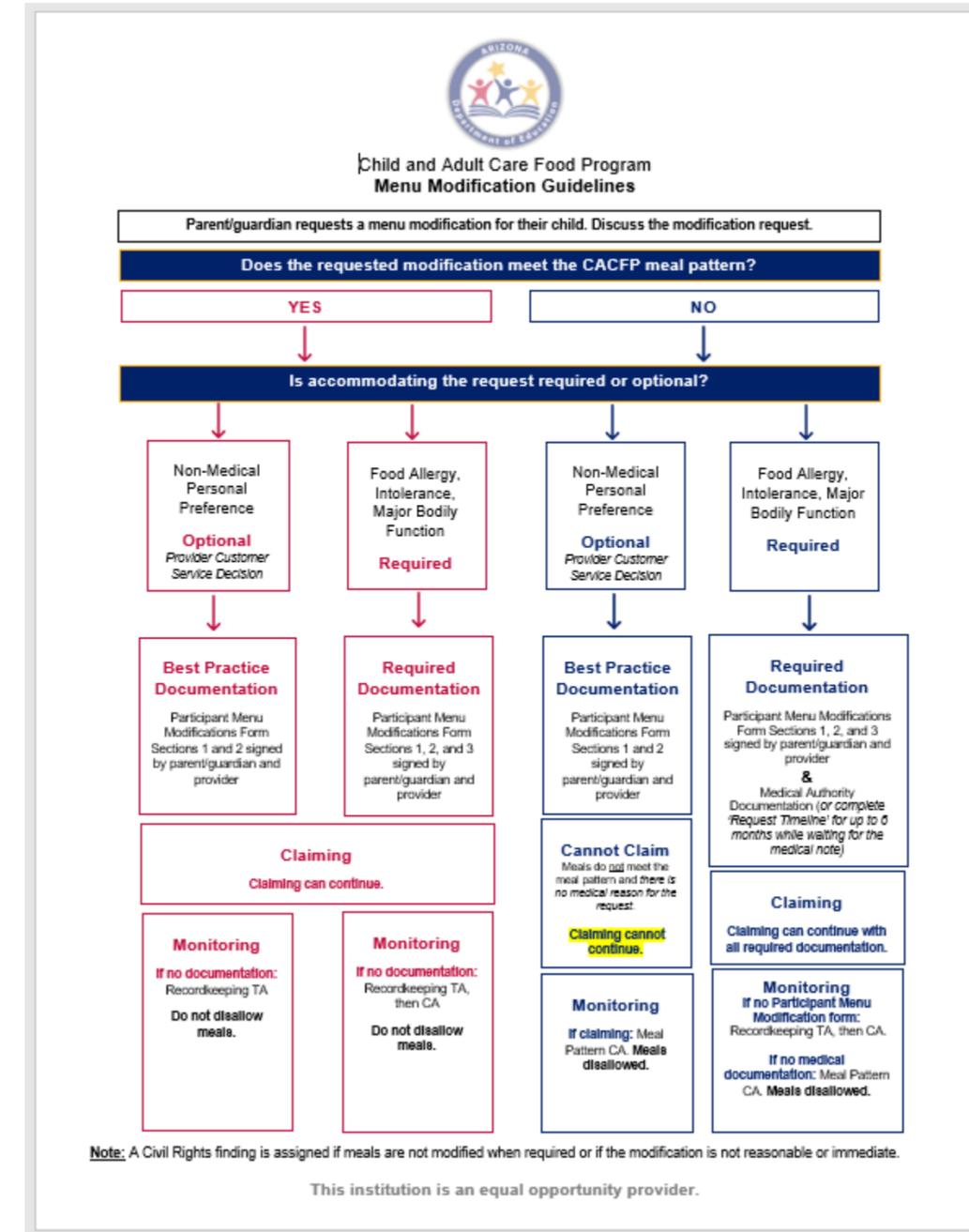
Supplement A. Timeline – Medical Authority Documentation Requests			
<p>This section should be used by a facility when a required accommodation is being made that does not meet the meal pattern and the facility <u>is</u> waiting for Medical Authority Documentation to be completed and returned. Completion of this section allows a facility to claim for up to 6 months while waiting for Medical Authority Documentation.</p>			
<input type="checkbox"/>	Initial Request for Medical Authority Documentation	Date: <b>07/07/2020</b>	Staff Initials: <b>EV</b>
<input type="checkbox"/>	1-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/>	3-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/>	6-Month Request for Medical Authority Documentation	Date:	Staff Initials:
<input type="checkbox"/>	<p>Medical Authority Documentation has not been provided within 6 months. The meals and snacks that do not meet the meal pattern, provided to this participant to accommodate a disability, can no longer be claimed for reimbursement.</p>		
Facility Representative Name	<b>Elena Valenzuela</b>	Signature	<i>Elena Valenzuela</i>

# Example

Arizona Department of Education - Child and Adult Care Food Program Medical Authority Documentation   Participant Menu Modification			
A facility participating in the Child and Adult Care Food Program has requested documentation from a medical authority for requested menu modifications that do not meet the CACFP Meal Pattern.			
<b>Patient First &amp; Last Name</b>		<b>Date of Birth</b>	
<b>List the food(s) to be omitted from the diet and the food(s) that should be provided instead:</b>			
Food(s) to be avoided	Allowable Modification(s)	Additional instructions, requirements, or modifications such as special equipment, texture, thickness, etc.	
<b>Explain</b> how exposure to the food(s) affects the patient:			
The following recognized medical authorities can sign this document: Dentist, Homeopathic Physician, Naturopathic Physician, Nurse Practitioner, Osteopathic Physician, Physician Assistant, Physician			
<b>Medical Authority Name</b>		<b>Date</b>	
<b>Medical Authority Signature</b>			
This institution is an equal opportunity provider.			

# Menu Modification Guidelines Flowchart

Questions?



# Best Practices





# Best Practices



1

## Submit Correct Documents

- a. Take time to check the documents for accuracy and legibility
- b. Start with the Provider looking the document over before signing



2

## Returned Documents

- a. Recheck the entire document, an error may have been missed.
- b. Returning a document takes away from approval time.



3

## Fingerprint Cards

- a. Reminder, there is no grace period for expired cards.
- b. The same is true for the fingerprint cards for backups.



4

## Best Time Savers

- a. Submit documents in a timely manner.
- b. Make documents as accurate as possible first time submitted.

# Electronic Agreement



# Electronic Agreement

## PROVIDER MINUTE MENU/KIDKARE RECORDKEEPING AGREEMENT

IT IS VERY IMPORTANT that you carefully read the "Provider Minute Menu/KidKare Recordkeeping Agreement".

This agreement states the rules and guidelines for utilizing any of the various Minute Menu programs to record and track Child and Adult Care Food Program (CACFP) meals, attendance, enrollments, and other required information. Failure to abide by these rules can result in loss of meal reimbursement.

1. Federal regulations require CACFP meals and attendance be recorded daily. "Daily" means that the meals and attendance for today **MUST** be recorded on-line before **midnight**. Providers must enter their meals and attendance data on-line for each day that they operate. If meal and attendance information is not entered into the Minute Menu System before midnight, the software will not allow recording of meals or attendance for that day. The use of Daily Meal Worksheets or any other form of records **will not be allowed** as support of meals not submitted prior to the midnight deadline.
2. *It is the provider's responsibility* to have a back-up plan in place if their computer or internet connection is not working. Providers are able to access their online Minute Menu account from any computer with internet access using their login ID and Password. Minute Menu/KidKare does offer other options for recording menus including a free downloadable app. "kids2go", which can be used with your iPhone, iPod Touch, iPad or Android device. From time to time, Minute Menu has experienced unintended outages for their on-line servers. In most cases, these outages are short and will not interfere with the ability to log-in within the allowed time frame to record the menus and attendance prior to the "lockout" time at midnight. Minute Menu sends broadcast messages to all providers claiming on-line to inform them of the outages as soon as possible. In the rare case that a problem with Minute Menu's on-line servers prevents a provider from logging on and recording food program meals and attendance information, the provider must contact the Sponsoring Organization as soon as possible so that the situation may be investigated and resolved.
3. When enrolling a child via Minute Menu/KidKare, providers must print a copy of the completed Child Enrollment Report. It must be reviewed, signed, and dated by the child's parent/guardian. The parent/guardian's signature and date will serve as the child's actual enrollment date. The completed Child Enrollment Report must be mailed to the Sponsoring Organization within 5 days of the child's enrollment date.
4. Immediately after a child is correctly enrolled using Minute Menu/KidKare, the child's name will appear as "pending" when recording meals and attendance. Providers should understand that new "pending" children will not be "activated" and will not be eligible for meal reimbursement until a signed complete Child Enrollment Report is received by the Sponsoring Organization. Minute Menu also gives providers a pop-up reminder before a claim is submitted that children are still listed as pending.
5. In order to record daily meal and attendance information on Minute Menu/KidKare, the system must reflect the current claim month. **All monthly claims must be submitted at the end of the last working day of the month or on the 1<sup>st</sup> day of the following month. If the previous monthly claim is not submitted it will prevent providers from recording meals and attendance information for the current month.**
6. Before submitting a monthly CACFP claim to the Sponsoring Organization the provider should verify:
  - a) All meal and attendance information has been **completely and accurately** entered.
  - b) "Sick" days or "school-out" days have been documented for all school-age children (including children who attend Preschool, Head start or AM or PM Kindergarten) when claimed for an AM snack or lunch.
  - c) All child enrollment for new children has been mailed to the Sponsoring Organization within 5 days of the child's enrollment date.
  - d) The days that the provider has been closed during the month have been entered.

## PROVIDER MINUTE MENU/KIDKARE RECORDKEEPING AGREEMENT

Acknowledgements and Certification

This Provider Minute Menu/KidKare Recordkeeping Agreement is being made between:

\_\_\_\_\_ and \_\_\_\_\_  
(Print Provider Name) (Print Sponsoring Organization name)

I understand that I must record my daily meals and attendance online before midnight each day. I acknowledge that the meals and attendance information in the Minute Menu system must be made available immediately during unannounced reviews by the Sponsoring Organization, Arizona Department of Education (ADE) reviewers, state of Arizona auditors, and the United States Department of Agriculture. I certify that the information entered into the Minute Menu system will be absolutely accurate and correct; if completed by an Assistant/Helper, I understand that I am responsible for accuracy of the information and claims submitted. I also understand that the information I have entered into the Minute Menu system is provided in connection with the receipt of federal funds and that deliberate misrepresentation may result in state or federal prosecution.

**I have read and understand the requirements above. I will ensure that information for my monthly reimbursement claim is true and correct to the best of my knowledge. I am signing this Minute Menu/KidKare Recordkeeping Provider Agreement with the understanding that I am receiving a copy of the agreement and must keep it on file with my CACFP Permanent Agreement.**

**I will notify the Sponsoring Organization, in writing, if I choose to stop using the Minute Menu/KidKare system as my claiming source.**

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- Must be used by all providers using Minute Menus/KidKare
- Meal counts and menus must be input into the system no later than midnight of that day.
- If special arrangements needed an addendum to agreement must be in place
- Addendum must specify that provider is to keep hard copy menus and meal counts until they are entered into the system
- If at any time the provider does not have the meal counts and menu documented for the previous day, the addendum will no longer apply for that provider

# Awards/Recognition

**3 Awards**

**3 Requirements Total Needed**

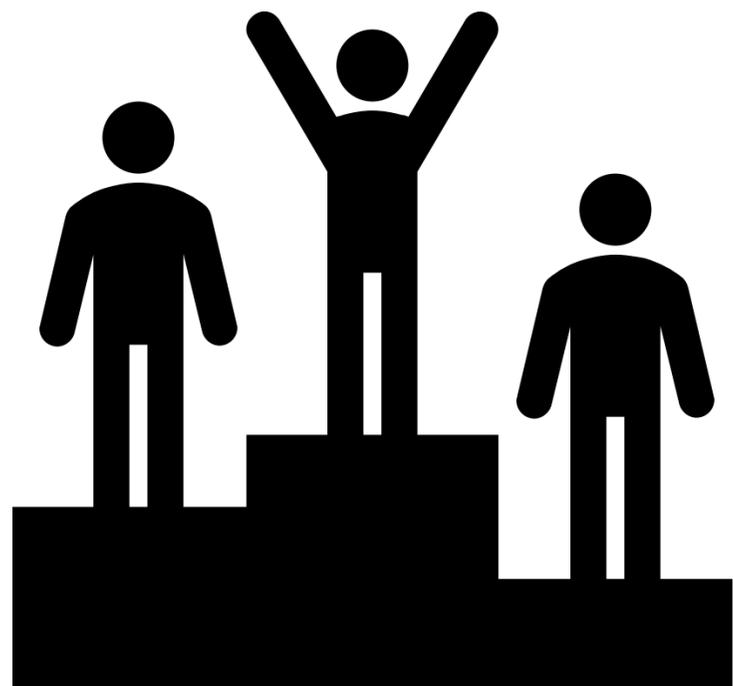
Top performers in each of the categories listed below.

**Management Plan Application**

**Provider Manager Updates**

**Management Plan Application-Approval**





**Child & Family Resources Inc.  
Director: Gabriela Rangel**

**RISING STAR AWARD**



**Mid-State Child Care and Nutrition  
Director: Deanna Barrowdale**

**SHINING STAR AWARD**





# TOP PERFORMER AWARD



**Arizona Association of Family Day Care Providers**  
**Director: Cathy Reagan**





*That's all folks!*

**QUESTIONS??**