

Alabama State Department of Education Child and Adult Care Food Program

Policy, Procedure and Guidance Training Manual



**Child Nutrition Programs
Alabama State Department of Education
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Welcome!

We are pleased to introduce interested, potential sponsors to the Child and Adult Care Food Program (CACFP).

Purpose

The purpose of this workshop is to provide information on how to effectively and efficiently administer the CACFP in your center.

Objectives:

The training, along with this manual, will outline:

- How to complete the step-by-step process in making application to the CACFP.
- How to determine eligibility of participants.
- How to use the various forms required for the CACFP.
- How to prepare your monthly claim for reimbursement.
- How to use the meal patterns to meet CACFP requirements.
- How to keep required records for CACFP.
- How to organize and file your CACFP records.



USDA 7 CFR Part 226 – Child and Adult Care Food Program

USDA Nondiscrimination Statement

For all other FNS nutrition assistance programs, State or local agencies, and their sub recipients, must post the following Nondiscrimination Statement:

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



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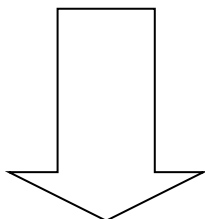
E-mail: cnpclaims@alsde.edu

For information regarding Administrative Reviews or Audits:
Financial Management and Compliance.....334-242-8225

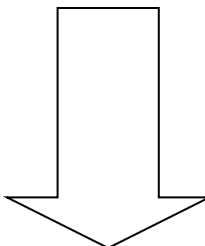
Organizational Structure of the CACFP



U. S. Department of Agriculture



**Alabama State Department of Education
Child Nutrition Programs**



Child and Adult Care Sponsors/Centers

- Tax exempt Centers (churches, hospitals, foundations, nonprofit organizations)
- Public agencies (city, county, state agencies, state operated universities, Federally operated agencies and organizations)
- Private for-profit – privately owned and operated businesses serving low-income clientele



Overview of the CACFP

The Child Care Food Program was established in 1968 in response to the need to provide adequate nutrition to a growing number of children in child care. In 1988, eligible adults were included in the program, now called the Child and Adult Care Food Program (CACFP).

The goal of the Child and Adult Care Food Program is to see that well-balanced meals are served and that good eating habits are taught in child and adult care settings. The CACFP provides reimbursement for nutritious meals and snacks served to eligible children in child care centers, family day care homes, and outside-school-hour centers, as well as to eligible adults in adult care centers.

The Alabama State Department of Education administers the CACFP. Funding for the program is provided by the U. S. Department of Agriculture.

The Alabama State Department of Education will provide the following services:

- Provide reimbursement for meals served. Reimbursement is determined by the number of eligible enrolled participants who are served creditable meals and the current rates set by the U. S. Department of Agriculture. This is referred to as “meals times rates.”
- Provide technical assistance and training on nutrition, food service operations, program management, and record keeping.
- Assist with on-line application and monthly claims.
- Review and monitor program services to ensure nutritionist meals for all eligible enrolled participants.

According to Federal Regulations 7 CFR 226, Sponsors/Institutions responsibilities are to:

- Serve meals that meet program requirements.
- Keep daily records of participant’s attendance, the number of meals served, and the quantities of food served and prepared.
- Collect and determine Income Eligibility Forms.
- Comply with all regulations, agreements and policies relating to the CACFP.
- Maintain program integrity by being administratively capable, accountable, and financially viable.

Alphabet Soup - Acronyms

| | |
|---------------|---|
| ALSDE | Alabama State Department of Education |
| CACFP | Child and Adult Care Food Program |
| CIL | Cash-in Lieu of Commodities |
| CMA | Child Management Agencies |
| CFR | Code of Federal Regulations |
| DHR | Department of Human Resources |
| FDCH | Family Day Care Homes |
| FNS | Food and Nutrition Service |
| FSMC | Food Service Management Contracts |
| IEF | Income Eligibility Forms |
| IFB | Invitation for Bid |
| IRS | Internal Revenue Service |
| NDL | National Disqualified List |
| MOU | Memorandum of Understanding |
| SDE | Alabama State Department of Education |
| SFSP | Summer Food Service Program |
| SNAP | Supplemental Nutrition Assistance Program |
| STAARS | STARRS Vendor Self Service (VSS) Portal |
| TANF | Temporary Assistance for Needy Families |
| USDA | United States Department of Agriculture (the federal agency that administers the CACFP) |

Glossary

- **Adult Day Care** – Any public or private nonprofit organization or any proprietary Title XIX or Title XX center which is (a) licensed or approved by Federal, State, or local authorities to provide nonresidential adult day care services to functionally impaired adults or persons 60 years of age or older in a group setting outside their home or a group living arrangement on a less than 24-hour basis and (b) provides for such care and services directly or under arrangements made by the agency or organization whereby the agency or organization maintains professional management responsibility for all such services. Such centers shall provide a structured, comprehensive program that provides a variety of health, social, and related support services to enrolled adult participants through an individual plan of care.
- **Adult participant** – A person enrolled in an adult care center who is functionally impaired or over 60 years of age or older.
- **Approved Meal Service Times** – Federal regulations require that meal service times be identified at each center and that meals served outside of these times are ineligible to be claimed for reimbursement.
- **Affiliated Center** – Sponsored centers that are part of the same legal entity as the sponsor.
- **Children** –
 - ☐ Children 12 years of age and under, and
 - ☐ Children or migrant workers 15 years of age and under, and
 - ☐ Persons of any age with mental or physical handicaps enrolled in an institution or a child care facility that serves a majority of persons 18 years of age and under, and
 - ☐ Children age 18 and younger residing in homeless shelters.
- **Current Income** – Income received by the household during the month prior to the submission of the IEF.
- **Cycle Menu** – Menu planned for a specific period of time and repeated.
- **Daily Production Record** - Form that assists in planning CACFP meals/snacks and also documents actual meals/snacks served.
- **Effective Date** – The date authorization is determined by the State agency.
- **Enrollment** - Any participant who receives care during the claim month, including children of employees. To be enrolled for care, enrollment documentation, which is updated annually, must contain the following information and must be on file for each enrolled participant: 1) participant's name, 2) date of birth, 3) date care began and 4) signature – parent of child, adult participant, or guardian. For child care, the required enrollment form from the Department of Human Resources is acceptable.
 - ☐ In addition, sign-in and sign-out sheets are required for all centers to document attendance.
 - ☐ Meals may only be claimed for eligible, enrolled participants. Participants that are enrolled for care, but whose meals are not claimed in the CACFP, count toward total enrollment. For example, infants who are in attendance and whose meals are not

claimed in the CACFP, count toward total enrollment. Children that do not meet the definition of a child (i.e., over age 13, children of migrant workers over age 15, and persons with mental or physical handicaps over age 18) are not enrolled, as they are ineligible to participate.

- **Foster Child** – A foster child means an individual who is placed by an authorized placement agency or by judgment, decree or other order of the court of competent jurisdiction and is distinct from a “child” of the household (any child formally placed by a State child welfare agency or court with a caretaker household whom does not assume guardianship responsibilities).
- **Functionally Impaired Adult Participants** – Chronically impaired, disabled persons 18 years or older. These include victims of Alzheimer’s disease and related disorders with neurological or organic brain dysfunction. Functionally impaired adults are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities of daily living are markedly limited.
- **License** – For the CACFP, any form of licensing or certification of a program is referred to as a license. This includes, among others, licensing by the Department of Human Resources and certification by the Department of Mental Health.
- **Meal Component** - Food group required in the meal pattern. The five meal components required in the CACFP meal pattern for adults are Milk, Vegetable, Fruit, Grains and Meat/Meat Alternates.
- **Meal Pattern** - The set of food components, food items, and minimum quantities required for a breakfast, supplement (snack), and lunch or supper for a specific age group that allows a meal to be reimbursable.
- **Non-Residential** - A facility in which participants do not stay at the facility more than 24 hours.
- **Offer Versus Serve** - Meal service option for CACFP adult participants in which participants can decline one food component at breakfast and up to two meal components at lunch and supper (At-Risk program).
- **Participation** - Any enrolled, eligible child or adult that is served a meal during the claim month.
- **Qualifying Month** - The month immediately preceding the submission of the CACFP application. For-Profit centers must demonstrate the 25% eligibility for the month before they begin participation in the CACFP. Centers do not receive CACFP reimbursement for the qualifying month.
- **Shifts** – Federal regulations do not allow meals served to children in excess of licensed capacity to be claimed for reimbursement. If children come and go during a meal such that the licensed capacity is exceeded during a meal, it is called a “shift” and it must be approved. Shifts are indicated *by meal* in the on-line application. Time and Attendance records must be reviewed prior to approval of shifts at AM snack, lunch, supper, or late snack. Contact the SDE for further information.
- **Unaffiliated sponsor** - Sponsored centers that **are not** part of the same legal entity as the sponsor.

Center Eligibility

Is your center eligible to participate?



Yes, IF:

- ① Your institution is operated by a **Public Institution**.
Examples: city and county government, public schools, community colleges.

OR

- ② Your institution is **Non-Profit** and has tax exempt status from the IRS.
Examples: churches, private hospitals, foundations, and nonprofit organizations participating in other federal programs.

Tax-exempt status is verified through a letter from the IRS, sometimes referred to as a "501 (c) (3) letter." Church institutions are not required by the IRS to apply for a document stating that they have Federal tax-exempt status. Churches may participate as a non-profit organization if they are registered with the Alabama Secretary of State's office. If a church has neither a 501 (c) (3) letter nor is a registered, non-profit corporation, then they may participate as a for-profit organization as listed below.

OR

- ③ Your institution is **For Profit** and meets the 25% requirement.

Meeting the 25% Requirement

Private for-profit institutions must meet the 25% requirement for each month that a claim is submitted for meal reimbursement.

1. At least 25% of the participants served are eligible for free or reduced price meals and current Income Eligibility Forms (IEF) are complete and on file to document this eligibility.
2. Twenty five percent of the center's enrollment or licensed capacity must receive Title IX or XX benefits.

AND

- ④ Your institution is licensed by the Alabama Department of Human Resources, Department of Mental Health, the Federal government, or certified by an approved governing agency.

Center Eligibility

Non-Profit Organizations

Non-profit organizations are eligible to participate in the CACFP. During the initial application process, organizations that are tax exempt under section 501 (c) (3) of the IRS code must submit a copy of the letter from the IRS which grants them tax-exempt status. (**Please note:** Tax-exempt centers must still file annually with the IRS. Failure to do so may result in the revocation of tax exempt status).

Proprietary For-Profit Centers

USDA regulations state that reimbursement shall be payable to proprietary centers only for calendar months in which 25 percent of the enrolled participants qualify for Free or Reduced-price meals. To determine this, new for-profit centers must:

1. Determine the eligibility of each participant enrolled for care during the month prior to submission of the application. Total the number of participants eligible for free and reduced-price meals.
2. Determine the total enrollment for the qualifying month. This is the number of eligible, enrolled participants for whom you cared during the month.
3. Divide the number of enrolled participants who are eligible for free and reduced-priced meals by the total enrollment. If the answer is greater than .25, the center is eligible.

Once the center is approved in the initial application, eligibility is determined monthly on the site data sheet/claim for reimbursement.

For-profit centers must meet the 25 percent requirement each month in order to be paid. If a center falls below the 25 percent requirement, although payment will not be made, a complete site data sheet/claim must be submitted for continued program participation. This site data sheet/claim must indicate expenditures *and* all site and meal information.

Calculating the 25% Requirement

When determining the 25% factor, always round the number of participants UP to the next highest number.

Licensing Requirements

USDA regulations require a license or certificate from a governing agency for all centers in the CACFP in order to ensure that all participants receive care and meals in a safe and healthy environment. .

Churches must seek either DHR Licensure or DHR exempt licensure in order to participate in the CACFP. Adult care centers must be approved or licensed by a governing agency, such as Medicaid.

EXCEPTION:

CACFP Policy 226.17-4 frees the SDE from requiring licensing of child care programs operated by schools if licensing is not required by state or local authorities. This policy only pertains to facilities under the direct legal and operational control of a school. (**Centers located in a school that are operated by another agency or business must be licensed.**) The *Alabama Minimum Standards for Day Care Centers* exempts “kindergartens or nursery schools or other daytime programs operated by public elementary systems or secondary level school units or institutions of higher learning” from licensing.

Center Eligibility

The Alabama Department of Human Resources does not license child care centers which operate four hours a day or less or centers operated by or located on Federal property. Alternative approval is required for these centers, documented by completing the Alternative Review form and providing all required supporting documents. This form must be submitted annually. Please contact the SDE for more information.

Eligibility Requirements for Independent Centers and Center Sponsors:

Independent centers are institutions that own and operate one child care center. Center sponsors are institutions that legally own and operate two or more centers.

- All centers must provide non-residential day care services except for homeless shelters, which may provide residential services as well. Centers that provide only services, such as substance abuse rehabilitation or social activity centers, do not meet Program eligibility requirements.
- Centers must be licensed by a federal or state licensing authority. **Since the summer of 2013, the Alabama State Department of Education Child Nutrition Program does recognize DHR license exempt centers.** Institutions that are ineligible for traditional licensing may be eligible through alternative licensing.
- **Institutions must:**
 - ☐ Have tax-exempt status from the IRS or churches may have a 501(c)(3) non-profit status **OR**
 - ☐ Have 25% of their eligible enrolled participants or 25% of their licensed capacity (whichever is less) qualify for Free or Reduced-price meals
 - OR**
 - ☐ Be a proprietary center which receives Title XIX (Medicaid) and/or Title XX (Social Security Administration Block Grant) funding for at least 25 percent of their enrollees
 - AND**
 - ☐ Centers must be financially viable, organizationally capable, and they must have internal controls in place which ensure program accountability.
 - AND**
 - ☐ The center/business and/or any of its principals **must not** be in Seriously Deficient status in the CACFP and must not be on the National Disqualified List.

Participant Eligibility

The Program Serves Children:

- Ages 0 through age 12
- Of migrant workers, age 0 through age 15
- Age 18 and younger residing in homeless shelters
- Physically and mentally disabled persons of any age receiving care in a center where most persons are 18 years old and under

The Program Serves Adults:

- In nonresidential care which is provided in a community-based group program
- That participate in a program that provides plans of care which include a variety of health, social, and related support services
- That participate in facilities that are licensed or approved to provide care for persons 60 years of age or chronically impaired persons 18 years of age or older. **Adults that reside in residential care facilities are not eligible**
- Those who are functionally impaired or elderly adults

Please note: Adult centers must develop and maintain an individual plan of care for every functionally impaired participant.

Adult day care centers and facilities may participate in the Program if they serve "...persons 60 years of age or older, or chronically impaired disabled persons, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction." For Program purposes, a "chronically impaired disabled person" is a functionally impaired adult, 18 years of age or older, who is physically or mentally impaired to the extent that capacity for independence and ability to carry out activities of daily living is markedly limited.

Program benefits are available to those individuals who:

- Remain in the community; and
- Reside with family members or other caregivers who would benefit from the respite which adult day care services provide. Every individual attending an adult care facility participating in the Program may not necessarily be eligible for Program benefits.

The temporary or permanent status of the individual's institutionalization, and/or any affiliation between the institution and the adult day care center or facility, is irrelevant. Therefore, individuals who are residing in any institution on a temporary basis for "respite care" or "crisis intervention" **are not** eligible to receive Program benefits, although the participant may continue to attend adult day care while in residence in the institution.

Alabama State Department of Education Child Nutrition Program Application Process Procedures

1. New Sponsor Required Training

Institutions that are applying to participate in the CACFP must complete a Pre-operational training prior to the approval of the institution's application. This training covers CACFP policies, regulations, record keeping, and meal requirements. Generally, no more than two persons may attend the training. The training *must* be attended by one of the following individuals referred to as the Official Representative of the business/organization:

- The president or highest ranking official of the organization for incorporated centers and LLC's.
- The owner(s) of a sole proprietorship or partnership.
- The pastor or highest ranking official of a church operated daycare.
- The center director of governmental agencies.



2. Written Application and Supporting Documents

In addition to attending the training, a written application is required. This application must be submitted after attending the Pre-operational workshop. Applications cannot be approved until they are complete and all supporting documentation is submitted. Applications and supporting documents should not be submitted piecemeal. Rather, a fully completed application and all supporting documents should be submitted at one time. Applications that are incomplete 60 days after the original submission date will be denied and the applicant must reapply. It is the responsibility of the applying institution to assure that all required documents are submitted in a timely manner.

Alabama State Department of Education Child Nutrition Program Denial Policy for the Application Process:

1. Applies to potential applicants or an institution applying to participate in the Program after a lapse in participation.
2. Failure to meet the required policy application standards:
 - Highest ranking official attending entire Pre-Operational training.
 - Submission of complete and accurate required documents by established deadline of 60 days.
 - RP/Is on NDL

CFR part 226.6(3)(c)(1)(b) §§226.15(b) and 226.16(b)

Regardless of when the written application and supporting documents are submitted, the application process must be completed within 60 days of attendance at a Pre-operational workshop. Failure to meet this deadline will require attendance at another workshop.

If your application was denied or if you choose come back to another CNP workshop, please follow the link below to register for the next Child and Adult Care Food Program workshop.

ALSDE CNP Procedures for New Sponsor/Institution Application

The following items must be submitted by all organizations seeking application. Please send all items at one time.

- ☐ **On Site Visit Form** – Complete, sign and return. Use this form as the cover sheet for your application.
- ☐ **Public Release** – Complete all parts and mail to both a. and b. below. Once a State staff has completed the on-site visit, send one copy to the SDE with the bottom section completed.
 - a. A local newspaper
 - b. A Grassroots organization (a list of several grassroots organizations may be found in the Child Nutrition Programs website under Potential Sponsors tab.
- ☐ **Pre-Application Form** – Complete both sides of this document for each center that will participate in the CACFP. The Official Representative must sign the form.
- ☐ **Menu** – Complete a month's menu plan.
- ☐ **STARRS** – Register in the STARRS Self Service Vendor Portal, at <https://procurement.staars.alabama.gov/>. This is the State of Alabama's current procurement and financial system. STARRS phone number 1-334-353-9000. Submit the Substitute W9.
- ☐ **Management Plan** – List the names, addresses, and telephone numbers of all board members or owner(s). The form must be signed by the Official Representative.
- ☐ **Church Certification Form** - For Churches only: The Official Representative or the Highest Officer of the church must certify to each statement on this form.
- ☐ **Fiscal Responsibility Statement** – Answer the two questions relating to the use of CACFP funds (not center funds). The form must be signed by the Official Representative.
- ☐ **Budget Planning Worksheet** – Complete this form using the number of currently enrolled participants, their eligibility, and the type of meals served at each center that will participate in the Program. Sponsors with more than one "affiliated" center should complete a worksheet for each individual site. The totals of each worksheet will be used in figuring the sponsor's on-line budget.

☐ **Copy of your license/certification: Child Care**

All organizations, including churches, wishing to participate in the CACFP must be licensed/or certified, or have DHR exemption status as described below.

- ☐ If DHR licensed, submit a copy of that license. If the license has expired, provide a copy of the expired license AND re-licensing inspection form (page 1) or all four pages of your "Application for a License to Operate A Day Care/Nighttime Center (DHR form DHR-CDC-1946)."
- ☐ If DHR exempt, submit a copy of the current exemption letter from DHR, plus your current Health inspection forms.
- ☐ If Mental Health Certified, submit a copy of the Mental Health Certification that contains an expiration date AND capacity.
- If authorized by any arm of the Department of Defense, submit a memo or other document authorizing your operation of the child care center.
- ☐ If a public school run center, submit a letter from the superintendent indicating the center runs under the auspices of the school system.

☐ **Copy of License/Certification: Adult**

Adult care centers must be approved or licensed by a governing agency. Approval is granted when an adult care center or facility meets written standards or criteria. To meet the licensing/approval requirements, submit the following based upon the governing organization:

- ☐ If you have a DHR contract for Adult Services, submit the following:
 - ☐ A full copy of the contract and any amendments and,
 - ☐ Submit a copy of the occupancy statement from the State Fire Marshal.

- ☐ If you are Mental Health Certified, submit a copy of the Mental Health Certification that contains an expiration date AND capacity.
- ☐ If authorized by any arm of the Department of Defense, submit a memo or other document authorizing your operation of the day care center.
- ☐ If you have a contract with the Alabama State Medicaid Agency, submit the following:
 - ☐ Copy of the letter of approval by Alabama Medicaid Agency
 - ☐ Copy of the complete Medicaid Adult Day Health Review Tool
 - ☐ Copy of the complete Quality Assurance Audit
 - ☐ Copy of the County Health Inspection report

If you are not licensed or certified by any of the above departments or organization, contact the CACFP office at 334-242-8249.

Business Documentation

Submit the following based upon the organizational type of the business:

- ☐ **Nonprofit organizations** must submit the following:
 - Letter from the IRS indicating the organization has nonprofit status under 501 (c) (3) of the Internal Revenue Code.
 - If the center operates under the nonprofit status of another nonprofit organization, provide a letter on the organization's letterhead stating that it operates the daycare and that the daycare has the same legal identity as the nonprofit organization. (Example: "First American Church operates Hokey's Hideaway Child Development Center. The center operates under the auspices of the church's board of directors and has the same legal identity as the church.")
 - A copy of the Articles of Incorporation that show the Articles have been filed with the appropriate governmental agency (i.e., county probate judge's office.). This is usually indicated with a stamp.
 - A copy of board minutes, signed and dated, approving participation in the CACFP.
- ☐ **Churches** - Churches may participate in a number of ways. Please select the method that best fits your church:
 - The church has nonprofit status under 501 (c) (3) of the Internal Revenue Code. Please provide a copy of the 501 (c) (3) letter and the following:
 1. If the center operates under the nonprofit status of another nonprofit organization then it must provide:
 - a letter on the organization's letterhead stating that it operates the center and that the center has the same legal identity as the nonprofit organization. (Example: "First American Church operates Hokey's Hideaway Child Development Center. The center operates under the auspices of the church's board of directors and has the same legal identity as the church.")
 - a copy of the Articles of Incorporation that show that the Articles have been filed with the appropriate governmental agency (i.e., County Probate Judge's Office)
 - a copy of board minutes, signed and dated, approving participation in the CACFP.
 - **Church Certification Form:** The Official Representative or the Highest Officer of the church must certify to each statement and submit this form.
 2. The church is organized as a non-profit corporation in Alabama. (Not under the 501 © 3 status). Provide:
 - A copy of the Articles of Incorporation that show the Articles have been filed with the appropriate governmental agency (i.e., County Probate Judge's Office).
 - Submit a copy of signed and dated board minutes approving participation in the CACFP.

- **Church Certification Form:** The Official Representative or the Highest Officer of the church must certify to each statement and submit this form.
3. The church does not have nonprofit status under the IRS nor is it a nonprofit corporation in Alabama. In this case, you may participate in the same manner as a for-profit business by providing signed and dated board minutes from the church board approving participation in the program.
- ☐ **Public Agencies**
The agency must submit a letter, on the agency's letterhead, that states the center is run under the auspices of the public agency. The public agency must be named in the letter and the letter must be signed by an upper level employee of the agency.
- ☐ **Privately Owned, For-Profit Centers**
Based upon the type of for-profit business, submit the following:
1. **Corporations or LLCs** - submit copies of all the following to the SDE:
 - A copy of the Articles of Incorporation (corporations) or Articles of Organization (LLC) that show that Articles have been filed with the appropriate governmental agency (i.e., county probate judge's office.) (This is usually a stamp.)
 - A copy of board minutes, signed and dated, approving participation in the CACFP.
 2. **Partnerships** - submit one of the following to the SDE:
 - A copy of the signed Partnership Agreement that shows it has been processed with the appropriate governmental agency (usually the document is stamped) **OR**
 - A copy of the name registration for the business **OR**
 - LLP Registration Statement indicating it has been filed with the Judge of Probate and the Secretary of State **OR**
 - IRS form 1065 filed by the partnership for the most recently completed year **OR**
 - A copy of a business license or another tax registration certificate, which lists all partners' names.
 3. **Sole Proprietorships** must submit a Federal, State, or local government document that is printed with both the name of the business and the name of the owner (not typed or hand written). Acceptable Documentation includes IRS documents and the Alabama Department of Industrial Relation's employer tax rate notification letter.

Financial Viability Documentation

All organizations must submit one of the following:

- ☐ A copy of the most recently filed income tax return that includes business operations of the sponsor **OR**
- ☐ A current profit-loss statement for the last fiscal year. If the business has been open less than a year, a profit-loss statement for the period of operation. If the business has been operating less than three months, a *projected* profit-loss statement **OR**
- ☐ For large organizations, the most recently issued audit report **OR**
- ☐ A business plan if a new business has none of the above

Business Bank Statements

All organizations must submit a copy of the two most recently received business bank statements.

FFATA Documentation

The Federal Funding Accountability and Transparency Act (FFATA), requires that all eligible applicants have a DUNS number and register with the STAARS.

❑ **Obtain a Duns number** – A DUNS or Data Universal Numbering System number is a unique, non-indicative 9-digit identifier issued and maintained by D&B that verifies the global existence of a business entity. Upon receipt of a DUNS number, the business will be listed in D&B's database; credit information will be available to banks and other companies; and the owner/director can Sign up for eUpdates to monitor and update the credit file online.

- **If you have registered or you are unsure of your registration** Enter the business name and city and click "NEXT". You will be guided by the website to determine if you are registered. In addition, you will be sent an email with your DUNS number. **Print this number and submit to the SDE.**
- **To obtain a DUNS number** we strongly suggest you register via the web (not by telephone). Once registered, print and submit a copy of your DUNS number with all other required application materials.

❑ **STAARS Vendor Self Service (VSS) Portal.** This is the State of Alabama's current procurement and financial system. You must complete this process to receive your reimbursement claim.

❑ STAARS Support Desk phone number is 1-334-353-9000. Submit only the Substitute W9, which can be located on the Business Information tab.

❑ **E-Verify (Alabama Immigration Law registration)**

Section 9 of Alabama Act No. 2011-535 entitled the "Beason-Hammon Alabama Taxpayer and Citizen Protection Act" (<http://www.ago.state.al.us/File-Immigration-AL-Law-2011-535>) requires that, as a condition for the award of a contract to a business entity or employer that employs one or more employees working in Alabama, the business entity or employer provides an affidavit and documentation of enrollment in the Federal E-Verify program. Sponsors should complete the E-Verify enrollment process located at the federal Web site www.uscis.gov/everify/ or at the Alabama Department of Homeland Security Web site <http://immigration.alabama.gov/>. They must obtain the E-Verify Memorandum of Understanding and an Affidavit for Business Entity/Employer/Contractor or Certificate of Compliance. These **two** documents must be submitted with the CACFP application.

Food Service Contract(s)

If the center is contracting with a vendor to provide meals, follow the procedures listed in website tab **Procurement/Food Service Management** under Child Nutrition Programs and submit the food service contract/agreement and attachments with the application as outlined in that section. The food service contract forms are in website tab *Procurement/Food Service Management*. These documents must be submitted with the application materials, reviewed and approved by State staff **prior to the effective application approval date.**

***Use CNP manual pages 15-19 as a checklist for the submission of the required CNP application documents.**

Follow-up on incomplete applications

Once the application is received by the ALSDE CNP, it is reviewed by the state staff. After 60 days, incomplete applications will be denied and returned to the applicant. Once denied, applicants wishing to participate in the CACFP, must attend another pre-operational workshop and submit all necessary paperwork (see page 15 of CNP manual).

Once the application is approved

Once the application is approved, the ALSDE CNP will visit the center to complete the on-line application and obtain the required signatures. This visit will be scheduled as quickly as possible based upon program staff availability. The **Official Representative** must be present for this visit. If all requirements are met during the site visit, then the first operational day of the CACFP will be determined.

Alabama State Department of Education Child Nutrition Program Non-Pricing Program Policy

The CACFP reimbursement program is a non-pricing program. That is, reimbursement is intended to cover the expenses of providing healthy meals that meet USDA guidelines.

Non-pricing programs must adhere to the following guidelines:

- **No separate charges for meals served to enrolled participants.**
- Meals are covered by tuition payments.
- **No money is exchanged at mealtimes.**
- If all enrollees pay the same tuition, no portion is earmarked for food service.
- If enrollees pay different tuition rates, it is for reasons other than food service.
- All participants, regardless of race, color, national origin, sex, age, or disability are served the same meal.

*All CACFP institutions complete this non-pricing policy as part of the application process and it will become a permanent record (Part of on-site visit forms).

Alabama State Department of Education Child Nutrition Program Free and Reduced-Price Policy Statement

Each institution must have a written Free and Reduced-Price Policy Statement. This statement ensures that no participant will be discriminated against during the course of the CACFP food service and that the institution meets all the requirements of a non-pricing program. All CACFP sponsors complete this statement when they first apply for the program. It is a permanent record. (Part of on-site visit forms).



Alabama State Department of Education CNP Policy and Procedure for Civil Rights. FNS Instructions 113-1 Civil Rights Compliance and Enforcement

USDA FNS instructions 113-1 link:

<https://www.fns.usda.gov/civil-rights-compliance-and-enforcement-%E2%80%93-nutrition-programs-and-activities>

All CACFP sponsors are responsible for ensuring that all persons have equal access to the program. A sponsor/institution may not discriminate in employment or program participation based on Race, Color, National Origin, Sex, Age, or Disability. A sponsor must strictly adhere to and enforce the provisions of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA).

Civil Rights Act of 1964

Public Notification

As part of a sponsor's public notification responsibilities, you must:

- Display the official USDA nondiscrimination poster ("...And Justice For All") in a prominent place;
- Make program information available to the public upon request;
- Provide information materials related to the CACFP in languages other than English, if the need exists (IEF's in other language are available from the SDE upon request); and
- Provide the following nondiscrimination statement and complaint-filing procedures in all applications and Program-related information intended for the parents of current and potential participants:

Section 504 of the Rehabilitation Act of 1973

Program Accessibility

The CACFP, when viewed in its entirety, must be accessible to and usable by disabled persons, including persons with impaired vision or hearing. A sponsor is not required to make every part of existing centers or facilities physically accessible to disabled persons, but a sponsor must ensure that their programs in those centers/facilities are accessible. The sponsor must offer the most integrated setting possible to enable persons with disabilities to fully benefit from the program.

Employment

A sponsor is prohibited from discriminating against any qualified person based on a disability. A sponsor must make reasonable accommodations for the known physical or mental limitations of an otherwise qualified applicant or employee with disabilities. A sponsor is not expected to make accommodations that impose an undue hardship on the operation of the program.

Food Services

Each sponsor must serve special meals without additional charge to children and adults with disabilities that restrict their diet.

Assurances

A civil right assurance is incorporated in all agreements between the state agency and the contractor/sponsor in order to ensure that **ALL** program children and adults have access to the child nutrition program. Agreements between sponsors and facilities also include civil rights assurances.

Civil Rights of all Individuals without Discrimination - (CNP Six Protected Classes)

All USDA Food and Nutrition Service institutions must strive to protect the civil rights of all individuals without discrimination. Listed below are examples of discrimination that are prohibited:

1. Exclusion of participants from receiving CACFP benefits based upon race, color, national origin, sex, age, or disability.
2. The inequitable allocation of CACFP benefits to eligible participants on the basis of race, color, national origin, sex, age, or disability.
3. Serving or delivering foods in a place, time, or manner that results in or has the effect of denying or limiting the benefits of the CACFP on the basis of race, color, national origin, sex, age, or disability.
4. Segregation of participants through recruitment, referral, or enrollment systems.
5. The selection of institutions or facilities for participation in the CACFP which has the effect of, or results in, limiting the availability of benefits or services, on the basis of race, color, national origin, sex, age, or disability.
6. Failure to apply the same eligibility criteria to all potential participants seeking participation in the program.
7. Maintenance of a waiting list which makes distinctions on the basis of race, color, national origin, sex, age, or disability.
8. Failure to use or provide material which provides non-English speaking persons full and equal opportunity to receive benefits or services under the CACFP.

Data Collection and Reporting

All Institutions must collect ethnic and racial data from the participants they serve. This data is used to determine how effectively FNS programs are reaching potentially eligible persons and beneficiaries. In order to compile this information:

1. Obtain ethnic and racial identification from the IEF. If not provided, make a visual identification using the following definitions:
 - a. Ethnicity: Hispanic or Latino – a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
 - b. Race:
 - i. American Indian or Alaskan Native. A person having origins in any of the original peoples of North, South, or Central America, and who maintain tribal affiliation or community attachment.
 - ii. Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 - iii. Black or African American. A person having origins in any of the black racial groups of Africa.
 - iv. Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - v. White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
 - vi. Other. Any person that believes he cannot be described by any of the above categories.
2. This information should be filed at your office as part of the CACFP Annual Recertification process. Maintain this data for three years plus the current year.

- **Effective June 2017 – New Policy: CNP has a form and each institution will be expected for all new and recertifying institutions to use the CNP Ethnic and Racial collection Form.**

Civil Rights Statement

If your institution produces publications, such as a handbook, which refers to participation in the CACFP, this civil rights statement must be included.

USDA Nondiscrimination Statement (November 2015 updated).

For all other FNS nutrition assistance programs, State or local agencies, and their sub recipients, must post the following Nondiscrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

"This institution is an equal opportunity provider".

Civil Rights Poster

Every center participating in the CACFP must display, in a prominent place, the civil rights poster issued by USDA. An appropriate place is near the facility license or certification. It must be located where it may be observed by the family of those participating in the program. Poster reflects current Nondiscrimination Statement and new graphic.

Limited English Proficiency (LEP) (FNS Instruction 113-1, Section VII).

Institutions are to provide services to Limited English Proficiency potential eligible persons, applicants and participants access to documents in their language. LEP describes individual who do not speak English as their primary language and who have alimented ability to read, speak, write or understand English.

Title VI and its implementing regulations, Executive Order 13166, and Federal agency guidance require Federal agencies and recipients (State agencies, local agencies, or other sub recipients), to take reasonable steps to ensure “meaningful” access to their programs and activities by Limited English Proficient (LEP) persons.

ALSDE Policy for Limited English Proficiency (LEP)

The Alabama State Department of Education Child Nutrition Program will use the TransACT, which is a document translation service used to translate any document that is needed for English Learner (EL) families. TransACT is provided by Federal Programs at the Alabama State Department of Education (ALSDE). All ALSDE CNP staff have usage of the TransACT.

Civil Rights Complaint

Each sponsor must maintain procedures to process complaints and grievances. Any person alleging discrimination based on race, color, national origin, age, sex or disability has a right to file a complaint within 180 days of the alleged discriminatory action.

Alabama State Department of Education Child Nutrition Program Complaint Procedure

All institutions must a have a procedure for handling civil rights complaints. The following procedure can used to resolve a civil rights complaint:

1. The official representative or center director will receive the complaint either in writing or verbally.
2. Collect the following information to document the civil rights complaint:
 - a. Name, address, and telephone number of the complainant
 - b. The specific location of the center
 - c. The specific nature of the alleged discrimination (an example or incident)
 - d. The basis on which the complaint is based (race, color, national origin, sex, age, or disability)
 - e. The alleged names, telephone numbers, titles, and business and/or personal addresses of persons who may have knowledge of the discriminatory action
 - f. The date(s) during which the alleged discriminatory action occurred, and for how long.
3. The documentation of the complaint, including the written complaint, if applicable, must be submitted to the State Department of Education, Child Nutrition Section, within three working days from the time of the complaint.

Alabama State Department of Education Child Nutrition Program has developed a form; however, institutions may develop their own form, as long as the form contains the information listed and follow the procedures listed above.

ALSDE CNP Required CACFP Forms Policy

Most forms reviewed in the ALSDE CNP handbook are required. If a form is required, you must use the ALSDE CNP form unless you have prior written approval. In instances where you may use a computer generated form, it must follow the guidelines reviewed in this workbook:

1. Income Eligibility Form*
2. Required Daily Record or Record of Daily Attendance Sheet
3. Sign-In Sheets
4. Enrollment Form for each participant
5. Monthly Meal Count Record, if completing the Required Daily Record
6. Monthly Summary if using the Required Daily Record
7. Monthly General Journal or similar document
8. Time Sheets and other payroll documentation if using CACFP funds to pay for labor
9. Invoice Form or similar documentation when receipts are not available
10. Menus – CACFP form or similar
11. Production Record for all self-preparation sites (See website under CNP Exiting Sponsor's Tab) (infant rooms do not have to do a production record).
12. Sample *Small Purchase Document* or similar documentation if meals are self-prepared
13. Monitoring Form for sponsors of more than one site.

*Head Start, Even Start, Homeless and At-Risk Afterschool Programs are not required to collect IEFs.

Where to Find the CNP Forms

All required forms may be downloaded and printed from the CNP web site. To do so:

- Click on and hold curser on Support Systems.
- Click on CNP- Child Nutrition Programs.
- Click on CACFP/SFSP (yellow color tab)
- Click on the listing that appears – Child and Adult Care Sponsors
- Locate the tab your need, Training workbook, replacement pages, etc.

Forms on the Alabama State Department of Education website under CNP Programs under the tap Child and Adult Care Sponsors. The downloaded forms can be found under the Existing Sponsor tab on this website. These forms are full size and easier to use than the copies in this training manual.

Computerized versus Paper Records

Required forms are available in two formats: those in which data is hand-written and those which are computer-generated. Using computerized forms is optional. However, if you choose to complete your records by computer, you must:

1. Save and maintain all paper back-up documentation. For example, if you mark the Required Daily Record by hand and then key it into the computer, you must keep the hand marked record in your monthly file.
2. Create a monthly print-out of the computerized records.
3. Create a monthly back-up of the computerized records on a portable “jump drive” or hard drive.

In addition, we strongly suggest that you maintain a daily external back-up of your records. In the case of a computer malfunction, you will still be required to produce all required records. The loss of these computerized records, even if due to no fault of your own, is not excusable for a lack of required documentation and a *charge back* may occur during an administrative review.

The computerized records contain many formulas. It is extremely important in using these forms that you do not delete any rows or columns or unprotect any areas on the form. If you would like to develop your own forms or wish to modify the ALSDE CNP forms, you must submit them for review by State Staff **prior to use**.

****Remember Alabama SDE issued forms must be used unless prior written approval is granted.**

To utilize the computerized forms as created:

1. Open the CACFP Original File.
2. Save the file with a new name. For example, if you are creating files for March 2050,
 - a. Click Save As
 - b. In the file name box, rename the file CACFP March 2050
 - c. Click Save
3. Begin inputting data. Basic directions will be provided for each record. Specific directions regarding the Microsoft Excel spreadsheet will be addressed in Appendix E on the Alabama State Department of Education website under Existing Sponsors.

Finally, the use of these forms requires a good understanding of Microsoft Excel. The SDE is not able to provide this training. SDE staff is available to answer and assist in completing the forms but not in teaching basic Microsoft Excel operation.

Hover over: **Support Systems**

Click on: **CNP – Child Nutrition Program**

Next click on: **Child and Adult Care Sponsors**

Next click on: the **Tab – Training Workbook**

Then click on: **CACFP Excel Spreadsheet**

Required Form - Income Eligibility Form (IEF) – Required form to be completed annually*

The IEF form consists of two pages – the Income Eligibility Form and the Instructions to Households. They may be printed on both sides of one page. Prior to printing, on the Letter to Households, fill in the appropriate blanks, including the name of the official representative and the name of the center. Sponsors must print, distribute, and approve IEFs prior to each participant's annual renewal date. Income Eligibility Forms are valid for **one full year** after the first eligibility determination.

For participants that enroll during the month, the IEFs are effective the first day of the month in which the participant is determined eligible and is in attendance. This allows the center to claim meals served to eligible participants in the Free or Reduced-Price categories during the month in which the IEF is determined. Meals may not be claimed at the Free or Reduced-Price rate before the effective date of the IEF.

IEFs should be filed based on their monthly determination date. IEFs should not be placed in a participant's file or removed from the annual records file.

The information provided on the application will only be used to determine the enrolled participant's eligibility for CACFP meal benefits. This information needs to be kept confidential and only available to staff directly connected with administering the CACFP.

If applicants are unable to complete an Income Eligibility Form, then someone in the center should provide assistance. There are IEFs available in 33 languages for non-English speaking households. Contact us, as outlined in the introduction of this manual, for resources in other languages.

IEFs are available on the CNP Web site. It is the CNP sponsors responsibility to keep the participants income eligibility forms updated annually.

The Income Eligibility Form is used to determine each enrolled participant's eligibility for Free, Reduced-Price (also known as Reduced), or Paid meals. For-profit centers participating under the Free and Reduced Price Provision **MUST** have current and approved IEFs on file in order to maintain program eligibility.

An IEF must be on file for each participant for whom meals are claimed in the Free and Reduced-Price categories except for children who are categorically eligible. (Head Start, Even Start Meals served to participants from households whose income exceeds the eligible income for Free and Reduced Price meals may be claimed for reimbursement in the Paid category without an IEF. There is no penalty if IEFs are not on file for participants in the Paid category or for properly documented Head Start or Even Start eligible children. You are strongly encouraged to collect an IEF on all participants to improve reporting accuracy. If you are unable to obtain a form, that participant's meals will be determined at the Paid rate.

Failure to collect, determine, or approve IEFs correctly will result in:

- Charge back of reimbursement if a participant is incorrectly determined.
- Program ineligibility if you participate in the program as a for-profit center under the Free and Reduced-Price provision yet the 25% requirement is not met.

Income Eligibility Form (IEF)

For example only – Use the form on the CNP Web site.

CACFP MEAL BENEFIT INCOME ELITIBILITY FORM (Child Care)

| Part 1. Enrolled Children: list names of all enrolled children | | | | |
|---|--------------------------|-----------------------------------|--------------------------|--------------------------|
| Names of all enrolled children: Use additional pages if necessary (First and Last) | BIRTH DATE MM/DD/YYYY | CHECK IF IN HEAD/EVEN START | CHECK IF FOSTER CHILD | |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2. Benefits: If any member of your household received SNAP (food stamps) or TANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
NAME: _____ CASE NUMBER: _____

Part 3. Total Household Gross Income —You must tell us how much and how often

| A. Name – First and Last (List only household members not listed in Part 1) | B. Gross Income and how often it was received <i>For example \$200/week or \$150/twice a month</i> | | | |
|---|---|------------------------------------|--|-----------------|
| | 1. Earnings from work before deductions | 2. Welfare, child support, alimony | 3. Pension, retirement, Social Security benefits | 4. Other Income |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |
| | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ | \$ ____ / ____ |

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) - An adult household member must sign this form. **If Part 3 is completed, the adult signatory must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement below)
I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sign here: _____ Print name: _____ Date: _____

Last four digits of Social Security Number: ☒ ☒ ☒ ☒ - _____ ☐ I do not have a Social Security Number

Address: _____ Phone Number: _____
City: _____ State: _____ Zip Code: _____

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for Free or Reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for Free or Reduced price meals, and for administration and enforcement of the Program.

Part 5. Participant's ethnic and racial identities (optional)

| Mark one ethnic identity: | Mark one or more racial identities: | |
|---|--|--|
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12
Household size: _____ Total Annual Income: _____ SNAP/TANF Household: _____
Determination for: Free Meals _____ Reduced-Price Meals _____ Paid Meals _____ # Foster Free _____ # Head/Even Start Free _____
Homeless Free _____
Determining Official's Signature: _____ Date: _____

For example only – Use the form on the CNP Web site.

CACFP MEAL BENEFIT INCOME ELITIBILITY FORM (Adult Care)

| | | | | | |
|---|--|---|--|-----------------|--------------------------|
| Part 1. Name of Adult Participant(s)- (First and Last; use additional sheets if necessary) | | | | | |
| | | | | | |
| Part 2. Benefits: If the participant or anyone in the household receives SNAP (food stamps) or SSI or Medicaid, provide a case number below. If these benefits are not received, skip to part 3. | | | | | |
| CASE NUMBER: _____ | | | | | |
| Part 3. Total Household Gross Income—You must tell us how much and how often | | | | | |
| B. Name – First and Last (List name of the participant's spouse and any dependent children) | B. Gross Income and how often it was received <i>For example \$200/week or \$150/twice a month</i> | | | | |
| | 1. Earnings from work before deductions | 2. Welfare, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. Other Income | 5. Check if no income |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| Part 4. Signature and Last Four Digits of Social Security Number (Adult member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below*) <i>I certify that all information on this form is true and that all information is for the use of the center only. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information and the form will be subject to audit. Misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</i> | | | | | |
| Sign here: _____ Date: _____ Last four digits of Social Security Number: ____-____-____-____ <input type="checkbox"/> I do not have a Social Security Number Address: _____ Phone Number: _____ City: _____ State: _____ Zip Code: _____ | | | | | |
| <p>*The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.</p> | | | | | |
| Part 5. Participant's ethnic and racial identities (optional) | | | | | |
| Mark one ethnic identity: | | Mark one or more racial identities: | | | |
| <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | | <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other | | | |
| Don't fill out this part. This is for official use only. | | | | | |
| Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12 | | | | | |
| Household size: _____ Total Annual Income: _____ SNAP/SSI/Medicaid Household: _____ | | | | | |
| Determination for: Free Meals _____ Reduced-Price Meals: _____ Paid Meals _____ | | | | | |
| Determining Official's Signature: _____ Date: _____ | | | | | |

Income Eligibility Form (IEF) – Side two

CHILD CARE FOOD PROGRAM 2012-2013 (Household Letter for Non-Pricing Programs in Child Care Centers)

To: The Household Member

From: The Official Representative of the Sponsor _____

(Name of Center or Organization) _____

Please help us to comply with the requirements of the USDA Child and Adult Care Food Program (CACFP). The information requested on this Income Eligibility Form (IEF) is necessary in order for us to receive reimbursement for meals served to participants in our center. The form will be placed in our files and will be treated as confidential information.

INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM

PART 1 - ENROLLED CHILDREN: Print names of all children in household who are enrolled in the center. List the date of birth for each child. If a child is enrolled in Head Start or Even Start, is a foster child or the legal responsibility of the Welfare Agency or a court, or the child is homeless, indicate by marking the appropriate box.

PART 2 - IF ANY MEMBER OF THE HOUSEHOLDS RECEIVES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP; formerly known as FOOD STAMPS) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):

1. List the name of the person receiving benefits.
2. List that person's current SNAP or TANF case number.
3. Sign the form in PART 4. An adult household member must sign. **SKIP PART 3**

PART 3 - HOUSEHOLD INCOME

1. List the names of all household members not listed in part one. Include yourself, children not in the center, your spouse, grandparents, and other related and unrelated people in your household. Use a separate sheet of paper if you need more space.
2. Write the amount of income each person now receives on the same line as their name. Indicate how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from. If the amount is not the same every month, indicate how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from. If the amount is more or less than usual, write that person's usual income. If any of the household members receive no income, check the box in the last column.

3. Complete PART 4.

The participant in the day care facility may qualify for Free or Reduced-Price meals if your household income falls within the limits on this chart.

The amounts shown below are for **FREE and REDUCED-PRICE MEALS**.

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

1. An adult household member must sign on the line.
2. The form must have the last four digits of the social security number of the adult who signs **if part 3 was completed**. If the adult does not have a social security number, check the box indicating this. If all children in a family are foster children, a social security number is not required.

PART 5 - ETHNIC AND RACIAL IDENTITY: This information is requested solely for the purpose of determining compliance with Federal civil rights laws and will not affect your approval. If you do not mark this, a visual identification will be made and recorded.

Confidentiality: The information on the application is used only to determine eligibility for Free or Reduced-Price meals and to verify eligibility.

The information reported on this form is valid for one year. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

USDA Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov

"This institution is an equal opportunity provider".

Part 1 – Enrolled Participants

| Part 1. Enrolled Children: list names of all enrolled children | | | | |
|---|--------------------------|-----------------------------------|-----------------------------|-------------------------------|
| Names of all enrolled children: Use additional pages if necessary (First and Last) | BIRTH DATE MM/DD/YYYY | CHECK IF IN HEAD/EVEN START | CHECK IF FOSTER CHILD | CHECK IF HOMELESS CHILD |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | / / | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| |
|--|
| Part 1. Name of Adult Participant(s) (First and Last; use additional sheets if necessary) |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| Part 2. Benefits: If the participant or anyone in the household receives SNAP (food stamps) or SSI or Medicaid, provide a case number below. If these benefits are not received, skip to part 3. |
| CASE NUMBER: _____ |
| Part 3. Total Household Gross Income—You must tell us how much and how often |

List the first and last name of each participant enrolled at the center. Nicknames, abbreviations, initials, etc. are not acceptable. Although you may know the child, an auditor will not know that “J.C. Jones” is the same person as “James Jones.” Nicknames, etc., should be listed in parentheses after the participant’s name.

As many as six children (two adults) per household may be listed on one form. If the household has more than six children, you may attach additional pages.

List the birthdate of each child in the allotted space. It is acceptable for the sponsor to print the names of the enrolled children and birthdates on each form before the form is distributed. The birth date should include the month, day and year. A common error is for the parent to list the wrong year. The birthdate is not required for adults.

If the child participates in Head Start or Even Start, indicate this in the space provided.

Head and Even Start Participants Enrolled in the Child Care Center - Children that attend a Head or Even Start program are categorically free. That is, they are eligible for Free meals, yet there must be proof of their eligibility. The sponsor should secure a statement of eligibility from the Head Start/Even Start agency or the parent. Although an IEF is not required, it is recommended that an IEF is maintained with the proof of eligibility.

If the household includes both Head Start /Even Start and non-Head Start /Even Start children, the parent should mark the box in Part 1 next to the name of the Head/Even Start participants. The statement of Head Start /Even Start eligibility from the local Agency must be attached to the IEF. The Head Start /Even Start children are eligible for free meals regardless of the determination of the other children in the household.

Income Eligibility Form (IEF) – Step by Step

Foster Children – A foster child is defined as a child whose care and placement is the responsibility of the State or who is placed by a court with a caretaker household. Foster Children are categorically eligible for Free meals. If one or all of the children in a family meet the definition of a foster child, indicate this in Part 1.

Homeless Children – An IEF must be completed for homeless children in care at the center. If an IEF is not submitted by the household or it is not anticipated that an application will be submitted for a homeless child, it is acceptable for the director of the homeless shelter at which the child resides to complete and submit an application for the child. In addition, center personnel may complete an IEF for a child and approve the child for Free meals based solely on their knowledge that the child's address is a homeless shelter or that the child has no known address and is indeed homeless. Indicate that the child is homeless in Part 1.

Part 2 – Benefit Information

There are several types of assistance that result in categorical eligibility for Free meals. These are the Supplemental Nutrition Assistance Program (SNAP), the Temporary Assistance for Needy Families (TANF) for children and SNAP, SSI, and Medicaid for adult participants. If the participant is eligible for any of these benefits, list the participant's name and case number in Part 2. Skip Part 3.

Part 2. Benefits: If any member of your household received SNAP (food stamps) or TANF cash assistance, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ CASE NUMBER: _____

Part 3 – Total Household Gross Income

Households that did not complete Part 2 **must** complete part 3. The income reported must be "current income" or the income received by the entire household during the month prior to the submission of the IEF. If this income is more or less than usual, the household may use that person's usual monthly income. If monthly income fluctuates, the household may project their annual income. In addition, the household must list the frequency of the income or how often they are paid. Total all income and use the current income guidelines to determine the participant's eligibility. The current guidelines are issued annually and may differ from the guidelines listed on the form. The total number of persons in the household must equal the number of names listed on the IEF in Parts 1 and 3.

This section should **not** be completed:

- If properly documented Head/Even Start participants are the only children in the household,
- If Foster or Homeless children are the only children in the household,
- If Part 2 is completed.

| Part 3. Total Household Gross Income—You must tell us how much and how often | | | | | |
|--|--|------------------------------------|--|-----------------|--------------------------|
| A. Name – First and Last (List only household members not listed in Part 1) | B. Gross Income and how often it was received For example \$200/week or \$150/twice a month | | | | |
| | 1. Earnings from work before deductions | 2. Welfare, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. Other Income | 5. Check if no income |
| | | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |
| | \$ ____/____ | \$ ____/____ | \$ ____/____ | \$ ____/____ | <input type="checkbox"/> |

All household members, excluding the children listed in Part 1, must be listed with gross income (before taxes) reported. For the adult participant, the gross income includes the income of the spouse and any dependent children. Income and frequency must be listed. Hourly wages are not acceptable. If a household member does not receive any income, check the box in column 5.

Part 4 – Signature and Social Security Number

An adult household member or the adult participant must sign and date the IEF. The last four digits of the Social Security number are required if Part 3 is completed. If the parent or adult participant does not have a Social Security number, he may indicate that by marking the appropriate box. All other information is optional.

For childcare centers, if the child is homeless, the form may be signed by a parent, the director of the homeless shelter where the child lives, or the director of the day care center. If the child is a Foster child, the form may be signed by the foster parent or a case worker.

For adult centers, if the adult is handicapped, a case worker or other comparable authorized personnel may sign the IEF for the participant.

| | |
|---|-------------------------------|
| Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) - An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement below*) <i>I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</i> | |
| Sign here: _____ | Print name: _____ Date: _____ |
| Last four digits of Social Security Number: * * * - * * - _____ <input type="checkbox"/> I do not have a Social Security Number | |
| Address: _____ | Phone Number: _____ |
| City: _____ | State: _____ Zip Code: _____ |

Part 5 –Ethnic and Racial Identities

Households are asked to check the ethnic and racial identity of the participants listed in Part 1. If the household leaves it blank, the center must make the indication by visual identification. Both ethnicity and race must be marked.

| Part 5. Participant's ethnic and racial identities (optional) | | |
|---|--|--|
| Mark one ethnic identity: | Mark one or more racial identities: | |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Other |

For Official Use Only

The eligibility status of every IEF returned to the center must be determined by center personnel. Determination is the process of identifying the eligibility of the participant, signing the determination, and dating the form. The section "For Official Use Only" **must** be completed by the sponsor for every IEF returned to the center. Any IEF that is not determined is considered incomplete and the participant's meals must be claimed as "Paid." You may fill in any information that does not affect eligibility. In other words, you may list the name and birthdates of the children, family member names, addresses, and telephone numbers. You may not complete income information, benefit numbers or sign and date the form for the parent (except in the case of Homeless children).

If a parent submits an incomplete IEF and you secure the missing information over the telephone, you may complete the form. You will need to initial and date the parts completed by you and indicate "by phone".

Conversions to Annual Income

The IEF requests that monthly income be reported; however, different frequencies may be reported by the household. In all cases, the frequency of payment must be listed. All income must be converted to annual income in order to determine eligibility. Weekly income is multiplied by 52; every two weeks is multiplied by 26; twice a month is multiplied by 24, and monthly income is multiplied by 12. Hourly wages are not acceptable. If an hourly wage is provided, contact the household to determine the usual hours worked to convert it to a weekly or monthly rate, and then an annual income.

Sign and Date the IEF

Review the information provided by the household for completeness. Mistakes on IEFs will result in an over claim. That is, money will have to be repaid back to the State of Alabama. Once complete, the person that makes the eligibility determination must sign and date the IEF. The determination date must be the same or later than the date the application was signed and submitted by the adult household member.

You may claim meals at the approved rate any time during the month in which the IEF was determined, the participant was enrolled, and the participant received a creditable meal. This is known as the effective date of the IEF. Meals may not be claimed in the Free or Reduced-Price categories before the effective date of the IEF.

Examples of effective dates:

A participant enrolls and is in attendance on June 15th and the IEF is signed and returned on July 2nd. The participant is eligible at the Paid rate in June since an approved IEF was not returned, signed, or determined by the center in June. The participant is eligible for the determined rate in July.

A participant enrolls and is in attendance on June 15th, the IEF is signed and returned on June 29th, and the IEF is determined on June 29th. The participant is eligible at the determined rate on June 15th.

IEFs are valid for one year and must be re-determined on an annual basis.

IEFs must be maintained on file for four years for all participants for whom meals were claimed at the Free or Reduced-Price rate.

Information on an IEF is valid for one calendar year (a household will remain eligible for those benefits for a period not to exceed 12 months) from the determination date.

As new participants enroll, IEFs should be part of the enrollment package. Once properly approved for Free or Reduced-Price benefits, a household remains eligible for those benefits for the period of the IEF. If however, a household member becomes unemployed or has a decrease in income, a new form may be completed enabling the household to receive Free or Reduced-Price benefits.

FAMILY INCOME EVALUATION FORM Policy/Procedure (new June 2017)

- Will be part of the potential sponsor application packet.
- Will be bulked emailed to all current CNP sponsors annually.
- Will be posted yearly new on the website under Existing Sponsor tab.

Family Income limits change each July 1 and are effective that date.

Organization and Storage of IEFs

For best results, organize and file your IEFs as follows:

1. Print the IEFs on a different color paper each fiscal year. (For example, print the forms on pink paper one year and yellow the next.) This enables you to easily tell one year's forms from another's.
2. The IEF must be printed with the form on one side and the Household Instructions on the other. The name of the center and the Official Representative should be added to the Household Instruction side, prior to printing
3. Keep IEFs in 12 monthly folders in a three ring binder.
4. Keep IEFs in alphabetical order by annual determination date.
5. Do not discard any IEF received.
6. Do not file the IEF with the participant's other records.
7. IEFs must be kept for four years.
8. If a parent does not complete an IEF but you have documentation of Head/Even Start eligibility, attach the documentation to an IEF. List the name of the child and birth date and determine as "Free."

Security

A very limited number of persons should have access to the IEFs so that households feel secure in providing you with such sensitive information. Only one or two persons in a center should determine the forms. In addition, the notebook with the IEFs must be stored in a locked cabinet.

Ideas for Getting Parents or Participants to Return IEFs

The difference in reimbursement for a participant in the Free category and the Paid category is usually several dollars a day. The following are some suggestions that may help in getting a complete IEF from each parent or participant:

- For participants continuing from one annual date to another, complete or highlight parts of the IEF prior to giving it to the parent:
 - Complete the following parts:
 - Part 1 – Complete the name and birth date of each enrolled child.
 - Part 4 – List the telephone numbers and address of the parent.
 - Highlight the following parts and ask the parent or participant to complete these sections:
 - Part 2 or 3 based on the previous year's IEF. Do not complete these parts for the parent or participant.
 - Parent/Participant signature line.
 - Date of signature.
- Have the IEF completed at the center. Put the form on a clipboard and have the parent or adult participant complete the form while at the center.
- Inform the parents or adult participant that the information is used to provide you with financial assistance in serving nutritious meals and help prevent you from raising tuition rates.
- Assure the households that the information will be used only for determining reimbursement rates and will be kept strictly confidential.

Income Eligibility Summary

Categorical Eligibility for Free Meals (based on information in Part 2)

A complete IEF for households WITH CASE NUMBERS must include:

- Participant's name (first and last)
- Birthdate for children
- Name of person receiving benefits and Case number, as needed
- Signature and date signed by an adult household member or adult participant
- Eligibility determined, signed, and dated by sponsor

Household Income Eligibility (based on information in Part 3)

A complete IEF for households determined by income information includes:

- Participant's name (first and last)
- Birthdate
- List of all household members and current income by source and frequency
- Signature and date signed by an adult household member or adult participant
- Last four digits of Social Security Number
- Eligibility determined, signed, and dated by sponsor

Foster Child Eligibility

A complete IEF for a foster child includes:

- Child's name (first and last)
- Birthdate
- Signature and date signed by an adult household member or social worker
- Eligibility determined, signed, and dated by sponsor

Head Start or Even Start Eligibility

If there are several children in the family with one or more children participating in Head/Even Start, a complete IEF must include:

- Children's names (first and last)
- Birthdates
- Indicate Head/Even Start participation in Part 1
- Sections 2 or 3 completed for household
- Signature and date signed by an adult household member. If Part 3 is completed for the household, the last four digits of the Social Security number is required
- Supporting documentation from the Head/Even Start Agency listing the participating child's name attached to the IEF

If all children participate in Head/Even Start, an IEF is not required if proper documentation of eligibility is secured.

CACFP Enrollment and Participation

Required Form - Enrollment Forms

An enrollment form must be on file for every enrolled participant for whom a meal is claimed. This may be done on a form, enrollment sheet, index card, or other method, as long as the required items are included. If the center is licensed through the Department of Human Resources, the DHR enrollment form is acceptable. **The form must be updated annually. It is acceptable, however, to allow the parent or guardian to review, initial, and date the form annually.**

The following information must be included on any enrollment form that you use:

1. Participant's full name.
2. Participant's date of birth. (Children only)
3. Signature of parent, adult participant, or guardian.
4. Date care began.
5. Usual days and times of attendance.
6. Normal meals received.

Enrollment Forms Must be Updated Annually!

It is extremely important to understand the difference between CACFP enrollment and participation.

Child Care Enrollment

Federal regulations (CFR 226.2) define children as:

- (a) A person 12 years of age and under, (b) children of migrant workers 15 years of age and under and (c) persons with mental or physical handicaps, as defined by the State, enrolled in an institution or a child care facility serving the majority of persons 18 years of age and under.

Therefore, a CACFP enrolled child is any child that meets the definition of a child and is both properly enrolled in the center and receives care during the month. The CACFP allows claiming of only enrolled children.

A CACFP enrolled child is:

- A child 12 years or under (not had their 13th birthday); or
 - A child of migrant workers age 15 years of age or under (not had their 16th birthday); or
 - A child with mental or physical handicaps at any age if the majority of the enrollees are 18 or under (not had their 19th birthday),
- AND**
- A child that is properly enrolled in the center and
 - A child that is in attendance sometime during the month. (Children that are not in attendance for an entire month are not CACFP enrolled children.)

A CACFP enrolled child may be:

- A full-time participant,
- A part-time child,
- A drop-in child,
- A child that only receives care before or after school, or
- A child that does not receive any meals while in care.

Required Form: Adult Enrollment

The intent of this program is to assist centers and facilities in providing temporary relief to family members or other caregivers who would benefit from the assistance which adult day care services provide to older or disabled family and friends who reside with them. Individuals who reside in institutions are not eligible to receive program benefits.

Federal regulations (CFR 226.2) define adults as:

- a person enrolled in an adult day care center who is functionally impaired or 60 years of age or older.

Functionally Impaired adult is defined as:

Chronically impaired disable persons 18 years of age or older, including victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction, who are physically or mentally impaired to the extent that their capacity for independence and their ability to carry out activities or daily living is markedly limited. Activities or daily living include, but are not limited to, adaptive activities such as cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring appropriately for one's grooming or hygiene, using telephones and directories, or using a post office. Marked limitations refer to the severity of impairment, and not the number of limited activities, and occur when the degree of limitation is such as to seriously interfere with the ability to function independently.

Finally, adult day care center is defined as:

Any public or private nonprofit organization or any proprietary title XIX or title XX center which (a) is licensed or approved by Federal, State or local authorities to provide nonresidential adult day care services to functionally impaired adults or persons 60 years of age or older in a group setting outside their homes or a group living arrangement on a less than 24-hour basis and (b) provides for such care and services directly or under arrangements made by the agency or organization whereby the agency or organization maintains professional management responsibility for all such services. Such centers shall provide a structured, comprehensive program that provides a variety of health, social and related support services to enrolled adult participants through an individual plan of care.

Therefore, a CACFP enrolled adult is any adult that is either over 60 years of age or over 18 years of age and functionally impaired. In addition, the adult must be both properly enrolled in the center and receive care during the month. The CACFP allows claiming of only enrolled adults.

An enrolled adult may be:

- A full-time adult,
- A part-time adult,
- A drop-in adult,
- Adults residing in group homes for which they are primarily responsible for their own care and who maintain a presence in the community.

Adults residing in residential institutions or group homes where they are not responsible for their own care are not eligible to participate in the program.

CACFP Participation

CACFP participation simply means that an enrolled participant, whether child or adult, was served a meal. It does not mean that he ate, only that he was served a reimbursable meal on the day of attendance.

Required Form: Required Daily Record

For example only – Use the forms. Forms can be download from the CNP website under the existing sponsor tab.

Name of Center:

Teacher:

Age Group:

REQUIRED DAILY RECORD

Alabama State Department of Education

Child and Adult Care Food Program

For present enter **X**, for present but not receiving a meal enter **Z**, for absent enter **A**, for holiday enter **H**, for weekend enter *****

Enrollment 101=0 102=0 103=0 Participation 101=0 102=0 103=0

Monthly/Year:

Days Operating

| Name (last name, first name) | Eligibility Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | X | A | (X) | H | * | | | |
|---|----------------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|---|---|-----|---|---|---|--|--|
| 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 0 | 0 | 0 | 0 | 0 | | |
| TOTAL Present X | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | |
| TOTAL Absent A | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | | | | | |
| TOTAL Present but not receiving a meal Z | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | | | | |
| TOTAL Holiday H | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | | | |
| TOTAL Weekend * | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | 0 | | |
| TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

The Required Daily Record

The Required Daily Record is a monthly record used to report attendance, CACFP enrollment, and CACFP participation. **A center in which any participant may receive more than three or more meals a day must use the Daily Attendance Record instead of this form.**

Required Daily Record – Step by Step

| | | |
|---|--|--|
| Name of Center: <input style="width: 100%;" type="text"/> Teacher: <input style="width: 100%;" type="text"/> Age Group: <input style="width: 100%;" type="text"/> | REQUIRED DAILY RECORD Alabama State Department of Education Child and Adult Care Food Program | Month/Year: <input style="width: 100%;" type="text"/> Days Operating: <input style="width: 100%;" type="text"/> |
|---|--|--|

Step 1 – Complete Header Information

All information at the top of the page must be completed as follows:

- Name of Center – complete.
- Teacher – If kept by classroom, list the name of the teacher. If one record is kept for the entire center, leave blank.
- Age Group – If kept by classroom, list the age range (i.e., 18 months to 3 years). If one record is kept for the entire center, leave blank. This is not applicable to adult centers.
- Month/Year – Complete with both the month and year.
- Days Operating – List the number of days the center was operating and claiming meals in the CACFP.

Step 2 – Enter Names of All Enrolled Participants and Their Eligibility

If you have not already done so, alphabetize all IEFs for the fiscal year. Enter the names of all CACFP enrolled participants, last name first. Remember: a participant that does not meet the requirements of an enrolled child or adult is not enrolled. (For example, a 14 year old attending the center, unless it is the child of a migrant farm worker or the child is disabled, is not considered a CACFP enrolled child.)

| Name (last name, first name) | | Eligibility Category | 1 |
|------------------------------|-------------|----------------------|---|
| 1 | Adams, Sam | 103 | |
| 2 | Bell, Kathy | 101 | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

The information provided on the IEFs must be kept confidential including the participant's eligibility. To maintain confidentiality, list the eligibility of each participant using the following codes:

101 = Free
102 = Reduced-Price
103 = Paid

Required Daily Record

Step 3 – Indicate all Holidays and Weekends

Indicate all holidays and weekends. If you are entering the information by hand, simply draw down the column with a dark marker to remove all holidays and weekends.

| Name (last name, first name) | | Eligibility Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
|------------------------------|-------------------|----------------------|---|---|---|---|---|---|---|---|---|----|----|
| 1 | Adams, Sam | 103 | | | | | | | | | | | |
| 2 | Bell, Kathy | 101 | | | | | | | | | | | |
| 3 | Hammonds, Katrina | 103 | | | | | | | | | | | |
| 4 | Smith, Sara | 102 | | | | | | | | | | | |

If, however, you are creating the form on the computer, use the following symbols:

H – Holidays * - Weekends

| Name (last name, first name) | | Eligibility Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|------------------------------|-------------------|----------------------|---|---|---|---|---|---|---|---|---|----|----|----|
| 1 | Adams, Sam | 103 | * | * | | | | | | * | * | H | | |
| 2 | Bell, Kathy | 101 | * | * | | | | | | * | * | H | | |
| 3 | Hammonds, Katrina | 103 | * | * | | | | | | * | * | H | | |
| 4 | Smith, Sara | 102 | * | * | | | | | | * | * | H | | |

In both cases it is easy to determine that meals were not served on these days.

Step 4 – Mark Participation and Attendance

Each day the form must be marked to indicate if the participant was in attendance and if they received at least one meal. The following codes should be used:

X = present and received a meal

Z or ⊗ = present but not served a meal

a = absent

| Name (last name, first name) | | Eligibility Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|------------------------------|-------------------|----------------------|---|---|---|---|---|---|---|---|---|
| 1 | Adams, Sue | 103 | | | X | X | X | X | X | | |
| 2 | Bell, Kathy | 101 | | | X | Z | a | a | a | | |
| 3 | Hammonds, Katrina | 103 | | | a | a | a | a | a | | |
| 4 | Smith, Sara | 102 | | | X | X | X | X | X | | |

Required Daily Record

Step 5 – Determine CACFP Enrollment

Once all attendance information is entered, a computer generated form will total the summary information required for the monthly Site Data Sheet. If you are doing it by hand, you will need to calculate CACFP enrollment:

1. Review the Required Daily Record to identify any participants that were absent all month (i.e., "a" in every box).
2. Draw a line with a highlighter across the name of the participant to the totals column. Do not cross out or mark through so that the information is unreadable.
3. Skipping the highlighted line, count the number of 101s, 102s and 103s. List in the CACFP enrollment spaces at the top of the page or on another place on the page.

| Name (last name, first name) | Eligibility Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | X | A | (X) | H | * |
|------------------------------|----------------------|---|---|---|---|---|---|---|---|---|---|---|-----|---|---|
| 1 Adams, Sue | 103 | | | X | X | X | X | X | | | 5 | 0 | 0 | 0 | 0 |
| 2 Bell, Kathy | 101 | | | X | Z | a | a | a | | | 1 | 3 | 1 | 0 | 0 |
| 3 Hammonds, Katrina | 103 | | | a | a | a | a | a | | | 0 | 5 | 0 | 0 | 0 |
| 4 Smith, Sara | 102 | | | X | X | X | X | X | | | 5 | 0 | 0 | 0 | 0 |

Step 6 – Determine CACFP Participation

CACFP Participation is a count of the participants that received a meal during the month. To determine:

1. Identify any participants that were present during the month but not served a meal.
2. Draw a line with a different color highlighter across the name of these participants. Do not cross out or mark through so that the information is unreadable.
3. Skipping highlighted lines of any color, count the number of 101s, 102s and 103s. List the totals in the participation spaces at the top of the page or on another place on the page.

| Name (last name, first name) | Eligibility Category | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|------------------------------|----------------------|---|---|---|---|---|---|---|
| 1 Adams, Sue | 103 | X | X | X | X | X | | |
| 2 Camden, Carlos | 101 | a | a | a | a | a | | |
| 3 Jones, James | 101 | a | X | X | X | X | | |
| 4 McDonald, Raymond | 102 | X | X | a | X | X | | |
| 5 Newton, Savannah | 101 | Z | a | a | a | a | | |

Required Form: The Daily Record of Attendance

For example only – Use these forms if you're serving more than three meals. Forms are located and be downloaded from the CNP web site.

STATE DEPARTMENT OF EDUCATION
CHILD NUTRITION PROGRAMS
MONTGOMERY, ALABAMA 36130-2101
Form CACFP-M3 (8/08)

DAILY RECORD OF ATTENDANCE AND MEAL PARTICIPATION IN CHILD AND ADULT CARE FOOD PROGRAM

Name of Center _____ Name of Caregiver/Room _____ 20 ____ Year ____ Page ____ of ____

Date: _____

| Name | 1st Week | | | | | | | 2nd Week | | | | | | | 3rd Week | | | | | | | 4th Week | | | | | | | 5th Week | | | | | | | Individual Totals | | | | | | | | | | | | | |
|-------------------|----------|---|---|---|---|---|---|----------|---|---|---|---|---|---|----------|---|---|---|---|---|---|----------|---|---|---|---|---|---|----------|---|---|---|---|---|---|-------------------|----|----|----|----|----|--|--|--|--|--|--|--|--|
| | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | AT | BK | LU | SN | SU | SN | | | | | | | | |
| Name _____ | AT | | | | | | | AT | | | | | | | AT | | | | | | | AT | | | | | | | AT | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | BK | | | | | | | BK | | | | | | | BK | | | | | | | BK | | | | | | | BK | | | | | | | | | | | | | | | | | | | | |
| Name _____ | LU | | | | | | | LU | | | | | | | LU | | | | | | | LU | | | | | | | LU | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | | | | | | | | | | | | | | |
| Name _____ | SU | | | | | | | SU | | | | | | | SU | | | | | | | SU | | | | | | | SU | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | | | | | | | | | | | | | | |
| Name _____ | AT | | | | | | | AT | | | | | | | AT | | | | | | | AT | | | | | | | AT | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | BK | | | | | | | BK | | | | | | | BK | | | | | | | BK | | | | | | | BK | | | | | | | | | | | | | | | | | | | | |
| Name _____ | LU | | | | | | | LU | | | | | | | LU | | | | | | | LU | | | | | | | LU | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | | | | | | | | | | | | | | |
| Name _____ | SU | | | | | | | SU | | | | | | | SU | | | | | | | SU | | | | | | | SU | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | | | | | | | | | | | | | | |
| Name _____ | AT | | | | | | | AT | | | | | | | AT | | | | | | | AT | | | | | | | AT | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | BK | | | | | | | BK | | | | | | | BK | | | | | | | BK | | | | | | | BK | | | | | | | | | | | | | | | | | | | | |
| Name _____ | LU | | | | | | | LU | | | | | | | LU | | | | | | | LU | | | | | | | LU | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | | | | | | | | | | | | | | |
| Name _____ | SU | | | | | | | SU | | | | | | | SU | | | | | | | SU | | | | | | | SU | | | | | | | | | | | | | | | | | | | | |
| Code or ID: _____ | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | SN | | | | | | | | | | | | | | | | | | | | |

Totals for this Page: BK LU SN SU SN

Required Form: The Daily Record of Attendance

A maximum of two meals and one snack or two snacks and one meal per participant per day may be claimed for reimbursement regardless of the length of time a participant is in attendance. The Daily Record of Attendance is a required monthly record of attendance and participation in the Program where **a participant may receive four or more meals a day.**

For example:

The form is required if:

1. A center serves Breakfast, AM Snack, Lunch, and PM Snack. Most participants in the center receive all meals served.
2. A center serves Breakfast, Lunch, PM Snack, and Supper (or a late afternoon snack). Most participants in the center stay for Supper.

This record is required for centers in which a participant may receive more than three meals a day. It is used to collect “who ate, what meal, and what time.” Attendance and meal participation must be marked by hand and at the point of meal service using pencil or pen. Corrections are made using correction fluid, erasers, or mark-overs. Correction fluid and erasers must be used sparingly.

Marked at the Point of Each Meal Service

For best results, we recommend that the forms be organized by classroom and that teachers be trained to mark the forms. While other methods may be used, we find this method the most practical.

Daily Record of Attendance Step by Step

Step 1 – Center Information

The following must be completed at the top of the form:

- Name of center
- Name of the teacher or classroom
- Month and year
- Page ____ of ____ (write the page number in the first blank and the total number of pages for this teacher or classroom in the second blank)

| DAILY RECORD OF ATTENDANCE AND MEAL PARTICIPATION IN CHILD AND ADULT CARE FOOD PROGRAM | | | | | | | | | |
|--|------------------------|-------|-------|-------------|--|--|--|--|--|
| Hokey's Hideaway | Pre-school class | June | 20 50 | Page 1 of 3 | | | | | |
| Name of Center | Name of Caregiver/Room | Month | Year | | | | | | |

Step 2 – Dates

The correct date for each operating day during the month must be indicated. Include only the days of one month on the form. The dates for Saturday and Sunday must be skipped. (If you operate on Saturdays or Sundays, see the “Special Circumstances” section.)

| | | 1st Week | | | | | 2nd Week | | | | | 3rd Week | | | | | 4th Week | | | | | 5th Week | | | | | |
|-------|--|----------|---|---|---|---|----------|---|----|----|----|----------|----|----|----|---|----------|----|----|----|----|----------|----|----|---|---|---|
| Date: | | 1 | 2 | 3 | 4 | 7 | 8 | 9 | 10 | 11 | 14 | 15 | 16 | 17 | 18 | | 21 | 22 | 23 | 24 | 25 | 28 | 29 | 30 | | | |
| | | M | T | W | T | F | M | T | W | T | F | M | T | W | T | F | | M | T | W | T | F | M | T | W | T | F |

Daily Record of Attendance Step by Step

Step 3 – Names of Enrolled Participants

Write the full name (first and last) of one participant on the name line. Use as many pages as necessary to list all participants for whom a teacher is responsible. List the name exactly as it appears on the IEF. The names may be listed in any order, but alphabetical order is the most practical. If you care for a participant that never participates in a meal, you do not need to list his name on the Daily Record of Attendance.

| | | |
|-----------------|----|---|
| Date: _____ | | M |
| Name _____ | AT | |
| Code or ID: 101 | BK | |
| | LU | |
| | SN | |
| | SU | |
| | SN | |

Step 4 – Code or ID

The information provided on the IEF is confidential. Since you must indicate each participant's eligibility on this form, a code is used. The code must match the category determined on the IEF. The following codes are recommended:

| | | |
|-------------------|----|---|
| Date: _____ | | M |
| Name _____ | AT | |
| Code or ID: 101 | BK | |
| | LU | |
| | SN | |
| | SU | |
| | SN | |
| Name _____ | AT | |
| Code or ID: _____ | BK | |
| | LU | |
| | SN | |

101 = Free

102 = Reduced

103 = Paid

Step 5 – Mark Attendance and Participation at Each Meal

Meals must be marked at the point of meal service (that is, when the meal is being served or the participants are eating). Attendance may be marked at any point in the day when you know the participant will or will not be present for care.

Meals are identified as:

BK = Breakfast

LU = Lunch

SN = Snack

SU = Supper

Meals and attendance are marked as follows:

X = present - served a meal or in attendance

a = absent - not served a meal or in attendance

⊗ = present but not served a meal (in this context, the symbol means you will not count or claim this meal)

For each meal served, an "X" must be listed in the proper space. If the participant is not present for a meal, place an "a" (not a capital "A") in the proper space.

| | | 1st Week | | | | | 2nd Week | | | | | |
|-------------------|----|----------|---|---|---|---|----------|---|---|---|---|---|
| Date: _____ | | M | T | W | T | F | M | T | W | T | F | S |
| Name Rebecca Wood | AT | | | | | | | | | | | |
| | BK | X | X | X | X | X | a | X | X | X | X | |
| Code or ID: 102 | LU | X | X | a | X | X | a | X | X | X | X | |
| | SN | X | X | X | X | X | a | X | X | X | X | |
| | SU | X | X | X | X | X | a | X | X | X | X | |
| | SN | | | | | | | | | | | |
| Name Rosa Dawson | AT | | | | | | | | | | | |
| | BK | X | X | X | X | X | | | | | | |
| Code or ID: 101 | LU | X | X | X | X | ⊗ | | | | | | |
| | SN | X | X | X | X | ⊗ | | | | | | |

Step 6 – Total Meals to be claimed

Not all meals served may be claimed for reimbursement. Before totaling the number of meals claimed, eliminate any non-reimbursable meals by circling the “X” mark. Meals that may not be claimed include:

- Meals served to a participant that is not enrolled for care in the center.
- Meals served in excess of two meals and one snack or two snacks and one meal per participant per day except in Homeless shelters.
- Meal types that are not approved by the SDE as part of the sponsor’s online application.
- Meals that do not meet the meal pattern requirements of the Program.
- Meals in which more than one required food component is donated, except for infants.
- Meals served outside of the approved meal service times (except for infants). Meal times are indicated on your online application.
- Meals served in excess of license capacity, unless approved for “shifts” (see below).

Shifts – Meals in excess of licensed capacity may not be claimed unless shifts occur during the meal service time. Shifts are discussed, with examples, under *Monthly Meal Count Record*.

Step 7 – Total Meals Claimed

The total meals claimed are determined by counting each “X” on each meal line. Do not total the attendance row. Meals that are marked with the (X) symbol are not counted.

| | M | T | W | T | F | M | T | W | T | F | AT | BK | LU | SN |
|----|---|---|---|---|---|---|---|---|---|---|----|----|----|----|
| AT | | | | | | | | | | | | | | |
| BK | | | | | | | | | | | | | | |
| LU | | | | | | | | | | | | | | |
| SN | | | | | | | | | | | | | | |

Step 8 – Determine CACFP Enrollment

This form will be used to report enrollment on the monthly Claim for Reimbursement or Site Data Sheet. Determine enrollment as follows:

1. Review the Attendance Record to identify any participants that were absent all month (i.e., “a” in every box).
2. Draw a line with a highlighter across the name of the participant and the eligibility code. Do not cross out or mark through so that the information is unreadable.

In this example, Katrina Davis was not present all month so she was not a CACFP enrolled participant.

3. Skipping the highlighted line, count the number of 101s, 102s and 103s. At the bottom of the page, list the CACFP enrollment for each category.

Name Mary Smith

Code or ID: 102

Name Katrina Davis

Code or ID: 103

Name Daniel Winfree

Code or ID: 101

| | M | T | W | T | F | M |
|-----|-----|---|---|---|---|---|
| AT | | | | | | |
| BK | X | X | X | X | X | |
| LU | X | X | X | X | X | |
| SN | X | X | X | X | X | |
| SU | X | X | X | X | X | |
| SN | | | | | | |
| AT | | | | | | |
| BK | a | a | a | a | a | |
| LU | a | a | a | a | a | |
| SN | a | a | a | a | a | |
| SU | a | a | a | a | a | |
| SN | | | | | | |
| AT | | | | | | |
| BK | X | a | a | a | a | |
| LU | (X) | a | a | a | a | |
| SN | a | a | a | a | a | |
| STU | | | | | | |

Step 9 – Determine CACFP Participation

CACFP Participation is a count of the participants that received a meal during the month. To determine:

1. Identify any participants that were present during the month but were not served a meal.
2. Draw a line with a different color highlighter across the name and eligibility code of these participants. Do not cross out or mark through so the information is unreadable.
3. Skipping highlighted lines of any color, count the number of 101s, 102s and 103s. At the bottom of the page list the total participation for the page.

Name Mary Smith

Code or ID: 102

Name Katrina Davis

Code or ID: 103

Name Daniel Winfree

Code or ID: 101

| | M | T | W | T | F | S |
|----|-----|---|---|---|---|---|
| AT | X | X | X | X | X | |
| BK | X | X | X | X | X | |
| LU | X | X | X | X | X | |
| SN | X | X | X | X | X | |
| SU | | | | | | |
| SN | | | | | | |
| AT | a | a | a | a | a | |
| BK | a | a | a | a | a | |
| LU | a | a | a | a | a | |
| SN | a | a | a | a | a | |
| SU | | | | | | |
| SN | | | | | | |
| AT | X | a | a | a | a | |
| BK | (X) | a | a | a | a | |
| LU | a | a | a | a | a | |
| SN | a | a | a | a | a | |
| SU | | | | | | |

Special Circumstances

Transfers – If a participant transfers from one classroom to another in the middle of a month:

1. Write “transfer” on both attendance sheets.
2. Circle the participant’s name and eligibility code on one sheet. The circle is an indication not to count the participant’s eligibility code on that sheet.
3. At the end of the month, count meals served on both sheets checking for any meal served on the same days in both classrooms.

Ms. Sally’s Classroom

| | | | | | | |
|---------------------------|----|---|---|----------|--|--|
| Name <u>Marla Jenkins</u> | AT | | | | | |
| Code or ID: <u>101</u> | BK | X | X | transfer | | |
| | LU | X | X | | | |
| | SN | X | X | | | |
| | SU | X | X | | | |
| | SN | | | | | |

Ms. Mary’s Classroom

| | | | | | | |
|---------------------------|----|----------|---|---|--|--|
| Name <u>Marla Jenkins</u> | AT | | | | | |
| Code or ID: <u>101</u> | BK | transfer | X | X | | |
| | LU | | X | X | | |
| | SN | | X | X | | |
| | SU | | X | X | | |
| | SN | | | | | |

Holidays and Other Center Closings

When the center is not open on a holiday write the word “holiday” or “closed” or draw a line down the column on that day. This will help your teachers avoid marking a participant present on a closed day.

| | | | | | | | | |
|---------------------------|----|---|---|---|---|---|---|---|
| Name <u>Marla Jenkins</u> | M | T | W | T | F | M | T | W |
| Code or ID: <u>101</u> | AT | X | X | X | X | | X | |
| | BK | X | X | X | X | | X | |
| | LU | X | X | a | X | | X | |
| | SN | a | X | a | a | | X | |
| | SU | | | | | | | |
| | SN | | | | | | | |

When a Participant is Not in Attendance or Does Not Receive a Meal All

| Date: | | M | T | W |
|-------------------|----|---|---|---|
| Name _____ | AT | a | a | |
| Code or ID: _____ | BK | a | a | |
| | LU | a | a | |
| | SN | a | a | |
| | ST | | | |

Month – The Daily Record of Attendance is used to indicate participation in the Program. Participation means the participant received a meal. Any participant that does not receive a meal for the month must not be reported as participating in the program. Circle the name and eligibility code of any participant not participating during the month.

Michael Tan

When A Participant is Present but Does Not Receive a Meal or is Served a Meal Outside the Approved Meal Service Times

– Mark the participant present for the meal with an “X”. As the meal may not be claimed, circle the “X” to make this indication.

For example, Michael was present during lunch, but did not arrive for the meal until after the approved meal serving time. The meal is not eligible for reimbursement so the “X” is circled. If Michael is usually late for lunch, what should you do to be able to claim this meal?

| Date: | | M | T | W |
|-------------------|----|---|---|---|
| Name _____ | AT | | | |
| Code or ID: _____ | BK | X | X | |
| | LU | a | X | |
| | SN | X | X | |
| | ST | | | |

Center Closes Early Due to Weather or Another

Emergency – Under normal circumstances, you may not claim a meal served outside of the approved meal service times.

However, occasionally an emergency will arise in which the center closes early causing the PM snack service to be served early. In this case, to claim the meal the sponsor must document when the snack was served and why. Store the documentation with the monthly records. Failure to maintain such documentation will result in meals being disallowed.

A Center Serves More than Three Meals per Day – Regulations allow reimbursement for only three meals per participant, per day (i.e., two meals and a snack or two snacks and a meal)*. If a participant is served more than three meals per day:

1. Mark the participant present for all meals served.
2. At the end of the month, circle any meal in excess of three, being sure to include one snack.
3. Total all meals served excluding the circled meals.

| Date: | | M | T | W | T | F | S |
|-------------------|----|---|---|---|---|---|---|
| Name _____ | AT | | | | | | |
| Code or ID: _____ | BK | X | X | a | X | X | |
| | LU | X | X | a | X | a | |
| | SN | X | X | a | X | X | |
| | SU | X | X | a | X | X | |
| | ST | X | X | a | a | X | |

Participant Arrives for a Meal after Being Marked Absent – Correct the error by writing a heavy “X” over the absent mark or use correction fluid. The use of correction fluid must be limited and not used in excess. You must be able to determine the mark being used. If an auditor is unable to make the determination, she will assume the participant is absent and may disallow meals.

Centers that are Open Six or Seven Days a Week – The Daily Record of Attendance has spaces for only Monday thru Friday. Since the schedule, staff, and participants are often different on weekends, use a separate Attendance Sheet for these days. To do this:

1. Change Monday and Tuesday to Saturday and Sunday on the weekend sheet.
2. Mark all meals.
3. At the end of the month, compare the weekend with the weekday Daily Record of Attendance Sheets. If a child is listed on both sheets:
 - Circle the participant's name and code on the weekend sheet.
 - Count the participant's eligibility code only on the weekday sheet.
 - Count meals on both sheets.

Centers Claiming AM Snack – The Daily Record of Attendance does not have space for this meal. If you serve an AM snack, you must write “AM” next to the late snack as illustrated. This must be done on each sheet and each month. You may wish to write “AM” on the form prior to photocopying.

| | | | | | | | |
|-------------|------------|----|---|---|---|---|---|
| Date: | | | | | | | |
| | | M | T | W | T | F | S |
| Name | Mollie May | AT | | | | | |
| | | BK | | | | | |
| Code or ID: | 102 | LU | | | | | |
| | | SN | | | | | |
| | | SN | | | | | |
| | AM | SN | | | | | |
| | | SN | | | | | |

Daily Record of Attendance Summary

1. The participant's full name, first and last, must be listed on the form.
2. The participant's eligibility code must be listed on the form.
3. Meals must be marked at the point of meal service using the appropriate symbol. This means marking meal participation while the participants are being served or eating a meal. Do not complete the forms at the beginning or end of the day for the entire day.
4. Use a circle to indicate participants and meals that should not be counted:
 - a. Meals served in excess of three meals per day.
 - b. Meals served outside of the approved meal service times.
 - c. Names and codes of participants that are on two sheets (circle the name on one sheet so you only count it once).
 - d. Names and codes of participants that did not receive a meal all month.
5. If a participant is a Drop-in or the participant transfers from one classroom to another, this must be indicated on the form.

Remember – The Daily Record of Attendance is used to record meals in centers where a participant may receive four or more meals. It must be kept on all participants in the center, including infants!

Alabama Department of Education Child Nutrition Program Policy and Procedure for Sign-In and Sign-Out Sheets

Sign-in and sign-out sheets are required to document the times the participants are present in the daycare center. If you are not keeping these records for another agency, you must keep them for the CACFP. At minimum, the sheets must contain:

- Date (month, day, and year)
- Full name of participant
- Time of arrival and space for parent, guardian, or adult participant's signature
- Time of departure and space for parent, guardian, or adult participant's signature

The parent, guardian or adult participant's signature must be the full name. Initials are not acceptable.

Automated Sign-In and Sign-Out Sheets

Automated systems are allowable if:

1. They meet DHR standards and have been approved by that agency.
2. It is possible to print the names and times in and out of each participant on a daily or monthly basis.
3. If the child is identified by a code, the code number is readily available.

What If:

- A participant is transported by the center to school, Head Start, or a regularly scheduled activity (i.e., speech therapy) each day? The sheet must indicate that the participant left the center and returned or the DHR transportation form must be completed. The time of departure and return does not need to be included.
- The participant is taken away for a period of time and then returns? The participant must be signed-in and out each time.
- A participant is taken on a center sponsored field trip? No change to the sign-in sheet is needed.

Required CNP Form: Monthly Meal Count Record is used by Institutions using the Required Daily Record.

The Monthly Meal Count Record is simply a record of the number of meals served during the day. Accurate meal counts supply data for compiling the Monthly Claim for Reimbursement or Site Data Sheet. **It is used by centers using the Required Daily Record.**

Point of Meal Service Counts are required!

Meal counts must be taken and recorded at the point of meal service (i.e., as the participant is eating). The meal count must be recorded within one hour of the end of the meal service. Participants that come to the table with the intention of eating and are served a reimbursable meal may be included in the meal count even if they do not eat.

The following are examples of meal count methods that are NOT acceptable:

- Counting the number of meals prepared or sent by the kitchen
- Determining the meal count by subtracting the number of entrees left over after the meal service from the number of entrees prepared
- Counting the number of meals ordered from a vendor
- Counting meals after the meal is completed based on the teacher's memory or daily attendance records
- Counting the number of trays or plates on which food is served.

Required Form: Monthly Meal Count Record

For example only – Use the forms provided in the CNP Web site.

| Month: _____ | | | | | | Name of Center: _____ | | | | | | | | | | | | | | |
|---------------------------|------------|---------|--------|--------|-------|-----------------------|------|------------|---------|--------|--------|----------|-------------|------|------------|---------|--------|--------|-------|-------------|
| MONTHLY MEAL COUNT RECORD | | | | | | | | | | | | | | | | | | | | |
| Breakfast | | | | | | Lunch | | | | | | PM Snack | | | | | | | | |
| Date | Meal Type: | Infants | 1-2 YO | 3-5 YO | 6+ YO | Daily Total | Date | Meal Type: | Infants | 1-2 YO | 3-5 YO | 6+ YO | Daily Total | Date | Meal Type: | Infants | 1-2 YO | 3-5 YO | 6+ YO | Daily Total |
| 1 | | | | | | | 1 | | | | | | | 1 | | | | | | |
| 2 | | | | | | | 2 | | | | | | | 2 | | | | | | |
| 3 | | | | | | | 3 | | | | | | | 3 | | | | | | |
| 4 | | | | | | | 4 | | | | | | | 4 | | | | | | |
| 5 | | | | | | | 5 | | | | | | | 5 | | | | | | |
| 6 | | | | | | | 6 | | | | | | | 6 | | | | | | |
| 7 | | | | | | | 7 | | | | | | | 7 | | | | | | |
| 8 | | | | | | | 8 | | | | | | | 8 | | | | | | |
| 9 | | | | | | | 9 | | | | | | | 9 | | | | | | |
| 10 | | | | | | | 10 | | | | | | | 10 | | | | | | |

If something other than the Meal Count Record is used to record meal counts, the recorded information must be transferred to the Meal Count Record by the end of the business day. All supporting documentation must be maintained with the monthly records.

Monthly Meal Count Record Step by Step

Step 1 – Complete Header information

| | |
|----------------------------------|--------------------------------------|
| Month: <input type="text"/> | Name of Center: <input type="text"/> |
| MONTHLY MEAL COUNT RECORD | |

- List the month and year in the box
- List the name of the center in the box

Step 2 – Complete Meal Counts by Type

Each day during meal service, indicate the number of participants. Children are listed by age group.

| Month: _____ | | | | | |
|--------------|----------------------|--------|--------|-------|-------------|
| Date | Meal Type: Breakfast | | | | Daily Total |
| | Infants | 1-2 YO | 3-5 YO | 6+ YO | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

Child Care Centers:

Indicate the total meal count for each meal by adding the meals for all age groups.

- Infants – Indicate the number of reimbursable meals served to children who have not had their first birthday. These meals must adhere to the infant meal pattern.
- Child – Indicate the number of reimbursable meals served to children in each age category. These meals must adhere to the appropriate meal pattern for *each* age group.
-

Adult Centers:

Simply indicate the number of adults that were served a meal each day.

| Date | Breakfast | |
|------|-----------|-------------|
| | Adults | Daily Total |
| 1 | 7 | 7 |
| 2 | 9 | 9 |
| 3 | 6 | 6 |
| 4 | 8 | 8 |
| 5 | | |

Step 3 – Total meals

At the bottom of the page, total the meals by type. While you will only report daily meal totals, it will be helpful to total each of the three columns and then across to check your counts.

Not all meals served may be claimed for reimbursement. Before totaling the number of meals claimed, eliminate any non-reimbursable meals by circling the “X” mark. Meals that may not be claimed include:

- Meals served to a participant that is not enrolled for care in the center.
- Meals served in excess of two meals and one snack per participant per day except in Homeless shelters.
- Meal types that are not approved by the SDE as part of the sponsor’s online application.
- Meals that do not meet the meal pattern requirements of the Program.
- Meals in which more than one required food component is donated, except for infants.
- Meals served outside of the approved meal service times (except for infants). Meal service times are indicated on your online application.
- Meals served in excess of license capacity, unless approved for “shifts”.

Shifts - guidance

Meals in excess of licensed capacity **may not be claimed** unless shifts occur during the meal service time. Shifts occur when participants come and go during the meal service time. If, at no point in time, license capacity is exceeded, all meals served are allowable. (Please note that participants that are being transported by center personnel are counted toward capacity).

For example, a center has a licensed capacity of 62. At breakfast, the following occurs:

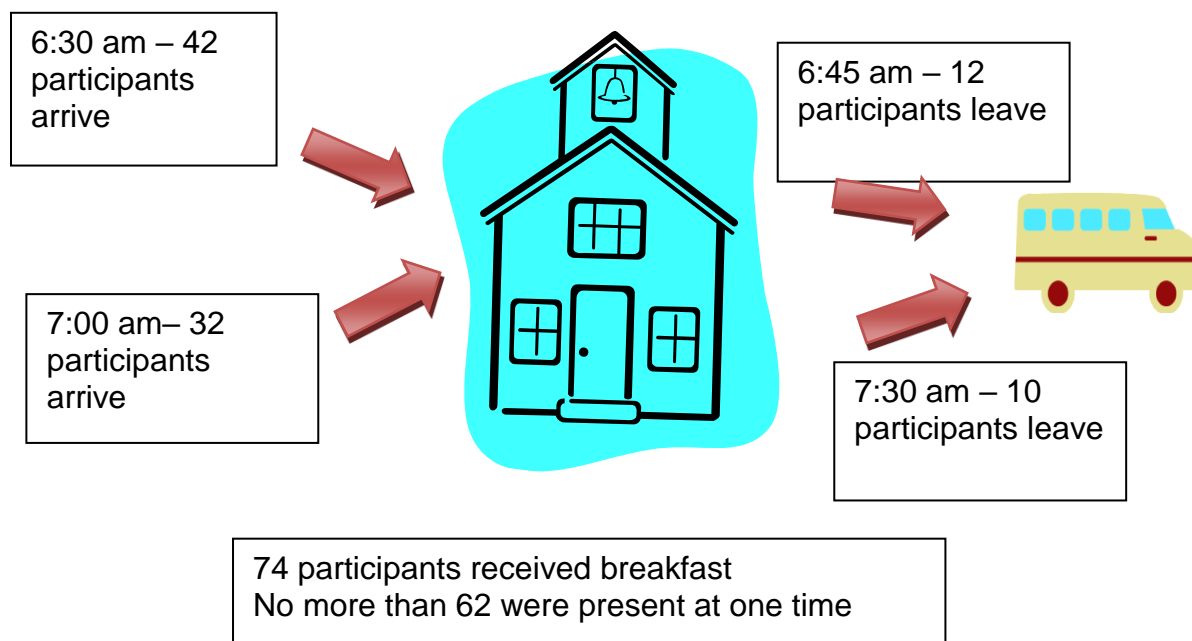
6:30– 6:45 a. m. – 42 participants arrive for care and receive breakfast (the capacity of the center is now 42)

6:45– 7:00 a.m. – 12 participants are taken to an activity apart from the center (the capacity of the center is 30 once the participants are delivered to the new location; all participants are counted toward capacity during transit)

7:00– 7:30 a.m. – 32 additional participants arrive for care and receive breakfast (the center capacity is 62; full capacity)

7:30– 8:00 a.m. – 10 participants are transported to another facility (the capacity of the center is 52 once the children are delivered to the new facility)

A total of 74 participants received breakfast from 6:30 to 8:00 am which is more than the licensed capacity of 62. At no time, however, was the licensed-capacity exceeded because shifts occurred. Shifts are allowable once a center is approved for them, which is granted if and sign-in sheets and transportation logs demonstrate the need for shifts.



Remember: Meals must be counted during the point of meal service and recorded no later than one hour after the meal service.

Required Form: Monthly Summary Form (This form is required for sponsors who use the Monthly Meal Count Record and the Required Daily Record).

The Monthly Summary Form is used to total CACFP enrollment, CACFP participation, and meals served per month. This information is then reported on the monthly claim for Reimbursement (Site Data Sheet). This form is required for sponsors who use the Monthly Meal Count Record and the Required Daily Record. It is optional for those who serve four meals and use the Daily Record of Attendance.

If you are using the computer generated forms, the form will automatically enter the data from the Daily Record(s) and Meal Count Record. You will only need to enter the month and the name of the center on the first tab (Summary) and it should appear on all other forms.

Monthly Summary Form

For example only – Use the forms from the CNP web site under the Existing Sponsor Tab.

Month: Name of Center:

MONTHLY SUMMARY

| Sheet | Enrollment | | | | | Participation | | | | Meals | | | | | | |
|-------|------------|-----|------|------|-------|---------------|-----|------|-------|-----------|----------|-------|----------|--------|------------|-------|
| | Free | Red | Paid | F/RP | Total | Free | Red | Paid | Total | Breakfast | AM Snack | Lunch | PM Snack | Supper | Late Snack | Total |
| a. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| b. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| c. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| d. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| e. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| f. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| g. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| h. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| i. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| j. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| k. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | |
| Total | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Monthly Summary Step By Step

Step 1 – Complete the Header Information

| | |
|-----------------------------|--------------------------------------|
| Month: <input type="text"/> | Name of Center: <input type="text"/> |
| MONTHLY SUMMARY | |

- List the month and year in the box
- List the name of the center in the box

Step 2 – Enter CACFP Enrollment and Participation from the Daily Record or Daily Record of Attendance Sheet

Using your Required Daily Record or Daily Record of Attendance, enter CACFP enrollment and participation

Monthly Summary Step By Step

Transfer CACFP enrollment by category to the summary from the Required Daily Record or Daily Record of Attendance. The Monthly Summary has space for eleven pages. Additional pages may be used if necessary.

| Sheet | Enrollment | | | | | Participation | | | |
|-------|------------|-----|------|------|-------|---------------|-----|------|-------|
| | Free | Red | Paid | F/RP | Total | Free | Red | Paid | Total |
| a. | 15 | 1 | 9 | 16 | 25 | 15 | 0 | 9 | 24 |
| b. | 25 | 0 | 0 | 25 | 25 | 25 | 0 | 0 | 25 |
| c. | 7 | 2 | 2 | 9 | 11 | 7 | 2 | 1 | 10 |

Once the enrollment is entered, total the Free and Reduced enrollment and enter it under F/RP enrollment. (F (Free)/ RP (Reduce Priced)

Add the Free, Reduced, and Paid enrollment and enter it under total.

Transfer CACFP participation by category. Once the participation is entered, total the participation and enter under total.

Step 3 – Enter Meals from Monthly Meal Count Record or Record of Daily Attendance

If you are using the Monthly Meal Count Sheet, use the first line (p.1) to transfer the total meals to the Monthly Summary.

| Sheet | Enrollment | | | | | Participation | | | | Meals | | | | | | |
|-------|------------|-----|------|------|-------|---------------|-----|------|-------|-----------|----------|-------|----------|--------|------------|-------|
| | Free | Red | Paid | F/RP | Total | Free | Red | Paid | Total | Breakfast | AM Snack | Lunch | PM Snack | Supper | Late Snack | Total |
| a. | 15 | 1 | 9 | 16 | 25 | 15 | 0 | 9 | 24 | 980 | 0 | 983 | 1022 | 0 | 0 | 2985 |
| b. | 25 | 0 | 0 | 25 | 25 | 25 | 0 | 0 | 25 | | | | | | | |
| c. | 7 | 2 | 2 | 9 | 11 | 7 | 2 | 1 | 10 | | | | | | | |

If you are using the Record of Daily Attendance, transfer the meals served from each Attendance Sheet.

| Sheet | Enrollment | | | | | Participation | | | | Meals | | | | | | |
|-------|------------|-----|------|------|-------|---------------|-----|------|-------|-----------|----------|-------|----------|--------|------------|-------|
| | Free | Red | Paid | F/RP | Total | Free | Red | Paid | Total | Breakfast | AM Snack | Lunch | PM Snack | Supper | Late Snack | Total |
| a. | 7 | 0 | 0 | 7 | 7 | 6 | 0 | 0 | 6 | 100 | 0 | 102 | 102 | 0 | 0 | 304 |
| b. | 5 | 1 | 1 | 6 | 7 | 5 | 1 | 1 | 7 | 94 | | 83 | 93 | | | 280 |
| c. | 3 | 1 | 0 | 4 | 4 | 3 | 1 | 0 | 4 | 62 | | 70 | 71 | | | 203 |

Step 4 – Total the Summary Form

At the bottom of the sheet, add down each column to determine totals. Totals are only required in white boxes.

| | | | | | | | | | | | | | | | | | |
|-------|--|--|--|--|----|----|----|---|---|----|-----|---|-----|-----|---|---|-----|
| Total | | | | | 17 | 18 | 14 | 2 | 1 | 17 | 256 | 0 | 265 | 266 | 0 | 0 | 787 |
|-------|--|--|--|--|----|----|----|---|---|----|-----|---|-----|-----|---|---|-----|

Alabama Department of Education Child Nutrition Program Policy Nonprofit Food Service Operation

What is Nonprofit Food Service?

Nonprofit food service means all food service operations conducted by the institution are principally for the benefit of enrolled participants from which all the Program (CACFP) reimbursement funds are used solely for the operations or improvement of such food service.

Every institution that participates in the CACFP must demonstrate a nonprofit food service operation. **This means that ALL the CACFP reimbursement you receive MUST be used ONLY in the food service operation (Federal Regulations 7 CFR 226.2).**

Nonprofit status in the CACFP may be determined by:

- Identifying all CACFP reimbursements, program income, and other funds used or restricted for use in the nonprofit food service program.
- Including expenses incurred in the operation or improvement of the nonprofit food service program when determining food service costs.

****You are NOT exempt from any taxes based upon participation in the CACFP****

The determination of nonprofit status in the CACFP does not mean that the institution operates its nonprofit food service program at a loss or breaks even (i.e., cost equals revenue). It does require that any excess revenue over expenditures is retained and used only in the food service program.

It is the position of the ALSDE CNP that a program with a CACFP balance in excess of three months' operating balance is not considered a nonprofit food service program. Sponsors that exceed this amount must identify and claim allowable expenses to more fully utilize CACFP funds.

Alabama Department of Education Child Nutrition Policy for Separate Checking Account

A **separate CACFP** checking account is **requested for most centers**. This account is used to identify CACFP expenditures and income and provides payment documentation. It is also the best way to show you are running a nonprofit food service operation.

Procedure for Establishing the separate account or line item account.

For new centers, open a separate banking account, once State agency has approved your application to participate in the Child Nutrition Program. Use the account to pay all CACFP bills received after the check is deposited. The account must be used to pay bills directly and not to simply reimburse the center for expenses it incurred on behalf of the CACFP. Sponsors have only one calendar year to reimburse checking account for start-up funds.

The best method to document CACFP expenditures, income, and nonprofit status is the use of a separate checking account for these funds.

1. For-profit sponsors should maintain a separate checking account for the Program. Exceptions to this rule may be made by contacting the SDE and submitting documentation for alternative accounting procedures. Written permission to close the separate account must be received by the sponsor prior to closing the account.

2. Nonprofit sponsors who expend less than \$750,000 per year in Federal financial assistance AND do not submit to the SDE an annual audited financial statement in accordance with the requirements of OMB Circular A-133 must maintain a separate checking account.

3. Other Sponsors – All sponsors, including nonprofit and governmental agencies, who expend \$750,000 or more in Federal financial assistance that submit to the SDE an audited financial statement in accordance with the requirements of OMB Circular A-133, are not required to maintain a separate checking account. These sponsors must satisfactorily describe in their management plan their accounting system that provides for the separate identification of ALL CACFP food service transactions. The accounting system must be able to present the fund balance and actual cash balance of the CACFP Food Service account on a monthly basis. If it is determined that the sponsor's accounting system is not meeting program requirements, the sponsor may be required to establish and maintain a separate checking account.

CACFP Income – Reimbursement

Payment in the CACFP is referred to as "reimbursement." Centers are reimbursed for meals served at rates established annually by Federal regulation. In Alabama, the actual payment is based upon a method called "Claiming Percentage." When reimbursement is calculated by this method, the following general formula is used for each eligible meal served in the center:

$$\begin{array}{c}
 \text{Number of eligible participants for Free OR Reduced OR Paid meals} \\
 \div \\
 \text{Total number of participants} \\
 = \\
 \text{Claiming Percentage for that category} \\
 \times \\
 \text{Total number of meals (breakfast, lunch, supper or snack)} \\
 \text{by type, served during the month} \\
 \times \\
 \text{Reimbursement rate}
 \end{array}$$

USDA mandates the method of rounding the final payment each year. As you compute your reimbursement, you may find the amount Paid varies slightly from your calculation, due to rounding. The following is a step-by-step example of how to calculate lunch reimbursement:

Example:

50 participants attended during the month - 30 free participants, 5 reduced participants, 15 paid participants
1000 lunches were served

1. Compute the claiming percentage for each eligibility category
 - 30 free ÷ 50 participants = 60% free
 - 5 reduced ÷ 50 participants = 10% reduced
 - 15 paid ÷ 50 participants = 30% paid
2. Multiply the total number of lunches served by the claiming percentage
 - 1000 lunches X 60% free = 600 free meals
 - 1000 lunches X 10% reduced = 100 reduced meals
 - 1000 lunches X 30% paid = 300 paid meals
3. Multiply meals by the current reimbursement rates
 - 600 free meals X \$_____ (free lunch rate) = \$_____
 - 100 reduced meals X \$_____ (reduced lunch rate) = \$_____
 - 300 paid meals X \$_____ (paid lunch rate) = \$_____
 - Total = \$_____ (a)
4. Calculate cash-in-lieu
 - 1000 X \$_____ (cash in lieu rate) = \$_____ (b)
5. Total reimbursement for lunch
 - Total for meals \$_____ (a)
 - Cash-in-lieu \$_____ (b)
 - \$_____

Alabama State Department of Education Child Nutrition Program Reimbursement Structure Policy

Reimbursement for the CACFP is based on a three-tiered structure similar to the National School Lunch Program. The reimbursement rate for meals is based upon the income of the household of each participant. Meals served to participants from low income families are reimbursed at a higher rate ("Free") than meals served to participants from households whose income is above the Income Eligibility Guidelines ("Paid"). Centers are responsible for soliciting this information annually from households on the Income Eligibility Forms (IEFs). Each IEF that is returned to the center is reviewed by a sponsor official and classified in one of the three categories: Free, Reduced, or Paid.

All centers receive reimbursement based on the percentage of participants in each category (Free, Reduced, or Paid) multiplied by the total number of meals served times the rate of reimbursement listed below. This method of reimbursement is known as "claiming percentage" and is used for all CACFP centers in Alabama.

Alabama State Department of Education Child Nutrition Program Policy For Cash-in-lieu of Commodities

Centers also receive additional funds for every lunch and supper that is claimed. This is known as "cash-in-lieu". These funds are in-lieu of government commodities.

Reimbursement Rates for July 1, 2016 – June 30, 2017

New: Effective May 2017 the reimbursement rates will not be placed in the CNP Manual

- Annually the Alabama Department of Education CNP is given the reimbursement rates from USDA for the next Child Nutrition Programs' fiscal year around July or August.
- The new CNP reimbursement rates will be sent out to each current sponsor/ intuitions by bulk email as soon as the State agency is informed.
- The new reimbursement rates will be posted to the CNP website soon after they have been released.

CNP Expenses

Alabama State Department of Education Child Nutrition Program Procedure for Procurement and Food Service Contracts

The primary purpose of Federal procurement regulations is to assure that open and free competition exists to the maximum extent possible when utilizing Federal funds in the CACFP. Competition is mandated so that Program goods, equipment, and services will be obtained at the lowest possible cost.

If the total amount of purchases for like items (i.e., food, non-food items) is \$150,000 or more per year, the formal bid procedure must be followed. **(State supported institutions are required to follow formal bid procedures for like purchases of \$15,000 or more. Sponsors falling into this category should contact the SDE for more information.**

Methods of Procurement

1. Micro-Purchase (\$0-\$3500)
2. Small Purchase (\$3500 - \$150,000)
3. Sealed Bids (Formal Bids) (over \$150,000)
4. Competitive Proposals
5. Non-competitive Proposals

Micro-Purchase (Purchases between \$0 - \$3,500) Procedure

2 CFR Part 200 implemented a **new micro-purchase threshold** for the purchase of supplies or services, the aggregate amount of which does not exceed \$3,500. Micro-purchases may be awarded without soliciting competitive quotations if the price is considered to be reasonable and must be equitably distributed among qualified suppliers. For example, a sponsor must not make all purchases from one source rather; the sponsor must make purchases from all qualified sources equally.

Small Purchase Procedure (Purchases between \$3,500 - \$150,000, or most restrictive threshold)

The Federal Small Purchase Threshold as it relates to all FNS program procurements under Federal grants is currently set at \$150,000 (CACFP Memorandum 01-2013: Federal Small Purchase Threshold Adjustment, October 2, 2012).

This threshold allows for more small purchase procurements to be conducted using simple and informal methods, such as price or rate quotations, for securing products and services, provided that each procurement is conducted in a manner that ensures free and open competition. Price or rate quotations must be obtained from an adequate number of qualified sources prior to purchasing from one of them. The institution must document the date, vendors consulted, and quotes received (including for verbal quotes). Store advertisements may be considered as documentation. State and local agencies may set a lower small purchase threshold and thereby impose more restrictive procurement procedures as authorized by 2 CFR Part 200.318(a). Therefore, all State and local procurement requirements still apply.

Procedure Purchase of items/equipment costing \$3500 or more

Approval must be obtained from the SDE prior to using CACFP funds to purchase equipment that costs in excess of \$3500. To purchase such items:

1. Contact the SDE to determine if you have CACFP funds to spend on the item and to secure approval to proceed with price quotes. The State staff will review your monthly claims for reimbursement to compare your expenditures with reimbursement. If the review shows that there are funds available in the CACFP account, you will be asked to secure price quotes.
2. Secure price quotes and submit to the State office. The price quotes should be for *like* items. *Like* items are similar in size, quality, and features, but from different stores. All quotes should include taxes, delivery charges, set-up fees, or other fees associated with the use of the item. The number of price quotes required is based upon your location and the type of item being purchased. Usually three price quotes are required.
3. The State staff will review the prices quotes and approve the lowest priced item.
4. Maintain all records relating to the price quotes and purchase for four years.
5. After purchase is made, serial numbers and/or model numbers must be sent to the SDE to be included in a statewide inventory.

Procedure for Procurement by Sealed Bids (formal advertising) (Purchases more than \$150,000)

Bids are publicly solicited and a firm fixed price contract (lump sum or unit price) is awarded to the responsible bidder whose bid, conforming to all the material terms and conditions of the invitation for bids, is **the lowest in price**. The sealed bid method is the preferred method for procuring construction, if the conditions in paragraph (c) (1) of this section apply.

- (1) In order for sealed bidding to be feasible, the following conditions should be present:
 - A complete, adequate, and realistic specification or purchase description is available;
 - Two or more responsible bidders are willing and able to compete effectively for the business; and
 - The procurement lends itself to a firm fixed price contract and the selection of the successful bidder can be made principally on the basis of price.
- (2) If sealed bids are used, the following requirements apply:
 - The invitation for bids will be publicly advertised and bids must be solicited from an adequate number of known suppliers, providing them sufficient response time prior to the date set for opening the bids;
 - The invitation for bids, which will include any specifications and pertinent attachments, must define the items or services in order for the bidder to properly respond;
 - All bids will be publicly **opened at the time and place prescribed in the invitation for bids, a State CNP staff member will need to be at the opening;**
 - A firm fixed price contract award will be made in writing to the lowest responsive and responsible bidder. Where specified in bidding documents, factors such as discounts, transportation cost, and life cycle costs must be considered in determining which bid is lowest. Payment discounts will only be used to determine the low bid when prior experience indicates that such discounts are usually taken advantage of; and
 - Any or all bids may be rejected if there is a sound documented reason.

Competitive Proposals Procedure

The technique of **competitive proposals** is normally conducted with more than one source submitting an offer, and either a fixed price or cost reimbursement type contract is awarded. **It is generally used when conditions are not appropriate for the use of sealed bids.** If this method is used, the following requirements apply:

- (1) Requests for proposals must be publicized and identify all evaluation factors and their relative importance. Any response to publicized requests for proposals must be considered to the maximum extent practical;
- (2) Proposals must be solicited from an adequate number of qualified sources;
- (3) The non-Federal entity must have a written method for conducting technical evaluations of the proposals received and for selecting recipients;
- (4) Contracts must be awarded to the responsible firm whose proposal is most advantageous to the program, with price and other factors considered; and
- (5) The non-Federal entity may use competitive proposal procedures for Qualifications-based procurement of architectural/ engineering (A/E) professional services whereby competitors' qualifications are evaluated and the most qualified competitor is selected, subject to negotiation of fair and reasonable compensation. The method, where price is not used as a selection factor, can only be used in procurement of A/E professional services. It cannot be used to purchase other types of services though A/E firms are a potential source to perform the proposed effort.

Noncompetitive Proposals Procedure

Procurement by noncompetitive proposals is procurement through solicitation of a proposal from only one source and may be used only when one or more of the following circumstances apply:

- (1) The item is available only from a **single source**;
- (2) The public exigency or **emergency** for the requirement will not permit a delay resulting from competitive solicitation;
- (3) The Federal awarding agency or pass-through entity expressly authorizes noncompetitive proposals in response to a written request from the non-Federal entity; or
- (4) After solicitation of a number of sources, competition is determined inadequate.

Food Service Agreements/Contracts Procedures

If you purchase prepared meals, you must follow procedures outlined in Alabama Department of Education website under Child Nutrition Programs and then under the tab, Procurement / Food Service Management. Only the unaltered ALSDE CNP contracts and agreements may be used. These forms may be amended but the original document may not be changed in any way including retyping.

The food service agreement/contract is a legal document. It must be signed by both parties and received by the ALSDE CNP prior to its start date.

The food service agreement/contract may be effective for a period of twelve months (365 days) and may be renewed for up to **four (4)** additional years.

All contracts that total \$50,000 or more must be submitted to the ALSDE CNP PRIOR to being signed by either party.

Vendors must provide production records, invoices, and meal delivery tickets to allow the sponsor to claim the meals.



If you contract for food service, you must use the State approved forms and follow special procedures

Procedure for Food Service Agreements with a School

Food Service Agreements with a local School Food Authority (SFA) are exempt from procurement standards and may be procured noncompetitively. That is, a contract may be made with a school without soliciting or advertising for bids. The ALSDE CNP form must be used without change to the original agreement. These agreements may not be renewed and must be submitted annually.

***The agreement must be signed by all parties and received by the ALSDE CNP prior to the start date of the agreement.**

Alabama State Department of Education Child Nutrition Program Policy for a Procurement Plan

A procurement plan must be on file in the institution's office for review by CACFP auditors. The plan must be completed and signed by the institution's *Official Representative*. In addition, all supporting documents including price surveys, documentation of non-competitive bids, and Food Service Contracts/Agreements must be maintained in the file.

Establish a **Procurement file** that contains:

- Completed and signed Procurement Plan.
- Price Surveys – under Small Purchase Procedures.)
- If your meals are catered, all documents related to the contract (see CNP website under the tab Procurement/Food Service Management).

Fast Food Vendors - Procedures

If an institution *occasionally* purchases food from a fast food vendor, no contract is required. If the institution wishes to purchase meals on a regular basis from any type of vendor, the procedures outlined in the Procurement tab on the ALSDE website must be followed.

On occasion, when fast food items are purchased, the following guidelines must be followed:

1. Secure a signed statement from the vendor stating each food item purchased and the specific amounts per child (i.e., the weight of the cooked or raw hamburger patty, how much milk was provided, how many cups of French fries were provided).
2. Secure an itemized receipt from the vendor.
3. The meal must be documented by the center on a Production Record and any additional food components served to make the meal reimbursable.

Note: Under no circumstances is a promotional meal, such as a "Happy Meal", acceptable unless it is modified to meet the meal pattern requirements.

Alabama State Department of Education Child Nutrition Program Policy for CNP Budget Planning

1. The budget is a planning tool used to determine how to spend the CACFP funds. It is not used to determine or limit the amount of reimbursement. In some cases it does limit how much may be spent in a particular category.
2. The budget is part of the online application.
3. Each year a budget is submitted for approval as part of the annual application update. A recommended budget is completed for the sponsor by the ALSDE CNP based upon the previous year's total meal counts, participants' eligibility, and the current year's reimbursement rates. This total is then divided into expenditure categories.
4. The sponsor may accept the recommended budget or prepare a proposed budget for review by the ALSDE CNP staff.
 - In preparing a proposed budget, keep it as simple as possible. Most institutions receive enough CACFP reimbursement to pay for food and non-food supplies.
5. One rule must be followed in planning the budget:
 - No more than 15% may be budgeted for total administrative expenses. This includes all administrative categories.
6. If you are charged a banking account fee, budget for this expenditure. This amount is entered in the category "Other Administrative Expense" under checking fees.
7. **Food service labor** and **administrative labor** require a CACFP **Compensation Plan** documenting the costs to be paid with CACFP funds. Once the plan is approved, the institution may budget the approved amount or less as expenditures. In addition, a copy of the institution's employee policy must be submitted to the ALSDE CNP.
8. **Allocation Plans** are required for all allocated purchased services. These must be on file with the ALSDE CNP prior to budgeting and claiming these expenditures. The institution may not claim more than the budgeted amounts.
9. All "Other Administrative Expenses" must be pre-approved by the ALSDE CNP prior to budgeting and claiming. The amounts budgeted in these categories may not be exceeded.
10. **Large equipment** purchases over \$3500 are budgeted when the institution is ready to purchase the items. Once you are approved to purchase the equipment, the sponsor must revise his budget to show the approved purchase.

Alabama State Department of Education Child Nutrition Program: Denial of Program or Administrative Budget Cost (7 CFR Part 226.6 (k) (2) (xii))

Cost in the Institution/sponsors budget must be necessary and reason and allocable and appropriately documented (7 CFR 226.6 (b)(2)(vii)(A)). CACFP funds may be used to pay for expenditures that meet FNS's definition of allowable.

Expenditures must be:

- Reasonable – is determined by the amount of the cost.
- Necessary – is determined by the nature of the activity.
- Require State agency approval and also be included in the budget.

Necessity: A cost is necessary when the activity or function is:

- Generally recognized as ordinary,
- Required for the institution to operate the Program, and,
- Accomplished as part of operating the Program according to regulatory requirements of the CACFP.

Reasonableness: Is determined by the amount of the cost.

- A cost is considered reasonable when the amount of the cost reflects what a sensible or practical person would pay in the same situation.

CACFP Staff requirements:

- Ensure fiscal viability and accountability and compliance with Program requirements.
- The budget must reflect the institution's anticipated needs and financial resources to operate the CACFP.
- Ensure that a *Compensation Plan* is on file at the CACFP office.

CACFP Sponsor requirements:

- Institutions must submit a budget to include projected CACFP earnings and expenses that may be used in Program administration and to be approved by the State agency.
- The budget must include sufficient detail for the State agency to determine whether the expenditures are allowable, necessary, and reasonable [7 CFR 226.6(f)(1)(iv)].
- The budget must reflect the institution's anticipated needs for the coming fiscal year, detailed in line item cost and support of allocation cost.
- Expected to adhere to it or to submit appropriate amendments to the State agency for approval.
- Program funds may not be used to cover unallowable costs.

Before approving an institution's budget, the State agency must ensure that the budget has enough information to allow the State agency reviewer to determine the "allowability" of all budgeted cost. If at any point the State agency reviewer is less than confident that all budgeted costs are allowable, more information should and will be requested from the institution about a cost item or the value of a cost item.

During the annual budget process, the State agency may disallow certain cost or dollar amounts that do not meet the criteria for "allowability" without denying the entire budget. The State agency must also disallow during the monitoring process, any cost which requires prior approval or specific written prior approval, but for which appropriate approval was not obtained.

Proper Notification

The written notice of the budget denial will be sent via certified mail or electronic means that allows verification of delivery. Program funds/ budget allowances must be expended and accounted for in accordance with the requirement of this part of the FNS Instructions 796.-2. Any Institutions/sponsors that are identified as not being financial viable nor having adequate financial resources to operate the CACFP and/or fail to have cost in the institution's budget which fails to meet the V.A.C. requirements will be denied. The request will be denied and the sponsor/institution will be notified in writing of the denial. The ALSDE Appeals Procedures will accompany the denial notice.

Alabama State Department of Education Child Nutrition Program Procedure for the Budget - Allowable and Unallowable expenses.

Federal Guidance relating to CACFP expenditures is found in FNS Instruction 796-2, Revision 4.
The use of Federal funds requires a high standard of consideration.

CACFP funds may be used for a variety of purposes. The lists below are examples of allowable and unallowable expenses.

Some examples of allowable CACFP expenditures include:

- Food that is served to participants and the staff performing labor necessary for the food service operation.
- Dishes, cups, glasses, and utensils used in the food service operation.
- Disposable plates and utensils, paper napkins, and paper towels used in the food service operation.
- Spices and flavorings used in food preparation.
- Dishwashing detergent and hand soap used in the food service area.
- Stove, refrigerator, dishwasher, and freezer.
- Cook's salary.
- Salaries of staff performing CACFP duties (if less than full-time, specific documentation of time is required).
- Contracting with a food service management company, school, or other vendor for food.

Some examples of unallowable CACFP expenditures include:

- Personal groceries or items such as cigarettes, soda pop, and pet food
- Food or drink consumed only by adults (i.e., coffee, tea)
- General daycare supplies or arts and crafts materials
- Toys, games, and videos
- Laundry and general cleaning supplies not used in the food service area
- Salary of staff that do not perform CACFP duties
- Interest expenses including interest on a credit card used for food purchases
- Returned check fees
- Loans to your center or center personnel
- Equipment purchase, over **\$3500**, without prior approval from the SDE

In setting budgets for the Program, the following rule applies:

1. **No more than fifteen percent** (15%) of reimbursement may be applied to administrative costs. Sponsors of more than one center may not spend in excess of 15% in this category.

Expense Categories

CACFP expenditures are divided into operating and administrative costs.

Operating Costs

Operating costs are costs incurred for the preparation and service of meals. Allowable operating costs include, but are not limited to:

- Food costs
- Food service labor costs
- Costs of certain nonfood supplies
- Costs of allocated and direct purchased services
- Other service expenditures, including large equipment purchases

Food Costs

Food costs are expenditures for foods used in CACFP meals. These are meals served to participants and the staff necessary for preparation and service of the meal. The cost of food includes the purchase price and any associated costs, including delivery fees, sales tax, and fuel surcharges. Itemized invoices or receipts must document this expenditure.

The cost of prepared meals is also a food cost. These meals must be procured or bid correctly. Please refer to Procurement tab under Alabama State Department of Education Child Nutrition Programs for under the Procurement tab.

Food Service Labor

All wages, salaries, benefits, and the share of taxes paid by the sponsor are allowable expenses to the Program for labor performing the following tasks:

- Menu planning
- Food purchasing
- Meal preparation, service, and clean-up
- Time spent in completing CACFP required records including menus, production records, attendance sheets, and financial records to document purchases
- Supervision of day-to-day food service operations, including supervision of children during the meal service

Records including payroll records and time documentation must be maintained. The value of volunteer labor may not be used to support CACFP costs under this or any other category.

If the cook prepares meals and performs other duties for the center, only the portion of time worked in the food program may be claimed. A daily time sheet must be kept that:

1. Documents all hours worked each day including both CACFP and other center work
2. Indicates:
 - a. Activities performed in clock hours.
 - b. Description of the work that was completed for both CACFP and the center.

In order to claim food service labor it must be budgeted and there must be an approved CACFP Compensation Plan on file with the ALSDE CNP. The budget is completed annually as part of the online application. The Compensation Plan form is reviewed **annually** and it indicates how CACFP funds will be used in paying personnel at the center. Revisions to the Compensation Plan either on-line or paper documentation (Compensation Plan) must be sent to the CACP staff for approval prior to implementation.

Non-food Supplies

Non-food supplies include small kitchen equipment, paper goods (such as napkins and plates), and cleaning supplies used directly for the food service operation. The cost of reproducing required CACFP records is an allowable non-food expense. Tables, high chairs, and other items used in the meal service are allowable nonfood supplies. This non-food expense also includes kitchen equipment purchases that cost less than **\$3500**. This does not include laundry equipment or other equipment used to support a majority of non-CACFP activities. Itemized invoices or receipts must document these expenditures.

Purchased Services

Purchased services are services such as utilities, pest control, trash collection, and kitchen equipment repairs. It also includes the costs of health permits and food handlers' permits and training.

Purchased services are divided into two categories:

1. **Direct Purchased Services** – Services directly attributed to the CACFP. These include plumbing repairs due to issues in the kitchen, kitchen equipment repair, membership fees for group food purchasing, and Health Department permits.
2. **Allocated Purchased Services** – Services that are shared by the CACFP and the center. These include pest control, trash collection, rent, and utilities. Allocation plans must be approved by the SDE for pest control, trash collection, and rent prior to claiming these expenses. To claim utilities, the utility must be billed separately (i.e., a separate meter) or a study by the utility company must be submitted to the SDE for approval.

Other Service Expenditures including Large Equipment Purchases

This category is used only to report purchases of large kitchen equipment with available CACFP funds. Purchase of refrigerators, dishwashers, and Freezers that cost over **\$3500** may be purchased with CACFP funds **with prior approval** from the ALSDE CNP. (Equipment costing less than **\$3500** may be purchased without prior approval and they are reported as nonfood supplies.) Laundry equipment is not considered a CACFP expenditure.

To purchase items over \$3500, follow these steps:

1. Contact the ALSDE CNP. The State Staff will review your reported expenditures and CACFP funds that you have received to ensure that your CACFP account has funds available for the purchase. If funds are available, the sponsor will be instructed to collect price quotes.
2. Secure three documented price quotes on *like* items and submit to the ALSDE CNP. The quotes must be from different vendors and be on the vendor's printed letterhead or otherwise identify the name and address of the vendor. *Like* items are similar in size, quality, and features, not necessarily the same brand. All quotes must include taxes, delivery charges, set-up fees, or other associated fees.
3. The ALSDE CNP will review the price quotes and approve the lowest priced item. If the price quotes are not sufficient, the sponsor may be required to secure others.
4. Once approved, the online budget must be revised and approved to reflect the type of equipment approved and the maximum amount approved.
5. Records regarding the purchase must be maintained with other expenditure records for four years.
6. Large equipment that is purchased prior to approval may not be allowed.
7. After purchase is made, serial numbers and model numbers must be inventoried on site and must be sent to the ALSDE CNP to be included in a statewide inventory.

Administrative Costs

Administrative costs are those incurred in planning, organizing, and managing the food service operation under CACFP.

Administrative Labor

Administrative labor costs include compensation paid for labor needed for the following activities:

- Completing IEFs
- Completing and maintaining the monthly Site Data Sheet/Claim for Reimbursement
- Monitoring visits required by multi-site sponsors

The costs of administrative labor must be documented with time sheets and payroll records. Time sheets must cover the entire time worked in all areas paid by the center. The value of volunteer labor may not be claimed under this or any other cost category. An approved CACFP Compensation Plan must also be on file indicating Administrative Labor. The Budget must include funds in this category prior to claiming.

Other Administrative Costs

Costs incurred for supplies used to administer the CACFP may include:

- Costs for setting up and maintaining a separate checking account including monthly service charges and the cost of checks. (Insufficient fund fees may not be paid with CACFP funds)
- Purchase of computer equipment for the CACFP (see Computer Purchase Procedures on page 65)
- Internet fees (see Computer Purchase Procedures page 65)

These expenditures must be pre-approved and budgeted to be allowable. Itemized receipts, invoices, and other records must be kept for documentation.

Cash Based Accounting

It is recommended that the CACFP account utilize “cash based accounting.” With cash-based accounting, income is recorded when it is received and expenditures are recorded when funds are paid from the CACFP account. For example, when a check is written from the CACFP account, it is reported on the day the check is written. An item charged to a credit card account is reported when the credit card bill is paid from the CACFP account.

Separate Food and Nonfood items at the Cash Register

Recordkeeping is made easier by separating food and nonfood items at the cash register and paying for each with a separate check. This allows sales tax to follow the items. It also makes documenting expenditures easier on the Monthly General Journal and Site Data Sheet/Claim for Reimbursement. In all cases, you must not pay for center or personal expenditures with the CACFP account.

Paying for Labor

The total cost of an employee is allowable, including the amount earned and the amount the employer pays for Social Security and other payroll taxes (not withholdings). All labor must be paid from the center’s regular payroll systems. The center is then reimbursed for the percent of time worked in the CACFP.

For example, an employee earns \$400 before taxes. In addition, the employer paid \$40 in payroll taxes, for a total of \$440. It was previously determined that 75% of the employee’s time was CACFP so the center may reimburse the center account for \$330:

Total amount earned \$440 X % CACFP 75 = \$330 CACFP food service amount.

Alabama State Department of Education Child Nutrition Program Policy on Audit Expenses - Federal Guidance FNS Instruction 796-2, Revision 4

Federal audit standards (2 CFR 200) require recipients of federal funds in excess of \$750,000 to have audits based upon the amount of funds received during the fiscal year. Sponsors must meet audit requirements and the portion of the audit that relates to the CACFP may be paid with CACFP funds if prior approval is granted and the amount is budgeted.

Audits are required as follows:

- If the sponsor is a governmental or non-profit entity and expends \$750,000 or more in federal awards during a fiscal year and receives funding from more than one type of federal program, the sponsor must submit an organization-wide A-133 audit. If the sponsor expends \$750,000 or more and only has one federal program, the sponsor may submit a program specific audit. The audits are due within 30 days after issuance or no more than nine months after the end of the sponsor's fiscal year.
- If the sponsor is a for-profit entity, the SDE may arrange for a program audit depending upon the amount of funds received. SDE staff will contact sponsors to schedule these audits.

Failure to submit the required audits may result in program termination. These audits must be submitted to the Financial Management and Compliance Section, Child Nutrition Programs, 5302 Gordon Persons Building, P. O. Box 30211, Montgomery, AL 36130-2101

Alabama Department of Education Child Nutrition Program Expense Documentation Policy

To document the use of CACFP funds, you **MUST** have three types of documentation:

1. Receipt from the vendor, invoice, payroll documentation, or other records to record the expenditure (An invoice form may be used when receipts are not itemized). There is an invoice form on the website under existing sponsors).
2. Payment documentation, such as a canceled check.
3. A tracking system that documents CACFP funds received and expended in categories (not a check book ledger).

Alabama State Department of Education Child Nutrition Program Policy for Computer/Internet Purchase

1. CACFP funds may not be spent on computer equipment without prior approval.
2. CACFP funds may be used to purchase computer equipment and internet connection under the following conditions:
 - The institution must have CACFP funds available. No additional funds are available for this purchase.
 - Only one computer, monitor, and printer per site may be purchased with CACFP funds every five years.
 - All equipment purchased with CACFP funds must be stored at the business address.
 - The sponsor must submit the Request to Purchase Computer Equipment form along with a written quote for the item(s) they wish to purchase.
 - The sponsor will be notified by Program Staff of approval or denial.
 - Absolutely no software may be purchased with CACFP funds.
 - After purchase is made, serial numbers and model numbers must be sent to the SDE to be included in a statewide inventory.

Computer/Internet Spending Limits

The following limits have been placed on computer, monitor, printer, and internet expenditures. Any costs in excess of these amounts must be paid using center funds.

- Computer and Monitor (may be a laptop or desk top computer) – A maximum of \$600 may be paid using CACFP funds.
- Printer – A maximum of \$150 may be paid using CACFP funds.
- Internet Connection Fees – A maximum of \$25 per month may be paid using CACFP funds.

Alabama State Department of Education Child Nutrition Program Policy for Time Sheets

A time sheet is used for any employee that works in the CACFP, as well as, performs other duties in the center. Time sheets will allow these employees to account for the amount of time worked in each area. The time sheet should indicate the date, hours worked by program, and duties performed. In general, the time sheet documents when one job ends and another begins.

For example: An employee works from 6:00 a.m. to 3:00 p.m. From 6:00 a.m. to 12:00 noon she prepares meals. At 12:00 noon she takes her lunch hour. At 1:00 p.m. she works in the classroom.

| Date | Time In | Time Out | Activities | CACFP (time) | Center (time) |
|----------|---------|----------|------------|--------------|---------------|
| 1/3/1950 | 6:00 | 12:00 | Cook meals | 6 | |
| | 12:00 | 1:00 | lunch | | |
| | 1:00 | 3:00 | classrooms | | 2 |

If this is the daily schedule for that employee, it is acceptable to pre-print the time sheet without dates and times worked in each program. Each day, the employee must complete the date, adjust the time in or time out, if necessary, and enter the hours. For example, if on January 4th, this same employee came to work at 9:00 a.m. due to a doctor's appointment, the time sheet would appear as follows:

| Date | Time In | Time Out | Activities | CACFP (time) | Center (time) |
|----------|--------------------------|----------|------------|--------------|---------------|
| 1/4/1950 | 6:00 | 12:00 | Cook meals | 3 | |
| | 9:00 12:00 | 1:00 | lunch | | |
| | 1:00 | 3:00 | classrooms | | 2 |

At the end of the pay period, the time sheet is used to determine how much of the employee's compensation should be paid by the CACFP. This is done by determining the percentage of time worked in each program and applying it to the amount earned before taxes. Use the following formula:

Total CACFP hours _____ ÷ Total hours worked _____ = _____ % CACFP

Total amount earned _____ X % CACFP _____ = _____ CACFP food service amount

Example

For example, an employee worked 30 hours in CACFP, 10 hours in center time for a total of 40 hours. Before taxes, the employee earned \$400. To calculate the amount to be paid by CACFP:

Total CACFP hours 30 ÷ Total hours worked 40 = 75 % CACFP

Total amount earned \$400 X % CACFP 75% = \$300 CACFP food service amount

Monthly General Journal Step by Step

Step 1 – Enter Date, Income Source or Description of Expense, and Check Number

Date – Enter the date the check is written or the deposit is made.

Income Source or Description of Expense – It is critical that enough information is recorded to identify the purpose of the entry. In most cases, it is simply the name of the grocery store or vendor. However, in some cases, more information is required. For example, any time you write a check to the daycare, document that the check is being written to the center and the reason. If you wrote a check to reimburse Hokey's Hideaway (our center) for food service labor, you may write Hokey's (pay cook).

Check Number – Write only the numbers for checks written from the CACFP account.

Step 2 – Bank Account – Deposits & Withdrawals

This is the first part of the double entry system.

Deposits (Column A) – Record all deposits made in the CACFP account. Most deposits will be the monthly CACFP reimbursement check.

Withdrawals (Column B) – Record all withdrawals from the CACFP account. An invoice or receipt and payment documentation (i.e., check or debit receipt) is required on all expenditures.

Step 3 – Income – CACFP & Other

A Deposit (Column A) must also be recorded in columns C or D:

CACFP (Column C) – In this column record the CACFP reimbursement check and any income generated by the food service (such as charges for meals served to staff or money collected for recycling milk cartons).

Other (Column D) – In this column record funds that are deposited in the CACFP account but actually belong to the center or others. For example, you deposit daycare funds into the CACFP account to avoid overdraft fees. To reimburse the center later, you must document this clearly and list the reason in the Income Source column.

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck. No. | Bank Account | | Income | |
|------|---|---------|-----------------|-------------------------|--------------|--------------|
| | | | (A) Deposits | (B) With- drawals | (C) CACFP | (D) Other |
| 9/11 | Hokey's (loan from center to avoid overdraft) | | \$400 | | | \$400 |

Step 4 – Food Service Operation Expenses

A withdrawal (Column B) must also be recorded in columns E through N. Record operating expenditures in these columns:

Food Purchases (Column E) – Record the cost of food and all associated costs including sales taxes and food delivery fees.

Food Labor (Column F) – Record food service labor. This cost may only be claimed if pre-approved and budgeted. An approved Compensation Plan must also be on file. Record only the food service labor that was paid from the CACFP account.

Non-food Supplies (Column G) – Record the non-food supplies and associated costs including sales tax.

Direct Purchased Services (Column H) – Record direct purchased services paid from the CACFP Account.

Allocated Purchased Services (Column I) – Record allocated purchased services that have been pre approved and budgeted. Record only the amount that is actually paid from the CACFP account.

Direct Purchased Service example:

The center has its grease trap cleaned for a cost of \$162. Since all of this cost is an allowable CACFP expenditure, it is recorded as

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Service Operation Expense | | | | |
|------|---|-------|-----------------|--------------------|--------------|--------------|--------------------------------|-------------------|-----------------|---------------------------------|------------------------------------|
| | | | (A) Deposits | (B) Withdrawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor | (G) Non-Food | (H) Direct Purchase Services | (I) Allocated Purchase Services |
| | | | | | | | | | | | |

Allocated Purchased Service example:

Hokey's Hideaway is approved for 75% of their trash pick-up fees. The monthly bill is \$100. Hokey's pays the bill (\$100) and \$75 is paid from the CACFP account to Hokey's:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Service Operation Expense | | | | |
|------|---|-------|-----------------|--------------------|--------------|--------------|--------------------------------|-------------------|-----------------|---------------------------------|------------------------------------|
| | | | (A) Deposits | (B) Withdrawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor | (G) Non-Food | (H) Direct Purchase Services | (I) Allocated Purchase Services |
| 7/12 | Hokey's (Trash Master) | 199 | | \$75 | | | | | | | \$75 |

Other (Column J) – Record pre-approved large equipment purchases (equipment with a cost in excess of \$1000).

Step 5 – Administrative Expenses

A withdrawal (Column B) must also be recorded in columns K through N. Record administrative expenditures in these columns:

Administrative Labor (Column K) – Record administrative labor only if previously approved to claim administrative labor. Time sheets and payroll records are required for documentation.

Checking (Column L) – Record pre-approved checking fees associated with the CACFP. These include account fees, the purchase of checks, and any other associated costs. Note: the CACFP may never pay an insufficient fund or any type of overdraft fee.

Internet (Column M) – Record pre-approved internet fees up to \$25.

Other Administrative (Column N) – This column is used to record all other CACFP administrative costs. Only pre-approved "Other Administrative Costs" may be claimed. Examples include computer purchases and audit expenses. Note: You must report Other Administrative expenditures by type on the Site Data Sheet. Therefore, indicate the type of expenditure in the Income Source column, to make filing your monthly claim easier.

For example, the center is pre-approved to purchase a computer:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Service Operation Expense | | | | | | Administrative Expense | | | |
|------|---|-------|-----------------|--------------------|--------------|--------------|--------------------------------|-------------------|-----------------|---------------------------------|------------------------------------|-------------------------------|------------------------|-----------------|-----------------|--------------|
| | | | (A) Deposits | (B) Withdrawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor | (G) Non-Food | (H) Direct Purchase Services | (I) Allocated Purchase Services | (J) Other Food Service Exp | (K) Adm Labor | (L) Checking | (M) Internet | (N) Other |
| 1/17 | Best Deal (Computer) | 234 | | \$422 | | | | | | | | | | | | \$422 |
| | | | | | | | | | | | | | | | | |

Step 6 – Misc.

A withdrawal (Column B) must also be recorded in this column.

This column is used to for various purposes. In most cases, this expenditure is not reported on the monthly Site Data Sheet/Claim for Reimbursement.

Step 7 – Total and Verify

Once all the expenditures and income for the month have been recorded, total each column. Verify the totals by using the following edits:

- Total of Column A = total of Columns C + D
- Total of Column B = total of Columns E + F + G + H + I + J + K + L + M + N
- Misc.* may or may not be included in the total.

Frequently Asked Questions

1. Q. *May I use a debit card to pay my bills in the CACFP?*

A. Yes, debit cards are simply another way of using a checking account. If you use a debit card, keep the debit card receipt along with the vendor receipt and staple together. Since the debit charges are withdrawn on the day of the purchase, record it on the day of purchase. Remember, if you overdraw your account, the overdraft fees may not be paid with CACFP funds.

2. Q. *I Paid for some food with cash (I forgot my checkbook). Now what do I do?*

A. In order to show this as a CACFP expense, you must pay yourself back. After you write yourself the reimbursement check, journal it and make note of what happened in the Income Source column. Let's say on June 4 you spent \$25.80 of your money on food. On June 5 you paid yourself back with check number 12:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Ser | |
|------|---|-------|-----------------|--------------------|--------------|--------------|-------------|-------------------|
| | | | (A) Deposits | (B) Withdrawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor |
| 6/5 | Sara (PW grocery purchase 6/4) | 12 | | \$25.80 | | | \$25.80 | |
| | | | | | | | | |

3. Q. *A few daycare items were mixed in with my CACFP groceries. I paid for everything from the CACFP account. What do I do?*

A. You must repay the CACFP account for the daycare purchases. To do this:

- 1) Determine the cost of the daycare purchases with sales tax.
- 2) Journal the original check as a withdrawal.
 - a. Record the CACFP amount in the proper categories.
 - b. Record the center expenditure in the "Other" column (K). Circle it so you will not report it on the Site Data Sheet.

- 3) Write a check to the CACFP account from the daycare account for the center expenditure.
- 4) Journal the daycare check as a deposit and CACFP Income.
- 5) Circle the daycare purchase on the receipt and make a note of the date of reimbursement.

For example, suppose you purchased some crayons with food purchases. The total bill was \$300 with \$10 for crayons and a sales tax rate of 8%. The food costs are therefore \$289.20 and the crayons total cost is \$10.80 (\$10 plus sales tax of \$0.80). Use the Misc.* column to record the unallowable expense (crayon cost). Circle the unallowable expense to indicate it should not be recorded on the Monthly Site Data Sheet/Claim for reimbursement. Journal as follows:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Service Operation Expense | | | | | | | Administrative Expense | | | | * Misc |
|------|---|-------|-----------------|--------------------|--------------|--------------|--------------------------------|-------------------|-----------------|---------------------------------|------------------------------------|-------------------------------|------------------|------------------------|-----------------|--------------|--|---------|
| | | | (A) Deposits | (B) Withdrawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor | (G) Non-Food | (H) Direct Purchase Services | (I) Allocated Purchase Services | (J) Other Food Service Exp | (K) Adm Labor | (L) Checking | (M) Internet | (N) Other | | |
| 6/1 | PW Grocery | 117 | | \$300 | | | \$289.20 | | | | | | | | | | | \$10.80 |
| 6/4 | Hokeys (reimb for crayons) | 118 | \$10.80 | | \$10.80 | | | | | | | | | | | | | |

4 Q. My cook works in the classroom two hours a day. How do I pay her since she is paid with both CACFP and daycare funds?

A. First, your cook must keep a daily time sheet documenting when she works. At the end of the month calculate how much time is spent performing CACFP work. The daycare must pay the cook and the CACFP account then reimburse the daycare for its portion. For example, the cook works eight hours a day (six CACFP and two daycare) and gets paid \$10 an hour. If, during the month, she worked 20 days that would mean she earned \$1,600 (20 days times 8 hours a day times \$10 an hour). Your time sheet should indicate the number of hours worked in CACFP (120) and in the daycare (40). To calculate how much to reimburse the daycare, use the formula from the time sheet:

Total CACFP hours 120 ÷ Total hours worked 160 = 75 % CACFP

Total amount earned \$1600 X % CACFP 75% = \$1200 CACFP food service amount

Place a copy of your calculations and the time sheet with your monthly CACFP records. In addition, the portion of the employer paid taxes may be reimbursed to the center. Calculate this as shown above. Journal \$1200 as follows:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Ser | |
|------|---|-------|-----------------|--------------------|--------------|--------------|-------------|-------------------|
| | | | (A) Deposits | (B) Withdrawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor |
| 4/11 | Hokeys (cook's pay) | 100 | | | \$1200 | | | \$1200 |

Please note, you must be able to show that you made these tax payments as required by law.

5. Q. I don't have enough money in my CACFP account to pay the full cost of my cook. May I still pay myself back for some of the cost?

A. Absolutely. Make sure you have time sheets and payroll records. The amount you are able to pay must be noted on the payroll records with the CACFP check number and date. Journal only the amount paid.

For example, let's use the same employee in question 4. You have only \$400 to pay toward the \$1200 allowable. Write a check to the daycare center for \$400 and journal as follows:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Ser | |
|------|---|-------|-----------------|-------------------------|--------------|--------------|-------------|-------------------|
| | | | (A) Deposits | (B) With- drawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor |
| 4/11 | Hokeys (cook' pay) | 100 | | \$400 | | | \$400 | |
| | | | | | | | | |

6. Q. *I would like to charge my CACFP purchases and pay the bill once a month. Is this allowable?*
- A. Yes, it is not as straightforward as paying with a check, so several rules must be followed:
- You must maintain a separate checking account since many items may not be charged (i.e., food service labor).
 - You must use the credit card for CACFP purchases only.
 - The CACFP may never pay any interest charges on the credit card. If this happens, the interest expense must be paid by the daycare. In this case, you may pay the bill with a check written from CACFP for the amount owed less the interest and a center check for the interest or you may pay the full amount from CACFP and deposit a check from the center to the CACFP to pay the interest.
 - Any credit card rewards must be assigned to the CACFP. For example, if your credit card gives you a rebate, that rebate must be deposited into the CACFP account.
 - You must have a bookkeeping system, like the Monthly General Journal, to document both your monthly expenditures and to document the credit card charges. For example:

Credit Card Monthly Journal:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Service Operation | | | |
|------|---|-------|-----------------|-------------------------|--------------|--------------|------------------------|-------------------|-----------------|-----------------------------|
| | | | (A) Deposits | (B) With- drawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor | (G) Non-Food | (H) Direc Purcha Service |
| 5/4 | Red Grocery Store | | | 72.54 | | | 72.54 | | | |
| 5/5 | May Bread Store | | | 16.50 | | | 16.50 | | | |
| 5/19 | Paper Store | | | 154.74 | | | | | 154.74 | |

Monthly General Journal:

| Date | Income Source, Description of Expense, To Whom Paid, etc. | Ck No | Bank Account | | Income | | Food Service Operation | | | |
|------|---|-------|-----------------|-------------------------|--------------|--------------|------------------------|-------------------|-----------------|-----------------------------|
| | | | (A) Deposits | (B) With- drawals | (C) CACFP | (D) Other | (E) Food | (F) Food Labor | (G) Non-Food | (H) Direc Purcha Service |
| 6/4 | Hokey's (pay cook) | 57 | | 175.00 | | | 175.00 | | | |
| 6/5 | Credit Card Payment | 58 | | 243.78 | | | 89.04 | | 154.74 | |
| 6/19 | Zippy Mart | 59 | | 15.09 | | | 15.09 | | | |

Note: The credit card payment is for the previous month's expenditures. In cash based accounting the credit card purchases are recorded when the credit card is paid. The original receipts for credit card purchases must be maintained in the month's expenditure file (in this case, May). A copy of the receipts must be kept in the month's payment file (in this case, June) and clearly marked as such.

Monthly Claim for Reimbursement/Site Data Sheet

The Claim for Reimbursement is the monthly **form used to request** payment from the SDE. It is filed **electronically** on the CNP Application web page. **All other records remain at the center.**

The initial document that is submitted online is called a “*Site Data Sheet*”. Sponsors that participate in only the Child and Adult Care Center Programs (not Family Day Care Homes, Summer Feeding or National School Lunch Programs) need only submit this form. Once the Site Data Sheet is approved, the system transforms it into a claim which is used for payment. **Sponsors that participate in other programs in addition to the CACFP must submit the Site Data Sheet and a Combined Claim for Reimbursement.**

Alabama State Department of Education Child Nutrition Program Policy and Procedures for the Site Data (Claim) Submission

1. Submission Time Line: The Site Data Sheet is due no later than 12:00 midnight, 20 days from the end of the month for which you are claiming. For example, a June Site Data Sheet is due no later than 12:00 midnight on July 20. Site Data Sheets submitted at 12:01 AM on the 21st day will be considered late, regardless of the reason, and will not be paid unless covered by the one-time exception rule (OTE). Sponsors that participate in the CACFP and other programs must submit their combined Site Data Sheet prior to the submission deadline.

A revised claim that decreases reimbursement must be submitted as soon as the error is discovered. A revised claim due to an audit or review performed by the state monitoring staff must be submitted according to the deadlines given by them. A revised claim that increases reimbursement must be submitted within 50 days from the end of the month for which you will be reimbursed additional funds.

2. Site Data Revision Rule: If you wish to revise a Site Data Sheet that will result in an increase in reimbursement, it must be submitted no later than 50 days from the end of the month for which you are claiming. You may file the revision up to 12 midnight on the 50th day. For example, a June Site Data Sheet revision is due no later than August 19 (there are 31 days in July).

3. Site Data Errors: Site Data Sheets that are submitted with errors will be invalidated by State staff. You will be notified by email of the error and you must revise the Site Data Sheet and resubmit it. The revision must be made within 5 days *and* no later than the original 20 day deadline. Corrections made after the initial 20 day deadline are considered late.

4. A Site Data Sheet must be filed each month that you are approved to operate the program. The system will not allow you to submit a claim out of sequential order. If a sponsor is not approved to operate the CACFP during a month, such as a Head Start organization that has no centers approved to operate in June, they are not required to file a sheet for that month.

5. For-Profit Centers must file a complete Site Data Sheet even if ineligible to participate: (i.e., the 25% required Title XX or Free or Reduced-Price enrollment/licensed capacity is not reached.) These centers must report expenditures, enrollment, participation, and meal information. The sponsor should include a comment stating that he understands that he is not eligible to receive reimbursement for that month.

***Centers that are approved to operate but for some reason did not serve meals during a month must revise their online facility application showing they did not operate that month.**

6. Termination of a Sponsor for Failure to Submit Timely Site Data Sheets/Claims for Reimbursement:

The SDE has the authority to terminate a Child and Adult Care Food Program institution's agreement for failure to submit an initial Site Data Sheet/Claim for reimbursement within the required deadlines. An institution that fails to submit a timely initial Site Data Sheet/Claim for reimbursement **four times in a 36 month period is subject to termination.**

7. September Early Cut-Off

In September, the financial sections of State Government stop printing checks for several weeks to complete their year-end close-out procedures. The deadline to submit the August Site Data Sheet remains 20 days from the end of the month. However, in order to receive your payment in a timely manner, an early September submission date is set. Notification of this early cut-off date is usually sent with the July check or is found on the CNP website.

8. Legal Time Frames Regarding Payment

The SDE must pay a claim within 45 days of receipt of a complete and correct claim. If there is an error on the claim, institutions must be notified of the error within 15 days. Once the claim is submitted, complete and correct, the SDE has 45 days in which to make payment.

9. One Time Exception Rule (OTE)

Once every three years (36 months) a center may apply for an exception to the twenty day claiming rule. There is absolutely no guarantee that relief will be granted. The law simply allows institutions to apply for the OTE and explain the circumstances under which they were unable to submit the Site Data Sheet/Claim as required. Even if you are late, you must still file the Site Data Sheet/Claim in order to file the next Site Data Sheet/Claim. The SDE will contact the institution regarding the "One Time Exception" (OTE) for failing to file a claim.

Contact Information

Wait a minimum of 21 days after submitting the Site Data Sheet/Claim for Reimbursement before contacting the SDE. If you have questions concerning your check, **Please call CNP Accounting at 334-242-9920.** SDE Program staff does not have access to payment information.

CNP Accounting at 334-242-9920.
SDE Program staff does not have access to payment information.

Organizing Your CACFP Records

There is no one way to organize your CACFP records. However, here are a few simple suggestions to make recordkeeping easier. ***Remember: Prior to filing records, review for completeness!***

Annual Program Files

An annual CACFP application file should be established to include:

- Permanent Agreement and amendments
- Copies of all application records submitted each year. (A copy of the online application is optional.)
- If meals are contracted, copies of contracts or agreements and renewals
- Procurement Plan and two price surveys per year

Income Eligibility Forms

- Organize the IEFs in alphabetical order by months.
- An IEF must be in place for all participants. (Although IEFs are only required for those participants who qualify for Free or Reduced meals, it is recommended that an IEF with, at a minimum, the child's name printed on it be included in the stack, even if the participant is "Paid" so that every enrolled participant is accounted for.)
- If a household completes more than one IEF during the fiscal year, staple the most current IEF to the top of the other IEF. Keep all IEFs from the same fiscal year in the notebook.

Monthly Program Records

Create a large envelope for each month of the year. If you are using the computerized forms, place all paper back-up documentation and print-outs in this envelope. Place the following records in the envelope:

- Required Daily Record or Record of Daily Attendance
- If completing the Required Daily Record, the Meal Count Record
- Monthly Summary Form
- Monthly General Journal or equivalent
- Financial Records including invoices and receipts, bank statements, and other documents to support the expenses listed on the Site Data Sheet
- If claiming labor, Time Sheets and payroll records
- Site Data Sheet print-out
- Menus
- Production Records or, if meals are contracted, meal delivery tickets from non-school vendors (Note: If contracting with a public school system, neither production records nor meal delivery tickets are required.)
- Sign-in and sign-out sheets (these may be in a separate location, but must be available to SDE staff)

Records Required for Sponsors with Multiple Sites

- Annual Training Documentation
- Sponsor Monitoring Form and any other required documentation related to this record.

Forms may be downloaded at www.alsde.edu.

Alabama State Department of Education Child Nutrition Program Policy for Administrative Reviews

USDA requires the SDE to perform administrative reviews of all CACFP participants. The Department's goal is to review each sponsor once every three years. **The first review for new sponsors takes place after they have been on the program for 12 months.** Administrative Reviews may be announced or unannounced.

The Administrative Review is designed to monitor the sponsor's current operations. Normally, a sample month is selected for testing purposes. A meal service is observed and analyzed for accurate meal counts, proper meal components, and portion sizes. All required records are reviewed and examined in light of the Site Data Sheet. A review is also conducted of the facility. Any disallowance resulting from these reviews must be paid back as required in the review report and within the specified timeline.

Unfortunately, there are some situations in which centers are incapable of operating the CACFP, are intentionally inflating numbers on Site Data Sheets, or are creating other types of false records. These situations may result in the sponsor being declared Seriously Deficient which will then require a Corrective Action Plan. When institutions fail to comply with corrective action, they are terminated from participation in the program and placed on a National Disqualified List. Placement on this list prohibits the center and its personnel from participating in the CACFP anywhere in the United States for up to seven years. The sponsor may appeal this decision, as outlined in the Appeals Procedures posted on the CACFP Website.

Serious Deficiencies, Corrective Action and the National Disqualified List

Institutions which have been found by the SDE to have deficiencies in their operation of the CACFP, either through review, audits or other means, are required to permanently correct all deficiencies. When the SDE determines that an institution is seriously deficient, it notifies the responsible individuals and principals in writing. This written notification includes a list of the serious deficiencies, directions for creating a required corrective action, and deadline dates for the completion of the corrective action. This notification is considered *delivered* five days after it is sent by the SDE. The determination of a serious deficiency may not be appealed.

Upon receipt of the letter from the SDE, the institution must initiate its plan for corrective action. Depending upon the type of deficiency, this plan may include documentation of various records required for program operation, attendance at training, submission of records, unannounced visits by the SDE, or other appropriate action determined by the SDE.

Findings found during the Administrative Review may result in an "underclaim or overclaim" for the month(s) reviewed. In either case, The State Agency will revise the claim. Sponsors will be asked to sign the revised Monthly Claim for Reimbursement form and submit the corrective action plan. In the case of the "underclaim" the sponsor will be refunded in a months' claim for reimbursement once the corrective action plan is accepted and the review is closed. In case of an "overclaim" the sponsor may be given the option to request the monies owed be taken out of the next available claim for reimbursement or submit a cashier check or money order in the amount owed.

Failure to comply with the Corrective Action Plan will result in the institution being proposed for termination from the program. Institutions are given the opportunity to appeal termination. This is done in accordance with the SDE Appeal Procedure. These procedures are provided annually to all institutions and with the notice of any adverse action.

If an institution is terminated from participating in the CACFP, the institution and all of its responsible individuals and principals are placed on the National Disqualified List for a period of seven years, or longer, if there are any remaining debts. Presence on the National Disqualified List prohibits these persons from participating in the CACFP anywhere in the United States.

Seriously Deficiency Corrective Action Plan Guidance

If a participating institution fails to comply with CACFP requirements, the State agency will require the institution to correct its practices and provide training and oversight to staff to ensure it complies.

When the review identified findings that require corrective action, you must submit items listed below to properly resolve cited findings and resolve the review.

You must document in writing actions you have taken to correct each finding.

Your corrective action(s) should specifically state the following:

What – processes and/or procedures will be implemented to permanently correct the noncompliance(s);

How – will the institution ensure that the processes and/or procedures are followed consistently in order to prevent future operational weaknesses? How the staff and facilities will be informed of the new policies and procedures (e.g., Handbook, training, website, etc.).

Who - will be responsible for the task; (list all persons, including their titles, involved in correcting the operational weakness and preventing it from recurring in the future);

When – will the procedure for permanently correcting the noncompliance be implemented, including a timeline for implementing the procedures, (i.e., will the procedures be done daily, weekly, monthly, or annually and when will it begin);

Where - the corrective action plan will be retained.

Submit supporting documentation that verifies corrections were made or will be implemented. (This might include copies of training documentation, site monitoring reports, attendance records, meal count forms, etc.)

CACFP Programs

There are a number of different programs with different requirements under CACFP.

Outside School Hours Centers

An Outside School Hours center provides care and supervision to children away from home, outside of school hours. The Outside School Hours care program must be distinct from a school's athletic, cultural, scholastic, or extracurricular programs.

Eligible Institutions and Facilities

The center may be a public or private nonprofit center. In addition, some proprietary centers are eligible for the program. Four basic criteria have been established to determine eligibility in this program:

- The center must operate enrollment programs and have IEFs on file for participating children.
- The main purpose of the program is the care and supervision of children. An operation that offers only food service is not allowed.
- The care must be organized. The center will normally operate the program at the same time and same days each week.
- Participation in the program must not be restrictive or exclusive on the basis of particular skills or interests. For example, program participation at a Boy's club cannot be restricted to members of the club basketball team. Any eligible child belonging to the club should be able to participate in the program.

Licensing and Approval Requirements

Participating centers must have current Federal, State or local licensing or approval to provide outside childcare services to enrolled school age children outside of school hours.

Eligible Children

Enrolled children, 12 years of age and younger, are eligible to participate in the program (migrant children may participate through age 15). Physically or mentally handicapped persons may participate, regardless of age, if the majority of the enrollees at the facility are 18 years of age or younger.

Meal Service Requirements

Participating centers are eligible to serve breakfasts, snacks and suppers. In addition, they may serve lunches to enrolled children during periods of school vacation, including weekends and holidays, and to enrolled children attending schools which do not offer a lunch program. Centers must operate during the week in order to be approved for weekend meals. Meals must be served at regularly scheduled times each day.

Reporting and Record Keeping

Participating centers must keep all documents and records required in the regular child care food program.

CACFP Programs – At-Risk Afterschool Meals Program

At-Risk Afterschool Meals Program

This program provides a snack and/or meal to children through the age of 18 in certain afterschool programs. Specifically:

- The program must be operated by a public or private nonprofit organization; for-profit centers may only participate if already participating in the regular child care food program.
- Sites must meet State or local health and safety standards. Licensing is not required if the center operates less than four hours per day.
- Program sites must be located in an area served by a school in which at least 50% of the enrolled children are certified eligible for Free or Reduced price meals.
- Programs must offer regularly scheduled educational or enrichment activities that are structured and supervised. Organized athletic programs engaged in interscholastic or competitive sports may not be approved to participate in this program.
- Snacks and meals are reimbursed at the Free rate.

Eligible Institutions and Facilities

The site must be located in an area served by a school in which at least 50 percent of the enrolled children are certified eligible for Free or Reduced price meals.

Licensing and Approving Requirements

These programs are subject to state or federal licensing requirements, if open four hours or longer. If licensing is not required, a health or safety certification for each site must be submitted.

Eligible Children

Reimbursement may be claimed for children through age 18. If a child's birthday occurs during the school year, reimbursement may be claimed through the remainder of that year. Individuals of any age who are determined by the State agency to be mentally or physically disabled may also be claimed.

Times of Operation

Meals claimed in this program must be served outside of school hours during the school year. Meals may not be reimbursed for children in programs that operate before or during the school day. Meals may be reimbursed if they are served at any time of the day during the regular school year on weekends or holidays, including vacation periods.

Reporting and Record Keeping

At a minimum, the following records must be maintained:

- Total meal counts
- Documentation of individual children's attendance on a daily basis
- Documentation of compliance with meal pattern requirements
- Expenditures for the month being claimed.

Centers participating in this and the regular child care food program must maintain all records required in the regular child care center.

CACFP Programs – Homeless Residential Programs

Homeless Residential Programs with Children

Emergency shelters that serve homeless children and families may participate as follows:

Eligible Institutions and Facilities

An emergency shelter that provides temporary residential and food services to homeless children and their parents or guardians may participate. The shelter must be a public or private nonprofit institution. A residential child care institution is eligible for benefits under the National School Lunch Program.

Licensing and Approval Requirements

The shelter does not have to be licensed unless required by state or local regulations. It must, however, meet all health and safety codes.

Eligible Children

Each resident, 18 years of age and younger, or residents of any age, who have disabilities, may receive the Free rate reimbursement for up to three meals (breakfast, lunch, snack or supper) each day including weekends. A snack is not required. Visiting and nonresidential children's meals are not reimbursable. A shelter may collect cash, Supplemental Nutrition Assistance Program (SNAP) aid, or other in-kind payments from residents. However, a shelter may not charge or collect payments for CACFP meals served to eligible children.

Meals consumed in private family quarters are not reimbursable. An exception may be made for meals served to infants. Those meals may be claimed if the shelter provides all of the required components to the infant's parent or guardian. Infant production records documenting that sufficient food has been served these infants must be maintained.

Application

Applicants to this program must document that its primary purpose is to temporarily house and provide meals to children and their parents or guardians. The application also includes a description of how the shelter will ensure that reimbursement is claimed only for meals served to eligible children who reside there.

Reporting and Record Keeping

Shelters must keep financial records that are adequate to determine the nonprofit status of the food service and proper utilization of CACFP funds. A simple record of total food service revenues and expenditures is sufficient to document this non-profit operation. A separate checking account or line item accounting with regards to CACFP expenditures and revenues is not required.

The roster of children receiving meals must include the children's names (first name only is acceptable), date of birth, and dates of residency in the shelter. The record may cover one day, one week, or one month or it may cover the entire fiscal year. The length of time that records cover is left to the institution's discretion. Production records are only required if infants are served in the private quarters of the family. IEFs and point-of-meal service counts are not required.

At minimum, the following records are required:

- Total food service revenues and expenditures to determine non-profit status of the food service operation
- A roster of children receiving meals including children's names, date of birth, and dates of residency in the shelter
- Total meal counts by type
- Menus for both infants and children

CACFP Programs – Head Start and Even Start

Head Start and Even Start Centers

Head Start centers participate in the CACFP in much the same way as regular child care centers. All records and reports are required with the following exceptions:

Licensing

Head Start or Even Start centers under the direct legal and operational control of a school board are exempt from licensing. Centers housed in a school, but administered by an outside agency, must be licensed. All other centers must be licensed.

IEFs


Children that are enrolled in Head Start or Even Start are automatically eligible for Free meal benefits in the CACFP without further application or eligibility determination. However, Head Start or Even Start eligibility must be verified. The sponsor should secure a statement of eligibility from the Head Start or Even Start agency that lists the name of the child(ren) or a copy of the letter sent to the parent from the agency that approves participation in Head Start or Even Start. **You are encouraged**, but not required, to attach the statement of eligibility to an IEF that lists the child's name, birth date, ethnic and racial information and determination that the child is approved for Free meals. Head Start or Even Start agencies must maintain documentation of enrollment.

Child Nutrition Sponsoring Organizations

Affiliated - Institutions that add a second site/center which will operate under the same legal identity and Federal Employer Identification number as the first site, may add the second site to their application and become an Affiliated Sponsor. The organization must demonstrate, however, that it is capable of managing additional responsibilities. Any sponsor that has been declared Seriously Deficient in their most recent administrative review must resolve these deficiencies prior to adding a second site.

Unaffiliated – Non-profit institutions that add sites/centers that are not part of the same legal identity and Federal Employer Identification number as the sponsor. The organization must demonstrate, however, that it is capable of managing additional responsibilities. Any sponsor institution that has been declared Seriously Deficient in their most recent administrative review must resolve these deficiencies prior to adding a second site.

See the CNP website under the **Unaffiliated Tab** for the procedures and instructions for adding unaffiliated sites.

A rectangular button with a light orange background and a blue border. The text "Unaffiliated Sponsors" is written in a bold, red, sans-serif font.

Alabama State Department of Education Child Nutrition Program Procedure for Adding a New Site an Affiliated / Preapproval Visits

Prior to adding new sites, sponsors must conduct and document preapproval visits to each facility. At the visit, the sponsor must discuss all CACFP requirements and benefits with center staff and verify that the proposed food service does not exceed the capability of the facility.

Before a site may claim meals, several documents must be completed and submitted to the SDE for approval. These documents are:

1. Pre-Inspection application visit form
2. License, DHR exemption letter or certification letter
3. Budget planning worksheet
4. If contracting for meals, the appropriate food service contract or an amendment to a current contract indicating that meals will now be provided to the new site.
5. A letter or memo indicating on what days the sponsor wishes to start serving and claiming meals.
6. Health Inspection form/food permit
7. Fire Marshall Report

The online application must also be revised as follows:

Add the center under "Sites" and their license

1. Revise the Sponsor App, Page 6 – describe monitoring activities
2. Facility App – complete all pages for the new center
3. Budget App, page 1 – complete the administrative staffing pattern, page 2 – proposed budget may need updating based on the new sites' projected income.
4. Submit all parts of the online application

*Both the required paperwork and online application must be approved prior to the center claiming meals.

*In addition to the sponsor's pre-approval visit, one monitoring visit must be made during the new center's first four weeks of operation.

Alabama State Department of Education Child Nutrition Program Management Plan and Budget Policy for Sponsoring Organizations.

7 CFR 226.16 (d) states that "each sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all facilities it sponsors." CACFP 04-2006 states that the percentage of all reviews conducted by the sponsor should be roughly proportional to the percentage of each type of meal being claimed by its facilities. In order to meet this requirement, a sponsoring organization with facilities claiming breakfast, lunches, snacks, suppers, post-supper snacks, or weekend meals, must provide oversight of all types of meal services being claimed by its facilities.

Monitoring all meal services types being claimed by their facilities is the only meaningful way for sponsors to ensure that the Program requirements are being met, and that their facilities are accurately claiming meals for each type of meal service they provided.

A sponsoring organization must submit, as part of it's the annual CACFP application, information regarding the monitoring of sites under its administration. Sponsoring organizations are also required to submit an administrative staffing pattern which is part of the application budget. This is done via the online application system.

Alabama State Department of Education Child Nutrition Program Policy and Procedures for Monitoring Visits

Policy: According to 7CFR 226.16(d)(4)(iii)(iii) Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(v) of this section.

In addition:

- (A) At least two of the three reviews must be unannounced;
- (B) At least one unannounced review must include observation of a meal service;
- (C) Not more than six months may elapse between reviews.

CACFP16-2011 Child Nutrition Reauthorization of 2010: Varied timing of Unannounced Reviews, April 7, 2011: Unannounced reviews are an effective tool in ensuring Program integrity.

Procedures

1) In order to provide sponsored facilities with formal notice of this monitoring procedure, sponsor agreements should specify that unannounced visits may be made at any time during the facility's normal hours of operation, and that meal disallowances may be taken when providers fail to notify their sponsoring organization that they will be away from home during a meal service.

2) Unannounced visits should only be made during the facility's normal operating hours (if shift care is provided, an unannounced visit can be made during any shift); and

3) In accordance to monitoring regulations, when determining the monitoring visit dates, dates must be inconsistent fiscal year to fiscal year (dates of the visits should be staggered from year to year).

Recommendation: Review prior year's dates in your online sponsor application (page 6) or paper documentation to determine dates that were approved in past years.

4) One unannounced monitoring visit must include a meal observation, and the meal observed must be varied. Sponsoring organizations must review each type of meal service that they are approved to operate.

5) Sponsors of programs that operate only one or two months a year or that begin program participation late in the fiscal year may prorate the number of monitoring visits. Contact the ALSDE CNP for approval.

6) Each sponsoring organization must have sufficient staff to perform required monitoring responsibilities at all of its facilities. Federal Regulations (226.16 (b)(1)) require one full time equivalent for each 25 to 150 centers it sponsors. Monitoring involves:

- Planning and scheduling the monitoring visit
- Traveling to the site and conducting the review
- Documentation of non-food profit food service to ensure all Program funds are used correctly
- Technical assistance to improve the food service operation
- Documenting the Income to the Program
- Training staff and monitors – dates, training topics, name of participants
- Submitting appeals based on the review findings

7) **Training:** Sponsors of multiple centers are required to **annually** train staff in CACFP requirements. The training provided by the sponsor must be documented including the date(s) and location(s) of training, topics presented, and the signature of each participant. One-on-one training is acceptable and it must also be documented. Training must include instruction on the CACFP meal patterns, meal counts, claim submission, recordkeeping requirements, and an explanation of the CACFP reimbursement system.

Monitoring is not: 1.) Required Annual Training 2.) Non-CACFP monitoring and training (for example, it is not Head Start monitoring requirements.)

8) The State agency shall review the **management plan** submitted by the sponsoring organization and all other related documents and consider the adequacy of the number of monitors based upon the following factors:

- Geographical location and dispersion
- Literacy level/language spoken
- Previous review results
- Experience level of monitors
- Sponsor's system of records

*The sponsoring organization will be notified with their annual renewal notification if their plan is acceptable. The sponsoring organization has the right to appeal the decision of the state agency.

9) Meal Claim Edit Checks

Sponsors are required to conduct edit checks, sponsor-level edit checks includes verifying the facility is claiming only the approved meal types in accordance with 7 CFR 226.10 (c)(1) and validating claim submission by comparison of enrollment, days of service and total meals claims in accordance with 7 CFR 226.10 (c)(2). Review each site's monthly claim for the following:

1. The total meal count for any meal cannot exceed total enrollment for the month.
2. The total meal count may not exceed licensed capacity at any one meal unless the center is approved for shifts at that meal.
3. The daily record and sign-in sheets must be complete and accurate.
4. The total meal counts for any meal may not exceed the number in attendance.

10. The 5 – Day Reconciliation

A reconciliation of meal counts for five consecutive days must be included as part of each facility review conducted by the sponsor. To conduct the 5-day reconciliation:

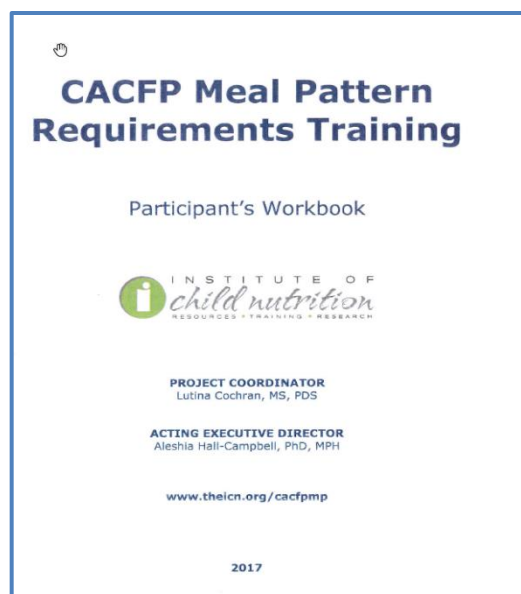
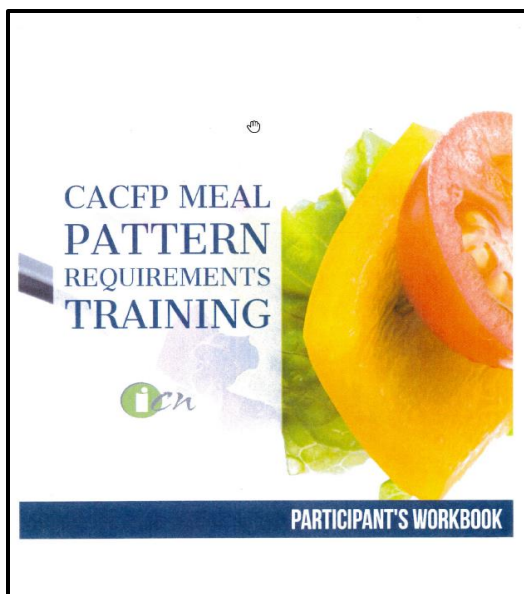
1. Gather all Sign-in Sheets, Daily Attendance Records or Daily Records, and the Monthly Meal Count Record for the month.
2. In the first column, list dates to be reviewed (five consecutive days).
3. For each day, enter the enrollment (number of children that were provided care by the center) from the Daily Attendance Record or Daily Record.
4. For each day, count the number of children signed in from the Sign-In Sheets.
5. From the Daily Attendance Record or the Monthly Meal Count Record, determine the total number of meals served by type.
6. If on any day, the number of any meal served exceeds the number enrolled or signed-in, highlight that meal. Ask center personnel to clarify and document or make a parental contact.

For example:

| | Enrollment | Attendance-Signed-in | Breakfast | AM Snack | Lunch | PM Snack | Supper | Late Snack |
|---------------------|------------|----------------------|-----------|----------|-------|----------|--------|------------|
| Day 1: May 1 | 50 | 45 | 45 | | 45 | 45 | | |
| Day 2: May 2 | 50 | 50 | 49 | | 50 | 50 | | |
| Day 3: May 3 | 50 | 45 | 50 | | 50 | 52 | | |
| Day 4: May 4 | 50 | 50 | 49 | | 50 | 50 | | |
| Day 5: May 5 | 50 | 40 | 45 | | 40 | 45 | | |
| Total | 250 | 230 | 238 | 0 | 235 | 242 | 0 | 0 |

In reviewing this record, we find several instances when there were more meals served than signed-in or enrolled. List these days and meals below: _____.

The Alabama State Department of Education
Child Nutrition Program
has aligned with the Institution of Child Nutrition from the
University of Mississippi with regards to the New CACFP Meal
Pattern Training Requirements and will begin June 2017 using
their Participant's Workbook as the ALSDE CNP Training Manual
for the USDA New Meal Patterns Requirements.



Institute of Child Nutrition. (2017). *CACFP meal pattern requirements training*. University, MS: Author.

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For more information, please contact helpdesk@theicn.org. Last updated April 9, 2017



Alabama State Department of Education Child Nutrition Program - Guidance Meal Patterns and Food Service.

This section reviews the meal requirements for CACFP participants, ages one and above. The meal requirements for Infants is found under the section titled Feeding Infants: *Birth through 11 months of this ALSDE CNP manual.*

Definitions/ Key Terms

- **Child Nutrition (CN) Label** – A voluntary Federal labeling program for all the Participant Nutrition programs. Once approved, the program allows food manufacturers to state the component contribution on their labels. If the product is used according to the manufacturer's directions, the label operates as a warranty against audit claims. If a CN label is not available on a prepared meat/meat alternate product, a manufacturer's product identification or the product label may be used to document required portions.
- **Combination Foods** – Any single serving of food that contains two or more of the required meal components is considered a combination food. When two fruits or vegetables are combined in one recipe, the resulting dish may be counted as one fruit/vegetable.
- **Food Component** – Foods grouped in categories according to the CACFP meal pattern. These categories are milk, meat/meat alternate, fruit, vegetable, and grain.
- **Creditable Foods** – Foods that may be credited toward meeting the meal pattern requirements for a reimbursable meal.
- **Non-Creditable Foods** – Foods that do not count toward meeting meal pattern requirements. Non-creditable foods may provide nutrients and calories that help meet the energy and nutritional needs of the participants. For example, at breakfast there is no meat requirement. At this meal eggs are not creditable even though they provide nutrients.
- **Reimbursable Meal** – Meals that contain all requirements of a meal in both serving size and components.
- **Serving Size or Portion** – A serving is described by the weight, measure, or number of pieces or slices. The serving size specified in the meal pattern is the *minimum* amount that must be served for a reimbursable meal.
- **Family Style Meal Service** – A type of meal service that allows children and adults to serve themselves from common platters of food with assistance of supervising adults.
- **Expressed Milk** – Milk that is produced and expelled from the breast, bottled and served to infant.
- **Dietary Guidelines for Americans** – The nation's trusted resource for evidence-based nutrition recommendations. This resource provides policy makers and professionals with the information they need to help the public make informed choices about their diets at home, school, work and within their communities.
- **Grain-based deserts** – Grain-based desserts are those items in USDA's *Food Buying Guide for Child Nutrition Programs* that are denoted as desserts with super scripts 3 and 4.

Meal Requirements for CNP Institutions

Approved Meal Types

Only the meal types approved in the institution's application that are served in compliance with the meal pattern requirements may be claimed for reimbursement. Institutions may claim a daily maximum of two meals (breakfast, lunch or supper) and one snack or two snacks and one meal per participant.

In the Homeless Residential Programs, institutions may claim a daily maximum of three meals (no snack is required). An institution may not claim more than these maximums.

Approved Meal Service Times

As part of the institution's application, the sponsor will identify the times in which meals will be served. Meals may not be claimed if served either before or after these times. For example, if breakfast is approved to be served from 7:00 a.m. to 8:00 a.m. and a participant arrives at the center after 8:00 a.m. to have breakfast, the meal may not be claimed for reimbursement.

Meal Requirements for Participants Over One Year of Age

Meal service times should be planned to accommodate the needs of the participants in the center. Also, meals served to infants are not required to adhere to meal service times and may be served as needed.

Family Style Meal Service

Family style is a type of meal service which allows participants to serve themselves from common dishes of food with assistance from supervising adults. Unlike cafeteria lines, unitized meals, and pre-set service, the family style method affords some latitude in the size of initial servings because replenishment is immediately available at each table. Even when a complete family style service is not possible or practical, it may be useful to offer one or more components in a family style manner, particularly when younger participants are being served or when a new food item is being introduced.

Characteristics of Family Style Meals

1. A sufficient amount of prepared food must be placed on each table or be readily available to provide the full required portions of each of the food components.
2. Participants may select the foods they want and the amount of each food they want. Participants should be offered the full-required portions of all food components, but may choose less.
3. Supervising adults at each table should actively encourage each participant to accept a complete portion of each food component of the meal pattern. The supervising adults should offer a food component again during the course of the meal to each participant who initially refused the food component or took less than the full portion.

Readily available means that all required food components, in amounts sufficient to offer each participant a full portion of each food item, must be available in the same room where the meal is being served. For example, if the eating area is connected to the kitchen by a service window, enough food to serve at least one full portion to each participant should be available in the eating area or at the service window.

Offer versus Serve – Adults and At-Risk programs only

This type of meal service is not considered appropriate for children because it may interfere with program nutrition goals and the CACFP institution's efforts to introduce new foods to children. For adults, all required food items must be offered to participants at each meal. A special provision, known as "Offer versus Serve," allows adult participants to decline a certain number of the items without the reimbursement being affected.

Offer versus serve is not available for snacks since the snack meal pattern only contains two food items.

The participant must be able to decline these food items, as described, for each meal. This means the required amount of each component must be available during the meal service for the participant to decline. If you suspect that all participants will decline milk at lunch, you must still provide the appropriate amount of milk for each participant to have the required serving.

Contact the staff at Alabama Department of Education Child Nutrition for further instructions as needed.

Water must be Available at All Times

USDA Policy Memo: CACFP 20-2016 - Water Availability in the Child and Adult Care Food Program

The Healthy, Hunger-Free Kids Act of 2010 ensures that potable water is available to participants who attend institutions participating in the CACFP. Throughout the day, including meal times, water should be made available to participants to drink upon request. Although water must be available to participants during meal times, it is not part of the reimbursable meal and may not be served in lieu of fluid milk. Water does not have to be available for participants to serve themselves.

Water can be made available to participants in a variety of ways which include but are not limited to:

- Having cups available close to the kitchen faucet, or
- Having water pitchers and cups available, or
- Simply providing water to a participant when it is requested.



CACFP Meal Patterns – pages 39 through 100 in the Institute of Child Nutrition Participant's Workbook.

CACFP meal patterns enable the sponsor to plan well-balanced, nutritious meals and snacks. The meal patterns outline the food components and minimum quantities required for breakfast, snack, lunch, and supper for participants, specifically by age, for children. Each meal and snack must meet the meal pattern for the appropriate age group in order to be reimbursable. There is *only one* meal pattern age group for adults, yet the meal pattern for children is divided into **four** age groups:

- Ages 1 through 2 years
- Ages 3 through 5 years
- Ages 6 through 12 years
- **Ages 13 through 18 years for At-Risk and Emergency Shelters**

The meal patterns specify minimum portion sizes for each meal component.

You may serve **more** of each meal component but you must serve **at least the minimum** in order to meet CACFP requirements. Older participants may need larger servings than the minimal requirement to satisfy their hunger. Components are creditable (may be counted as contributing toward a reimbursable meal) based upon the meal pattern.

Meal components are foods grouped in categories according to the CACFP meal pattern. These categories are:

- **Milk,**
- **Meat/meat alternate,**
- **Fruit,**
- **Vegetable,**
- **Grain.**

Milk Component — pages 57 through 60 in the Institute of Child Nutrition Participant's Workbook.

CACFP regulations require that each participant's breakfast, lunch and supper include fluid milk. Milk means pasteurized fluid types **of unflavored whole milk for participants one year of age. And unflavored low fat milk, skim milk, or cultured buttermilk which meet State and local standards for such milk. Ages 6 to Adults can serve unflavored fat-free milk.** All milk should contain Vitamins A and D at levels specified by the Food and Drug Administration

The Healthy, Hunger-Free Act of 2010 modified requirements for fluid milk requiring that participants over two years of age consume fat-free (skim) or low-fat (1%) fluid milk. Therefore, fluid milk served in CACFP to participants two years of age and older must be: fat-free or low-fat milk, fat-free or low-fat lactose reduced milk, fat-free or low-fat lactose free milk, fat-free or low-fat buttermilk, or fat-free or low-fat acidified milk.

As with all food components, the minimum required amount of milk must be served at each meal. Therefore, we suggest that when milk is served with cereal, the milk be served in a separate container and not simply poured over the cereal. This ensures that the required quantity is provided for each participant.

Milk is not credited for snacks when juice is served as the other component. Milk is not credited when used in cooking for such foods as cooked cereals, custards, puddings or other foods.

****For detailed training and reference for the meal pattern: use the Participant's Workbook Institute of Child Nutrition. (2017). CACFP meal pattern requirements training. University, MS: Author.**

Milk Substitutions (changed 10/1/2011)

The Healthy, Hunger-Free Act of 2010 modified the requirements for fluid milk substitutions in the CACFP. Children or adults who cannot consume fluid milk due to medical or other special dietary needs, other than a disability, yet have no medical statement, may be served **non-dairy beverages** in lieu of fluid milk. These non-dairy substitutes must meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients to levels found in cow's milk, as outlined in & CFR 226.20(g)(3). State agencies have the discretion to identify appropriate substitutions that meet these requirements.

Currently there are no non-dairy substitutes available that are nutritionally equivalent to milk.

Parent or guardians may request in writing non-dairy milk substitution that meets the nutritional standards found in cow's milk. The parent or guardian must request in writing that the non-dairy substitute be served in lieu of cow's milk. Such substitutions are at the option and the expense of the facility.

As stated above, currently there are no non-dairy substitutes available that are nutritionally equivalent to milk.

****Must call the State Child Nutrition Program for approval of non-dairy substitutions.

What are the criteria that the USDA Food and Nutrition Service use to determine whether a beverage is nutritionally equivalent to milk?

Non-dairy beverages must meet the following specific nutritional standards for the fortification of protein, calcium, vitamin A, vitamin D, magnesium, phosphorus, potassium, riboflavin, and vitamin B₁₂ to be considered nutritionally equivalent to milk.

| Nutrient | Requirement Per Cup | % of Reference Daily Intakes |
|-------------------------|---------------------|--|
| Protein | 8 grams | |
| Calcium | 276 mg | About 28% $1000 \text{ mg} \times .28 = 280 \text{ mg}$ |
| Vitamin A | 500 IU | 10% $5000 \text{ IU} \times .10 = 500 \text{ IU}$ |
| Vitamin D | 100 IU | 25% $400 \text{ IU} \times .25 = 100 \text{ IU}$ |
| Magnesium | 24 mg | 6% $400 \text{ mg} \times .06 = 24 \text{ mg}$ |
| Phosphorus | 222mg | About 22% $1000 \text{ mg} \times .22 = 220 \text{ mg}$ |
| Potassium | 349 mg | |
| Riboflavin | .44 mg | About 26% $1.7 \text{ mg} \times .26 = .44 \text{ mg}$ |
| Vitamin B ₁₂ | 1.1 mcg | About 18% $6 \text{ mcg} \times .18 = 1.08 \text{ mcg}$ |

A medical statement signed by a State recognized medical Authority is only required for non-dairy substitutions due to a disability that do not meet the nutritional standards of cow's milk as described in 7 CFR 226.20(g)(3).

****For detailed training and reference for the meal pattern: use the Participant's Workbook Institute of Child Nutrition. (2017). CACFP meal pattern requirements training. University, MS: Author.**

Meat/Meat Component – pages 61 through 66 in the Institute of Child Nutrition Participant's Workbook.

CACFP Regulations require that a meat or meat alternative be served as part of the lunch or supper meals and must contain the required serving amount as specified in the meal pattern.

Meat/meat alternates include lean meat, poultry, fish and shell fish, cheese, whole eggs, yogurt, cooked dry beans and peas, nuts and seeds and their butters (except for acorn, chestnut and coconut).

When cooked dried beans or peas are counted as a meat alternate, they may not also be credited as a vegetable in the same meal. In addition, nuts and seeds may fulfill no more than one-half of the meat/meat alternate requirement for lunch or supper.

A serving of cooked meat is understood to be lean meat without bone or skin. To calculate the yield of cooked meat from raw, the *Food Buying Guide for Child Nutrition Programs* should be used. The Food Buying Guide is found at www.teamnutrition.usda.gov/.

To calculate the yield of a cooked meat provided by processed meat items(i.e., precooked portions such as Chicken nuggets, fish sticks, frozen lasagna, ravioli, a Child Nutrition CN label or manufactures' product identification sheet should be secured by the institution.

Meat/ Meat Alternates

- Meat options include lean meat, poultry, or fish.
- The creditable quantity of meat/ meat alternatives must be the edible portion.
- Meat alternates, such as cheese, eggs, yogurt, and nut butters, may be used to meet all or a portion of the meat/meat alternates component.

Tofu and Soy Products

- Commercial tofu may be used to meet all or part of the meat/meat alternates component.
- Non-commercial and non-standardized tofu and soy products are not creditable.
- Commercial tofu must be easily recognized as a meat substitute.

Yogurt

- Yogurt may be plain or flavored, unsweetened or sweetened.
- Yogurt must contain no more than 23 grams of total sugars per 6 ounces.

Nuts, Seeds, and Nut Butters

- For Lunch and supper, nuts and seeds may be used to meet half (1/2) of the meat/meat alternates component. They must be combined with other meat/meat alternatives to meet the full requirement for a reimbursable meal.
- Nut and seed butter may be used to meet the entire meat/meat alternatives requirement.

****For detailed training and reference for the meal pattern: use the Participant's Workbook Institute of Child Nutrition. (2017). CACFP meal pattern requirements training. University, MS: Author.**

Fruit and Vegetable Component — pages 67 through 72 in the Institute of Child Nutrition Participant's Workbook.

The *Dietary Guidelines for Americans* emphasize that the majority of fruit served should come from whole fruits, including fresh, canned, frozen, and dried forms, rather than from juice. In addition, all fruit and vegetables juices must be pasteurized.

- A reimbursable breakfast must contain a serving from the fruit or vegetable component.
- Both lunch and supper you can choose to serve two vegetables at lunch and supper, rather than a serving of vegetable and a serving of a fruit.
- The fruit component at lunch and supper may be substituted by a vegetable.
- When two vegetable are served at lunch or supper, they must be two different kinds of vegetables.
- Snack with a vegetable and fruit, in the appropriate minimum serving sizes, is reimbursable.

Other important points about the fruit and vegetable component:

- Cooked dried beans or peas may be counted either as a vegetable or as a meat/meat alternate but not as both in the same meal.
- Juice may not be credited as one of the two components of a snack when milk is served as the only other component.

Grain Component — pages 73 through 100 in the in the Institute of Child Nutrition Participant's Workbook.

CACFP regulations require that breakfast, lunch, and supper contain a **grain component** in the amount specified for each age group served. A **grain component** may also be served as one of the two components of a snack.

At least one serving of grains per day must be whole grain-rich. When whole grain-rich foods are not served in a given day, the meal (or snack) with the lowest reimbursement that contains grain will be disallowed.

Bread products may only be credited when they are whole-grain, enriched or made from whole-grain or enriched meal or flour. Cereals must be whole grain, enriched, or fortified. Cornmeal and corn flour are not necessarily whole grain. In this case, look for the term “whole” in connection with corn (i.e. whole grain corn, whole ground corn) or enriched (i.e. enriched corn flour, enriched corn grits) on the label.

Bread Based Desserts does not count towards the grain requirement (Examples are cake, cookies, sweet pie crust, sweet rolls and brownies).

****For detailed training and reference for the meal pattern: use the Participant's Workbook Institute of Child Nutrition. (2017). CACFP meal pattern requirements training. University, MS: Author.**

Meal Substitutions for Medical or Other Special Dietary Reasons

CACFP regulations require that participating institutions offer all participants meals that meet meal pattern requirements.

- These regulations further *require* substitutions to the meal patterns for participants that are considered handicapped and whose handicap restricts their diet.
- Regulations *permit* substitutions for participants who are not handicapped but are unable to consume regular Program meals because of medical or other special dietary needs.

Handicapped Participants

- Handicapped Person - Defined as “any person who has a physical or mental impairment, which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such as impairment.”
- Major Life Activities – These include functions such as caring for one’s self, breathing, learning, and working.

Institutions are required to make substitutions or modifications to the meal patterns for those participants with handicaps who are unable to consume the required meals.

Determination of whether or not a participant has a handicap which restricts their diet is made by a licensed physician. A physician’s medical statement must contain the following:

1. The participant’s handicap and an explanation of why the handicap restricts the participant’s diet.
2. The major life activity affected by the handicap, and
3. The food or foods to be omitted from the participant’s diet and the food or choice of food that must be substituted.

Participants with Other Special Dietary Needs

Substitutions may be made for persons who are unable to consume a food item because of medical or other special dietary needs. Such substitutions may only be made when supported by a statement signed by a recognized medical authority. In these cases, recognized medical authorities may include physicians, physician assistants, or nurse practitioners. For these non-handicapped participants, the supporting statement must include:

1. An identification of the medical or other special dietary need which restricts the participant’s diet
2. The food or foods to be omitted from the participant’s diet
3. The food or choice of foods that may be substituted

Reimbursement and Availability of Substitutions

- Reimbursement for meals served with an authorized substitute food to handicapped participants or to participants with special needs may be claimed at the same reimbursement rate as meals which meet the meal pattern, *if* proper documentation is maintained.
- Failure to maintain the required documentation will result in disallowed meals during a review.
- The institution may not charge the client if there is an additional cost to meet their dietary needs.
- Furthermore, no additional CACFP reimbursement is available to meet dietary needs.

Accessibility

The institution is responsible for the accessibility of food service sites and for ensuring the provision of aides, as needed. As with additional costs for substituted foods, any additional costs for adaptive feeding, equipment, or for aides are considered allowable costs. However, no additional Child Nutrition Program reimbursement is available.

What if you can't secure the proper documentation?

A reimbursable meal must be served to the participant in order to claim the meal. If you know a participant is allergic to a food you should be able to identify a substitution within the component. For example, a participant that is allergic to wheat, may be served rice or cornbread.

Meal Substitutions for Religious Reasons

- Substitutions for religious reasons can be accommodated when there is evidence that the substitution is necessary to meet religious needs.
- The institution should accommodate an individual participant's need for substitutions for religious reasons.
- However, FNS Instructions address meal substitutions for large groups, such as those for Jewish Schools and Seventh Day Adventist Schools. Please contact the SDE for guidance, as needed.

Special Meal Circumstances

Purchasing Meals from a Vendor

See the CNP Website under the Procurement / Food Service Management tab.

Purchasing Occasional Meals from Restaurants

On occasion, a center may purchase meals from a restaurant. This meal is reimbursable if the following guidelines are followed:

1. The purchased meal must contain all the required components and quantities. If the restaurant is not able to provide a food item, the center must document what was provided in addition to what was added by the sponsor. *For example:* While on a field trip to a Pizza Parlor the vendor provides pizza (a meat, fruit, vegetable and bread) and green salad. The Pizza Parlor does not have milk but allows the sponsor to bring it in. The milk must be documented on the Production Record.
2. The restaurant provides the sponsor with a statement identifying each food item provided and the specific amounts per participant. This statement must clearly identify the Restaurant's name and be signed by a representative from the restaurant.
For example: Pizza – 6 large/8 slices each (each pizza contains 16 ounces of cheese and 2 cups tomato sauce)
Salad – 48/1 cup servings salad with lettuce, shredded carrots and sliced tomatoes
3. An itemized receipt is obtained listing the name of the restaurant, date, and items purchased.
4. The meal must be documented by the center on a Production Record.
5. The meal must be served as part of a center-related activity. Meals must be served and consumed under the supervision of center staff. For example, participants may not be given the meal in a bag and allowed to eat the meal on the way home.

Staff Meals on Field Trips – The cost of meals eaten by adults accompanying and assisting participants with their meals is an allowable expense if the adults are served essentially the same meal as the participants. For example, if the adult gets a super-duper hamburger yet the participants are served a tiny hamburger, the adult meal may not be shown as a food program expense. In addition, the adult meal may not include special beverages (i.e., coffee, tea or cola beverages).

Alabama State Department of Education Child Nutrition Program Policy Serving Meals “while being transported” – It is the policy of the SDE that no meals may be served to participants while being transported. Participants must be served meals on the daycare premises or on a parent authorized field trip site. Under no circumstances may participants be served in a moving vehicle.

Birthday Parties or Other Celebrations

As previously stated, under no circumstances may a center request or require anyone to provide food. On occasion, however, a parent may volunteer to provide foods for a celebration (i.e., cupcakes for a birthday party). In order to claim the meal:

1. No more than one of the required food components may be donated during any meal service. For snack, if a parent provides one component, the center must provide the other.
2. The donated item must be documented on the Daily Production Record as a donation.
3. The documentation of the donation must include the name of the donor, the date donated, and a description of the food, including quantity.

It is acceptable to allow a parent to provide all items for a meal or snack. In this case, however, you must mark the participants present on the Attendance sheet and then circle the “X” to indicate you are not claiming the meal.

Alabama State Department of Child Nutrition Program Guidelines for Donated Foods

Adults and Children Ages One Year and Older

Institutions may occasionally receive donated foods for use in a reimbursable meal. For example, a grocery store may donate day-old bread or a family member may bring a birthday treat. Food items that are safe and sanitary may be accepted and served in the center, unless prohibited by the USDA. This allows centers to benefit from the generosity of others and still meet CACFP requirements.

USDA prohibits the use of the following items in the CACFP:

- Home canned foods
- Home frozen foods
- Wild game not processed in a state or federally inspected processing facility

This section refers to donated food items for use in reimbursable meals for any participant one year old and older. These food items are not for the sole purpose of one person or persons in a particular family. Infant meal donations are covered in the last section of the manual, entitled *Feeding Infants*. If a family member chooses to provide any part of a meal for just their family member, the meal is not reimbursable.

A maximum of one component per meal or snack service may be donated to the center for to all participants in the center who are one year old and older. Donations may NOT be solicited, requested, or required.

All donated food items must be properly documented. Documentation must include the name of the donor, the date donated, and a description including quantity.

Alabama State Department of Education Policy and Procedure for Milk Donations

Milk is a very important component in the CACFP, accurate documentation is a must. The SDE monitor will look at documentation of milk donations to determine if it is acceptable. If you doubt the source or reason for the milk donation, do not accept the donation and use your CACFP funds to purchase milk. **Use the Milk Donation form found on the CNP website under Existing Sponsors tab. No donated milk can come from any other federal funded programs, (ex. SNAP, WIC).**

Proper documentation of donated milk:

1. It must be an original document. Even if a person donates milk on a regular basis, they must complete a new document for each donation. The original document must be available when requested by the SDE and stored with the other required monthly records.
2. The full name, address, and telephone number of the person donating the milk must be listed. The SDE will contact this individual so the telephone number listed must be accessible during the day. If the SDE is unable to contact the person to verify the donation, the donated milk may be disallowed.
3. List the date the milk was donated/received at the center.
4. List the quantity and type of milk donated. List the quantity and size of containers donated (i.e., gallons, half gallons, etc.).
5. Provide a reason for the donation and the original source of the milk. For example, a parent may donate one gallon of milk because of an upcoming vacation. The statement must indicate the milk was donated due to the vacation and then the name of the grocery store where the milk was purchased. If an individual donates milk on a regular basis, he must explain why they have excess milk to donate on a regular basis.
6. The form must be signed and dated by the person donating the milk.
7. The form must be signed and dated by the person receiving the milk.
8. **Milk may NOT be donated by the business owner.**

Determining Food Quantities to Serve for Participants

Determining the quantity of food to prepare is a little challenging but made easier with the “Do I Have Enough?” worksheets.

Do I Have Enough Milk?

Milk is closely monitored by our reviewers. This worksheet, found on the CNP Web site will help ensure that you are serving enough milk. To complete:

1. Enter the number of enrolled participants. For children you must enter the number by age group.
2. Multiply the number of enrolled participants, by age group, by the minimum amount of milk required.
3. Total the amount of milk required for each age group in the center.
4. Determine the number of gallons required.

For example, on November 1st your center had the following participants:

- 12 participants ages 1 through 2.
- 27 participants ages 3 through 5.
- 17 participants ages 6 through 12 (these are school age participants and not present for lunch).

Using the “Do I Have Enough Milk” Worksheet, determine the quantity of Milk required for lunch as follows:

| Lunch: | | |
|-------------------------------|----|---|
| Number of Children ages 1-2 | 12 | $\times 4 \text{ oz} = 48$ |
| Number of Children ages 3-5 | 27 | $\times 6 \text{ oz} = 162$ |
| Number of Children ages 6-12 | 0 | $\times 8 \text{ oz} = 0$ |
| Total milk required for Lunch | | 210 |
| Total milk required | | $210 \div 128 \text{ oz.} = 1.65$ gallons |

12 participants

$12 \times 4 = 48$

27 participants ages 3-5 $\times 6 \text{ ounces} = 162$

Since it is November 1st, there are no 6-12 year old participants present at lunch.

To determine gallons, divide total ounces of milk by 128:
 $210 \div 128 = 1.65$

Total milk required for this meal:
48 ounces
162 ounces
210 ounces

If this center had approximately the same number of participants present every day, it would need 8.1 gallons a week for lunch (1.65 gallons times 5 days). If it had approximately the same number of participants present for breakfast, they would need 16.2 gallons a week. If this center did not serve milk at snack, it would need to purchase 16.2 gallons a week. We would suggest that this center purchase a minimum of 17 gallons a week.

Determining Food Quantities to Serve

When calculating the amount of milk you need to purchase each week you may want to use an average day or average participation over several days. There is no need to do the calculations each day since most centers have similar participation each day. When your participation does change (for example: days when school age participants are present all day during the summer months), you may want to complete a new worksheet.

Be sure to purchase more than you calculate. The worksheet tells you exactly what you need and does not allow for seconds, spillage, milk used in cooking, or spoilage. At minimum, purchase one gallon more than calculated.

What about 8-ounce cartons?

Many centers use 8-ounce cartons of milk. The reason for their use is primarily convenience and assurance that each participant is served a sufficient amount of milk. If you choose to use these:

- The carton must be opened and served to the participant.
- If a participant chooses not to drink the milk, the carton must **not** be returned to the refrigerator, but thrown away.
- It is acceptable to split cartons for 1 and 2 year old participants.

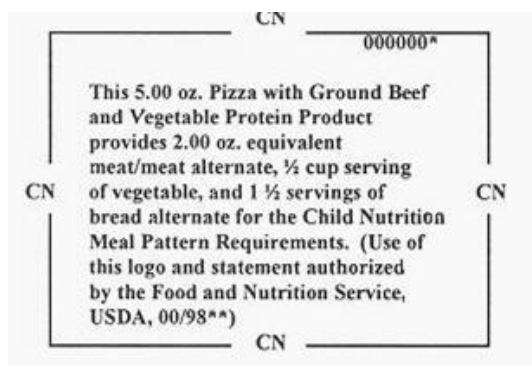
Do I Have Enough Meat?

To determine if enough meat is served, you need to use the Food Buying Guide for fresh or frozen unprocessed meat, a Child Nutrition (CN) label, or a Product Identification Sheet for processed meat.

Child Nutrition Label

The Child Nutrition (CN) label is a voluntary Federal labeling program for processed meat and fruit products. Processed meats include pre-cooked meats, such as chicken nuggets, fish sticks, corn dogs, ravioli, and meat balls. The label identifies the contribution of a product toward the meal pattern requirements and provides a warranty against an audit finding, if the product is used as directed.

The label is usually found on the outer carton of products purchased in bulk. These items are usually found through food distributors and not regular grocery stores.



This 5 ounce Pizza slice provides:

- 2 ounces of meat,
- 1/2 cup vegetable and
- 1 1/2 serving of bread

If you need to serve a participant 1 ounce of meat, how many slices of this pizza would you need? _____

You would need 1/2 slice of pizza. It is a little more difficult to calculate the 1 1/2 ounces of meat required for participants ages 3 through 5. To simplify things, use the following formula:

$$\frac{\text{size of serving on CN label}}{\text{ounce meat equivalent}} = \frac{\text{serving size per meat equivalent.}}{\text{ounce meat equivalent needed}} = \frac{\text{serving size required}}{\text{serving size required}}$$

Determining Food Quantities to Serve

Using the CN label from the previous page, how many slices of pizza do we need for 1 ½ ounces of meat?

The label tells us the serving size is one slice

This is the amount of meat in one serving

$1 \div 2 = \frac{1}{2}$ or .5

1 slice

size of serving on CN label

÷

2 oz.

ounce meat equivalent

=

1/2

serving size per meat equivalent.

1/2

serving size per meat equivalent

×

1 1/2

ounce meat equivalent needed

=

¾ or .75

serving size required

This is the amount needed

$\frac{1}{2} \times 1 \frac{1}{2} = \frac{3}{4}$ or .75
All participants ages 3 – 5 need ¾ of a slice; most centers would serve 1

Suppose a CN label provided the following information regarding chicken nuggets:

- One serving is 5 nuggets
- Each serving provides 2 ounces of meat

How many nuggets would a 4 year old participant require in terms of meat? Use the formula:

size of serving on CN label

÷

ounce meat equivalent

=

serving size per meat equivalent.

serving size per meat equivalent

×

ounce meat equivalent needed

=

serving size required

Answer: A 4 year old participant requires 1 ½ ounces of meat so he would need 3.75 nuggets. You should serve him a minimum of 4 nuggets.

Determining Food Quantities to Serve

Using the Food Buying Guide to Calculate Quantities

The Food Buying Guide was developed by USDA to help determine the right amount of food to buy and serve in large quantities. It takes standard purchased quantities of foods and converts them into amounts used in the CACFP. The Food Buying Guide may be downloaded from the Child and Adult Care Food Program website. The Food Buying Guide is currently being revised. The Fruit/Vegetable section is newly revised, yet other sections, such as Grains/Breads, are currently being revised. The Food Buying Guide and the new replacement pages for Fruits and Vegetables may be found at <http://teamnutrition.usda.gov/Resources/foodbuyingguide.html>. At this location there is also a Food Buying Guide calculator that computes how much of each food item is needed to serve the appropriate serving to the number of participants that you enter. The food items and the amount needed are then compiled into a convenient shopping list.

The Food Buying Guide is a group of tables that contain the following information:

| 1 Food As Purchased, AP | 2 Purchase Unit | 3 Servings per Purchase Unit, EP | 4 Serving Size per Meal Contribution | 5 Purchase Units for 100 Servings | 6 Additional Information |
|---|-----------------|----------------------------------|--------------------------------------|-----------------------------------|------------------------------------|
| BEEF CHUCK ROAST, fresh or frozen^{4, 5} | | | | | |
| Beef Chuck Roast, fresh or frozen⁴ | Pound | 8.64 | 1 oz cooked lean meat | 11.6 | 1 lb AP = 0.54 lb cooked lean meat |
| <i>With bone</i> | | | | | |
| <i>Practically-free-of-fat</i> | Pound | 5.76 | 1-1/2 oz cooked lean meat | 17.4 | |

Column 1 – Food As Purchased, AP – tells you the name of the food item and the form(s) in which it is purchased. Individual foods are listed in alphabetical order by type of food. It also gives a detailed description of the food as purchased (before cooking). In the example above, Column 1 refers to Beef Chuck Roast, fresh or frozen with bone and practically free of fat. To meet CACFP requirements, we need to know how much cooked, lean meat this piece of meat will provide. If the roast we want to purchase is boneless, then we would need to look further in the Guide.

Column 2 – Purchased Unit – tells you the basic unit of purchase for the food. In the example above the purchased unit for this item is pound.

Column 3 – Servings per Purchase Unit, EP (Edible Portion) – shows the number of servings of a given size (found in Column 4) from each purchase unit (found in Column 2). It is based upon average yields from good quality foods prepared in ways that result in a minimum of waste. In the example above, Column 3 tells us two things:

- One pound (purchased unit in Column 2) provides 8.64, 1 ounce portions of cooked lean meat (column 4).
- One pound (purchased unit in Column 2) provides 5.76, 1 ½ ounce portions of cooked lean meat (column 4).

Column 4 – Serving Size per Meal Contribution – describes a serving by weight, measure, or number of pieces or slices.

Column 5 – Purchase Units for 100 Servings – shows the number of purchased units you need for 100 servings. In the example above, you would need to purchase 11.6 pounds for 100, 1 ounce servings or 17.4 pounds for 100, 1 ½ ounce portions.

Column 6 – Additional Information – provides other information to help you calculate the amount of food you need to purchase or prepare.

As with milk, we have developed a worksheet to help you calculate how much meat you need to prepare. The “Do I Have Enough Meat?” worksheet, found in Appendix A and on the website, is based upon a 1 ounce serving size from Column 4 of the Food Buying Guide.

Using the Food Buying Guide to Calculate Quantities

To calculate the amount of meat required using the Food Buying Guide and the worksheet:

1. Enter the number of enrolled participants. For children, it will be done by age group.
2. Multiply the number of enrolled participants, by age group as needed, by the minimum required serving size.
3. Total the minimum required amount for all participants.
4. Divide the total for all participants by the serving size per purchased unit found in Column 3 of the Food Buying Guide. Be sure to use the 1-ounce serving size (Column 4).

Using the Ground Beef information listed below, calculate the amount of beef needed to serve at lunch:

| 1 Food As Purchased, AP | 2 Purchase Unit | 3 Servings per Purchase Unit, EP | 4 Serving Size per Meal Contribution | 5 Purchase Units for 100 Servings | 6 Additional Information |
|--|-----------------|----------------------------------|--------------------------------------|-----------------------------------|--|
| BEEF GROUND fresh or frozen^{7,8} (continued) | | | | | |
| Beef, Ground, fresh or frozen ^{7,8} no more than 26% fat (Like IMPS #136) | Pound | 11.5 | 1 oz cooked lean meat | 8.7 | 1 lb AP = .72 lb cooked, drained lean meat |
| | Pound | 7.68 | 1-1/2 oz cooked lean meat | 13.1 | |

Number of Children ages 1-2 18 x 1 oz = _____oz

Number of Children ages 3-5 37 x 1.5 oz = _____oz

Number of Children ages 6-12 7 x 2 oz = _____oz

Total Meat required for lunch _____oz

_____ ÷ _____ Lb. = _____
Total meat req. Serv/Purchased Unit Amount to Purchase

Answer – Participants ages 1-2 need 18 ounces, ages 3-5 need 55.5 ounces, and ages 6-12 need 14 ounces. A total of 87.5 ounces are required.
87.5 ÷ 11.5 = 7.6 pounds required.

Determining Food Quantities to Serve

The Food Buying Guide is used along with the “Do I Have Enough Vegetables and/or Fruits?” worksheet to determine the quantity of fruits and vegetables needed in the same manner as it is for Meats. Please note that the Fruit and Vegetable section is newly revised. The Food Buying Guide and the new replacement pages for Fruits and Vegetables may be found at:

<http://teamnutrition.usda.gov/Resources/foodbuyingguide.html>.

| 1 Food As Purchased, AP | 2 Purchase Unit | 3 Servings per Purchase Unit, EP | 4 Serving Size per Meal Contribution | 5 Purchase Units for 100 Servings | 6 Additional Information |
|--|-----------------------|----------------------------------|--------------------------------------|-----------------------------------|---|
| APPLESAUCE | | | | | |
| Applesauce, canned <i>Smooth or Chunky</i> <i>Includes USDA Commodity</i> | No. 10 can (108 oz) | 47.6 | 1/4 cup fruit | 2.2 | 1 No. 10 can = about 12 cups applesauce |
| | No. 2-1/2 can (29 oz) | 12.8 | 1/4 cup fruit | 7.9 | 1 No. 2-1/2 can = about 3-1/8 cups applesauce |
| | 23 oz jar | 10.1 | 1/4 cup fruit | 10.0 | |

In the example above, if you purchased applesauce in a 23 ounce jar, you would get 10.1, ¼ cup servings. In our worksheet, we first calculate the number of cups that are required. Since the Guide tells us how many ¼ servings are in a purchased unit, we have the additional step of converting whole cups into ¼ cups. At lunch, since two servings are required to meet the requirement, we have divided the requirement in two. For example, participants ages 3-5 require two servings to equal ½ cup. The worksheet calculates the amount needed based upon two, ¼ cup servings (one half of ½ cup). Using the Applesauce information listed above, calculate the amount needed to serve at breakfast if you use a 23 ounce jar:

Do I Have Enough Vegetables and or Fruits?

The worksheet is similar to the Meat worksheet with an added step of converting cups to ¼ cups.

Number of Children ages 1-2 16 x .25 cups = _____ cups

Number of Children ages 3-12 34 x .5 cups = _____ cups

Total fruit/veg. required for breakfast _____ cups

Total fruit/veg. required _____ cups x 4 = _____ ¼ cup servings

_____ ÷ _____ = _____
¼ cup servings Serv/Purchased Unit Amount to Purchase

Answer: Participants ages 1-2 need 4 cups, participants ages 3-12 need 17 cups for a total of 21 cups.
21 x 4 = 84, ¼ cups. 84 ÷ 10.1 = 8.32 jars require

ALSDE CNP Procedure for

Documentation of meals served to participants is maintained in two ways:

1. Menus must be posted and then maintained on file.
2. Production Records or delivery tickets must be completed daily and maintained as documentation.

Alabama State Department of Education CNP Menus Procedure

- The institution may use any format for the posted menu as long as all required components, including milk, are listed.
- Menus must be posted in the daycare in a location that is visible by the parents.
- Minor variations to the menu may be made without changing the posted menu (for example, replacing fresh bananas with fresh oranges) yet major menu changes, such as a change in the entrée, must be indicated.
- Each month's menu must be maintained with the center's monthly CACFP records.

Recipes

USDA has a wonderful resource for recipes that are appropriate for participant care centers. To view these recipes or to request a copy.



See Also: Recipes Healthy Kids and What's Cooking? USDA Mixing Bowl

Sample Menus

Sample menus are available on our website.
Menu ideas can also be on Menu Magic for Children.



Additional Reference:

The 2015 DIETARY GUIDELINES FOR AMERICANS. Download the GUIDELINES and supporting materials at <http://health.gov/dietaryguidelines/2015/>

Alabama State Department of Education Child Nutrition Program Policy and Procedures for Production Records

This is a required form by the Alabama State Department of Education Child Nutrition Program.

The Production Record is a document that records what is actually prepared for each meal. Any meal that is prepared and not properly documented on the Production Record will be reported as a finding during a review.

- The Production Record should be completed as the meal is prepared or immediately thereafter.
- The Production Record cannot be completed in advance when the meals are being planned.

Daily Food Production Record – Step by Step

The **Daily Production Record** is used to record the amount of food used to prepare participants' meals. It does not, however, document meals served to infants.

Step 1 – Date and Name of Center

List the date the food is prepared and the center name.

Step 2 – Today's Menu

The form is divided into meals (Breakfast, AM Snack, Lunch, PM Snack, Supper and Late Snack). Based upon the meal you are serving, you must complete the two parts of the record:

- Today's Menu
- Foods Used in Preparing Meals

List the menu that is actually prepared. Previously, you were instructed that minor changes to the posted menu do not need to be made (for example, if you served broccoli instead of green beans). However, the Production Record should reflect the *actual* menu for the day. All foods prepared, including milk and non-creditable foods, must be included.

Common errors:

- Listing a hot dog or hamburger and not the bun
- Not including milk
- Failing to list additional items that are added when the original menu is changed
- Not listing the kind, such as the type of juice or the kind of cookie
- Being too general. This form is completed as the meal is prepared. You should be able to indicate exactly what is prepared.

Step 3 – Foods Used in Preparing Meals

Record the amount of food prepared on the Production Record. Record only the main (creditable) food items prepared. Condiments (such as catsup, jelly, and mayonnaise) and non-creditable items (such as potato chips, meat at breakfast and desserts at lunch) are not required.

The following information for required foods must be recorded on Production Records:

- The food item prepared.
- The amount (size, weight, quantity) prepared.

This record does not document leftovers. If you prepared a food item to serve, you must record what you prepared. If you prepared a food item and stored some to serve on another day, you must record what was prepared for this meal.

Mini Review – What Should You Do?

1. You chilled a can of peaches to serve. Only $\frac{3}{4}$ of the can was served.
How should you record the peaches? 1 can $\frac{3}{4}$ can
2. You opened a can of peaches and poured half the can into a storage container to serve later. How should you record the peaches? 1 can $\frac{1}{2}$ can

Different food items are recorded in different ways. Below are examples of how to record the different food components. As long as the entry contains an identifiable quantity that relates to the meal pattern, it is acceptable. The examples below are not all inclusive.

Milk: Record the quantity of milk purchased (for example, gallons, half gallons, quarts, and pints.) If a portion of a carton is served, make an educated guess as to how much is used and do not measure the remainder.

Fruit: (same)

Vegetables: Record in the simplest manner possible based upon the purchased unit:

- **Canned or jarred** – Record the following:
 - Number and size of can or jar (i.e., 4, #10 cans, 6, 23 ounce jars, 8, 16 ounce cans).
 - If a portion of a can or jar is stored for later use, record only the amount prepared for the current meal.
- **Frozen** – Record the following:
 - Number and size of package (i.e., 4, 16 ounce bags).
 - If only a portion of a package is prepared, record only the portion prepared for the current meal.
- **Dried** – Record the following:
 - Number and size of package (i.e. 2, 10 ounce bags, 16 ounce box).
 - If only a portion of a package is prepared, record only the portion prepared for the current meal (i.e., $\frac{1}{2}$, 16 ounce box instant potatoes).
- **Fresh** – Record as:
 - Number of items (i.e., 6 fresh oranges, 3 heads of lettuce or 3, 12 ounce bags of lettuce), or
 - Weight of the item (3 pounds fresh apples),

Meat: Record in the simplest manner possible based upon the purchased unit:

- **Fresh** – Fresh meat is sold by the pound and best recorded by the weight listed on the label. If only a portion of a package is prepared, record the portion prepared for the current meal.
- **Frozen** – Record as:
 - Pounds or ounces or
 - If a portion of a bag or carton is used, indicate the portion, but also the bag weight (i.e., $\frac{1}{2}$, 16 ounce bag).
 - **Pre-prepared combination meals, packaged** – Items such as frozen lasagna and macaroni and cheese are in this category. These items require a Child Nutrition label or product identification sheet which must be on file in the center and available for an auditor to review. Record the number of packages.

Grains: This component may be recorded as follows:

- **Homemade** – Record the number of items and the weight or size of one item (i.e., 36 cookies at 3 ounces each)
- **Prepared** – Record the number of packages and weight of the package (3, 12 ounce boxes)

Answers:

1. One can since you opened the peaches to serve.
2. $\frac{1}{2}$ can since you intended to serve the stored half at a later date.

Daily Food Production Record – Step by Step

Mini Review – What is wrong with these entries?

1. 2 ½ packages French fries. What is wrong? _____
2. 36 crackers. What is wrong? _____
3. Bread. What is wrong? _____
4. 6. What is wrong? _____
5. 32 apples. What is wrong? _____
6. 32 ounces orange juice. What is wrong? _____
7. 2 pounds potatoes. What is wrong? _____

Recording Supper when it is Prepared with Lunch

In many centers, the same meal is served at supper that was served at lunch. To properly complete the Production Record:

1. On the lunch record show the amount of food prepared for both meals. For example, if ten pounds of ground beef were used to prepare meatloaf for both meals, the lunch record should appear as follows:

| | | |
|----------|---------|-------------|
| Meatloaf | 10 lbs. | Ground Beef |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

2. On the supper Production Record write “prepared at lunch” under “Main Food Item Used as follows:

| | |
|----------|------------------|
| Meatloaf | Prepare at Lunch |
| _____ | _____ |
| _____ | _____ |

Answers:

1. The weight of the French fry package was not listed.
2. The type of crackers and weight or size of one cracker was not listed.
3. The type and amount of bread was not listed.
4. The foods used were not listed.
5. Were these apples fresh, frozen or canned?
6. What kind of juice? If the orange juice is concentrated, it would produce 128 ounces.
7. If the potatoes are instant, they would produce a lot more potatoes. As written, a reviewer would assume the potatoes were fresh.

Daily Food Production Record

Mini Review – Complete the Production Record below using the following information:

Menu:

Oven Baked Parmesan Chicken
 Sliced Bread
 Broccoli
 Gelatin with fruit cocktail
 Milk

Foods Used:

1 cup low fat mayonnaise
 2 tsp. mustard
 1 cup Parmesan Cheese
 6 pounds boneless chicken thighs
 2 loaves bread (40 slices)
 4 pounds frozen chopped broccoli
 #10 can fruit cocktail
 3 boxes cherry gelatin
 1 ½ gallons milk

| LUNCH | | |
|-------|--|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Feeding Infants – pages 13 through 38 in the Institute of Child Nutrition Participant's Workbook.

****Infant Meal Pattern in the Institute of Child Nutrition Participant's Workbook**

Infant ages are Birth through 11 months.

The new requirement for Infant Age ranges are:

- **Ages Birth through 5 months**
- **Ages 6 months through 11 months**

****Page 19 in the INC Participant's Workbook.**



Obligation to Offer and Reimbursement of Infant Meals

Centers and day care homes participating in CACFP must offer Program meals to all eligible children enrolled in their center or day care home. Program regulations define an enrolled child as “a child whose parent or guardian has submitted to an institution a signed document which indicated that the child is enrolled in child care” [7 CFR 226.2].

A center or day care home **may not** avoid this obligation by stating that the infant is not “enrolled” in the CACFP, or by citing logistical or cost barriers to offering infant meals. Decisions on offering Program meals must be based on whether the child is enrolled for care, not if the child is enrolled in the CACFP.

As long as an infant is in care during the meal service period, the center or day care home must offer the infant a meal that complies with Program requirements. An infant's parents or guardians may, at their discretion, decline the offered infant formula and supply expressed breastmilk or a creditable infant formula for the infant to consume. To receive reimbursement, the center or day care home's caregiver must serve and feed the infant a developmentally appropriate meal.

Amounts – The amount that an infant is fed should be determined by the parent and family pediatrician, and not by the provider. Thus, the meal pattern serving sizes provide flexibility. The range also allows a gradual transition when introducing new foods to infants. For these reasons, the zero in the serving size ranges can be interpreted to mean “optional.”

Time – Although the infant meal pattern specifies breakfast, lunch, supper, and snacks, this may be inconsistent with an infant's feeding pattern. Centers may feed infants, as necessary, without regard to the approved meal service times.

Number of allowable meals – You may claim no more than two meals and a snack or two snacks and a meal per infant, per day.

Creditable Infant Formula – see page 15 through 38 in the in the ICN Participant's Workbook.

When selecting infant formula, you should chose those that meet the criteria for a reimbursable meal.

- All formulas must be **iron-fortified** and must state “Infant Formula with Iron or a similar statement on the front of the package.
- All Iron-fortified infant formulas must have this type of statement on package.
- Must list 1 milligram of iron per 100 calories on the Nutrition Facts Label.
- If the center or parent provides a formula other than iron-fortified, a medical statement is required to support its use.

- Per State DHR and the State Health Department standards, dry infant formula may not be mixed in the center. If a parent uses dry formula, they must mix the formula at home and bring it prepared or ready to serve. Under no circumstances may a center mix formula at the center.

CACFP regulations require that to be eligible for reimbursement infant formula served must be iron-fortified [7 CFR 226.20(b)(2)]. The Food and Drug Administration (FDA) defines **iron-fortified** infant formula as a product “which contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption” [21 CFR 107.10(b)(4)(i)]. The number of milligrams (mg) of iron per 100 kilocalories (calories) of formula can be found on the nutrition facts label of infant formulas.

Previously, FNS provided a list of *Iron-Fortified Infant Formulas That Do Not Require a Medical Statement*. FNS will **no longer maintain such a list**.

The following **criteria** may be used to determine whether or not a formula is eligible for reimbursement without a medical statement:

1. Ensure that the formula is not an FDA Exempt Infant Formula. An exempt infant formula is an infant formula labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, as defined in 21 CFR 107.3.
2. Look for “Infant Formula with Iron” or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package.
3. Use the nutrition facts label as a guide to ensure that the formula is iron-fortified. The nutritive values of each formula are listed on the product’s nutrition facts label. To be considered iron-fortified, an infant formula must have 1 mg of iron or more per 100 calories of formula when prepared in accordance with label directions.

Requiring an infant formula be compliant with the FDA regulatory standards on infant formula is consistent with the Special Supplemental Nutrition Program for Women, Infants, and Children’s (WIC) infant formula requirements and ensures that all infant formulas served in the CACFP meet nutrient specifications and safety requirements. If a formula is purchased outside of the United States, it is likely that the formula is not regulated by the FDA, and therefore, it may not be creditable under the CACFP.

Infant Feeding in the CACFP – Revised memo:

Wednesday, June 24, 2015

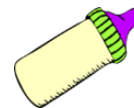
The purpose of this memorandum is to consolidate, clarify, and provide additional guidance on infant formula and meal requirements in the Child and Adult Care Food Program (CACFP). This revision clarifies that infant formula must be regulated by the Food and Drug Administration (FDA) in order to be part of a reimbursable meal. Additionally, this memorandum extends the length of time refrigerated breastmilk may be stored at a center or day care homes. Updates guidance on creditable infant formulas, allows centers and day care homes to serve infant foods containing DHA, and addresses frequently asked questions. This memorandum revises an earlier version published April 10, 2015.

“The Center Cannot Require Parents to Provide Their Own “Formula or Food”

Under the infant meal pattern, infant formula is a required component that must always be offered in order for the center to obtain reimbursement under CACFP unless the mother’s breast milk is served in its place. This does not mean that a facility must satisfy the unique formula needs of every infant. It does mean that a center may not claim reimbursement for meals if they require parents to supply formula or breast milk.

In discussing infant feeding with parents, the center should:

- Identify the USDA approved formula the center will provide.
- Allow the parents to accept the formula or decline it and provide their own.



Question and Answer:

Q: When an infant is transitioning from formula to whole milk after his first birthday, it is common to provide the infant with both foods to gradually ease the infant into consuming whole milk in place of formula. During this transition period, when an infant is receiving both whole milk and formula, is the meal reimbursable?

A: Yes. If a participant has had his first birthday, the regulations allow one month for this transition. If the participant is still receiving formula after the 13th month, a medical statement is required.

Alabama State Department of Education Child Nutrition Program Infant Guidelines for Reimbursement for Infants - birth through eleven months

- The center may never require the parent or anyone to provide the formula or other food
- The parent may choose to provide the formula (ALSDE CNP – One donated food item per meal per day).
- The formula provided by the parent or center must meet CACFP requirements.
- The infant meal pattern must be followed until the participant's first birthday.
- An attendance record must be marked at each meal and maintained with other records.
- All centers must have a program meal available for their infants at all times.
- An infant menu that meets USDA meal pattern requirements should be posted in each infant room.
- Express breast milk provided by parent or guardian, maybe reimbursed for meals.
- Providers can be reimbursed when a mother comes to the childcare setting and directly breastfeed their infant (Page 15 in Participant's Workbook).

Documenting Meals Served to Infants

The following records are required to document infant meals:

1. Required Daily Record or Record of Daily Attendance
2. Sign-In Sheets
3. Monthly Meal Count Record, if completing the Required Daily Record
4. Monthly Summary



*****Infant meals do not need to be documented on a Production Record.**

****For detailed training and reference for the meal pattern: use the Participant's Workbook
Institute of Child Nutrition. (2017). CACFP meal pattern requirements training. University, MS: Author.**

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Alabama Department of Education Child Nutrition Programs

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