

# **Orientation Workbook** for *Adult Day Care Centers*

*participating in the*  
**Missouri Department of Health and Senior Services**  
**Child and Adult Care Food Program**



Missouri Department of Health and Senior Services  
Division of Community and Public Health Bureau of  
Community Food and Nutrition Assistance P.O. Box  
570

Jefferson City, MO 65102

Telephone: 800-733-6251

Fax: 573-526-3679

e-mail: [cacfp@dhss.mo.gov](mailto:cacfp@dhss.mo.gov)

[www.dhss.mo.gov/cacfp/](http://www.dhss.mo.gov/cacfp/)

**July 2010**



# Missouri Department of Health and Senior Services

## Child and Adult Care Food Program Orientation for Adult Day Care Centers

### Topics

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CACFP Management Accountability and Control

Recordkeeping Requirements

Income Eligibility

Claim for Reimbursement

Food Service Expenses – Non-Profit Verification

Training Documentation

Civil Rights Compliance

CACFP Monitoring Reviews

Appeal Procedure

Menu Planning & Meal Pattern Requirements

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, 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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.  
This statement implementation date is November 2015.

# Introduction

## How to Contact the Program

For questions on the Child and Adult Care Food Program (CACFP), requests for technical assistance, or instructions on how to schedule training, please contact:

Missouri Department of Health and Senior Services  
Division of Community and Public Health Bureau of  
Community Food and Nutrition Assistance P.O. Box  
570

Jefferson City, MO 65102

**1-800-733-6251**

**1-573-751-6269**

**Fax: 573-526-3679**

**Email: [cacfp@dhss.mo.gov](mailto:cacfp@dhss.mo.gov)**



Specialty training classes are held in the locations below. You can register for a specialty class or find additional information on CACFP training opportunities at: <http://www.dhss.mo.gov/cacfp/training.html>.

Missouri Department of Health and  
Senior Services  
Northwestern District Health Office  
3717 S. Whitney Ave.  
Independence, MO 64055

Missouri Department of Health and  
Senior Services  
Eastern District Health Office  
220 S. Jefferson  
St. Louis, MO 63103

Missouri Department of Health and  
Senior Services  
Southwestern District Health Office  
149 Park Central Square, Suite 116  
Springfield, MO 65801  
**Many classes held at other locations**

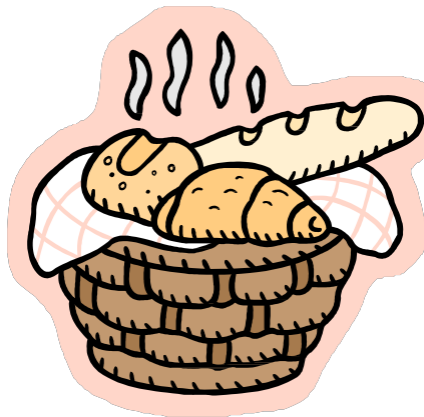
Missouri Department of Health and  
Senior Services  
Cape Girardeau Area Health Office  
710 Southern Expressway, Suite B  
Cape Girardeau, MO 63703

Missouri Department of Health and  
Senior Services  
930 Wildwood  
Jefferson City, MO 65109

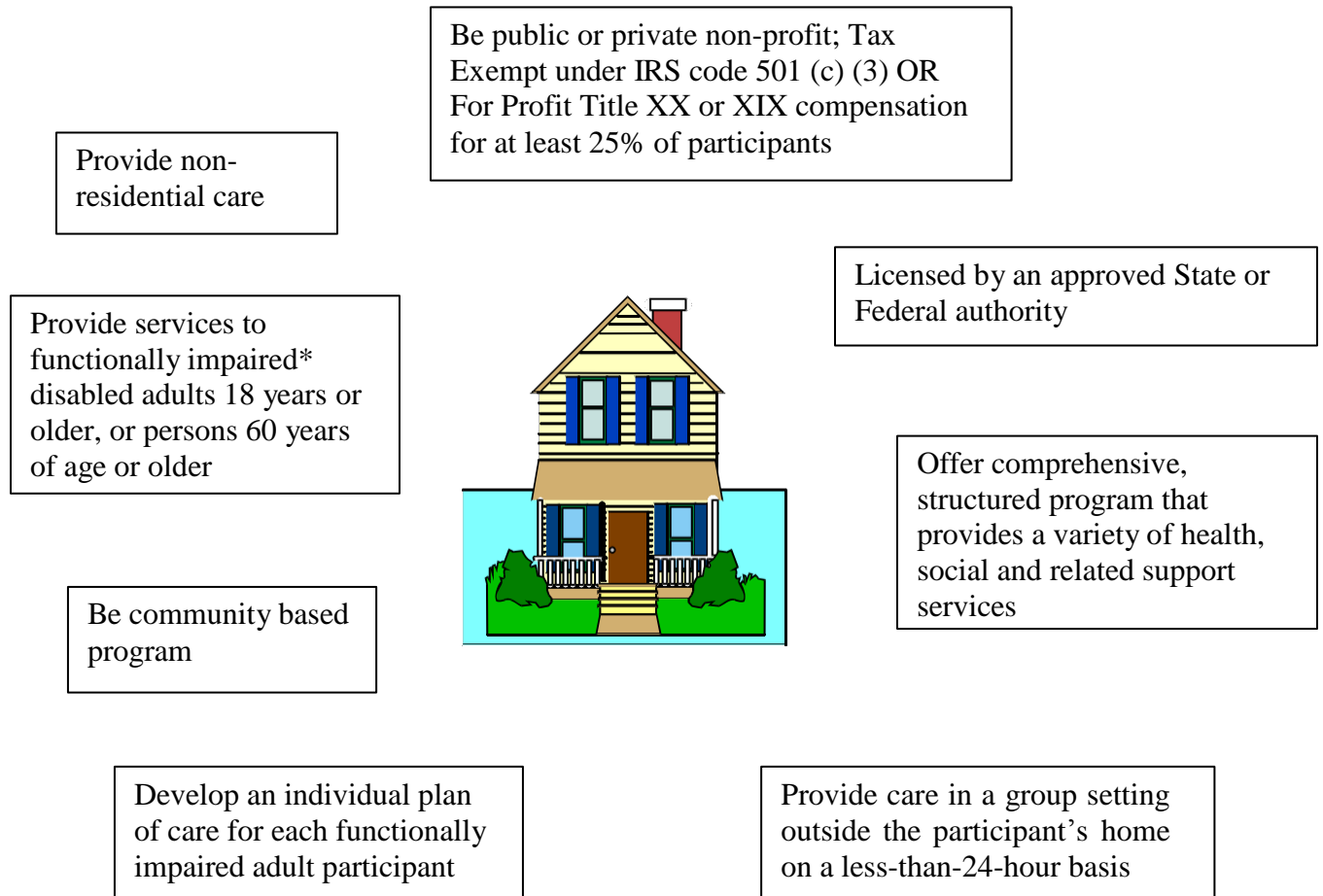
**Effective January 2011**, the Cape  
office will be relocated to the Marquette  
Building on 338 Broadway Street

# Orientation Objectives

1. Understand the responsibilities of the adult day care center for participation in the CACFP.
2. Understand the responsibilities of DHSS in administering the CACFP.
3. Understand the importance of accurate recordkeeping and its role in verifying the center's claims for reimbursement.
4. Identify the records that must be maintained by center staff to meet regulatory requirements. Explain the procedures for completing each record.
5. Use the meal pattern requirements and menu planning process to create nutritious and creditable menus.
6. Explain the importance of good nutrition in the adult day care setting.
7. Understand that orientation may be attended by any interested party – an application does not have to be on file to attend.



## Adult Day Care Centers – CACFP Eligibility Requirements



**Adult participant** – is a person who is functionally impaired or over 60 years of age.

**\*Functionally impaired adults** – means chronically impaired disabled persons 18 years or older. These include victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction. Functional 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.

Activities of daily living include, but are not limited to, cleaning, shopping, cooking, taking public transportation, maintaining a residence, caring for personal hygiene, using telephones or directories, using the post office. Marked limitation refers to the severity of the impairment, and not the number of limited activities, and occurs when the degree of limitation is such as to seriously interfere with the ability to function independently.

**Medical model program** – an adult day care center certified to provide Medicaid reimbursed services to Medicaid eligible participants as required by the Missouri HealthNet Division. A registered or licensed nurse must be available to the adult day health care recipients at all times and readily available in the event of an emergency during the adult day health care program's operating hours.

**Social model program** – is an adult day care center program that provides social activities and is not required to provide medical services. As a social program, an adult day care participant is not eligible for Medicaid reimbursement.



# CACFP Participant Eligibility

60 years or older or  
functionally impaired  
person 18 years or older

Individuals remaining  
in the community\*



Center is non-  
institutionalized\*\*

Enrolled for care  
in the center

**\*Individuals remaining in the community** are those residing in their own homes alone or with spouses, children or guardians.

**\*\*Institution** is an establishment that provides residential care and is responsible for its residents for a 24 hour period including the responsibility for providing meals. Institutions include, but are not limited to, hospitals, nursing homes, asylums for the mentally ill or for the mentally or physically handicapped, convalescent homes, apartment complexes designed only for the functionally impaired that provide meals and full-time care, and hospices.

**Centers are *not eligible to receive CACFP funds* if they provide:**

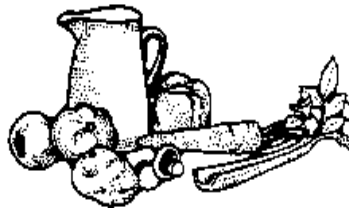
- **Residential care**
- **Employment**
- **Vocational training**
- **Rehabilitation**

# Benefits of the Child and Adult Care Food Program (CACFP)

## *How can CACFP help your center and the families you serve?*

CACFP plays a vital role in improving the quality of adult day care and making it more affordable for many low-income families. Benefits include:

- Centers may be approved to claim up to two meals (breakfast, lunch, supper) and one snack OR two snacks and one meal per enrolled participant per day;
- Training and technical assistance on nutrition, food-service operations, program management, nutrition education and recordkeeping;
- Improved health and well-being of adults who are functionally impaired 18 or older and/or 60 years or older by providing nutritious, well-balanced meals;
- Encourage good eating habits; and
- USDA makes agricultural commodities or cash-in-lieu of commodities (Missouri) available to institutions participating in the CACFP.



## *Key points to remember about the CACFP*

- Nutritious meals and snacks are the primary goal.
- CACFP is a supplementary program.
- CACFP is a federally funded program administered by the state Department of Health and Senior Services (DHSS).
- CACFP is regulated by Congress.
- CACFP requires accurate recordkeeping.
- CACFP will monitor all participating centers for compliance with federal regulations.

# Management Accountability and Control

- Adult day care centers must accept final administrative and financial responsibility for management of an effective food service.
- DHSS establishes rules and procedures and makes decisions regarding an institution's ability to operate the program. DHSS bases these decisions on information obtained during the application process and on results of edit checks, reviews and monitoring.

DHSS assesses each institution in the context of three Performance Standards:

1. Is your organization Financially Viable? Do you have a budget and the fiscal resources that cover all the expenses of running your business?
2. Is your organization Administratively Capable? Can the institution effectively provide program benefits to all participants? Are there an adequate number and type of qualified staff to operate the program?
3. Does your organization have effective internal controls in place that will ensure program accountability?

Program accountability criteria:

- A Board of Directors made up of individuals from the community that oversee the Program;
- A financial system in place with management controls is specified in writing;
- Maintains appropriate records to document compliance with Program requirements including budgets, accounting records, approved budget amendments, and appropriate records on facility operations; and
- Follows practices that result in the operation of the Program in accordance with the meal service, recordkeeping, and other operational requirements of the federal regulations.

## Managers at all levels are responsible for:

- Quality and timeliness
- Productivity
- Integrity and compliance with applicable law

## Management Tools and Resources

Adult day care centers enter into a contract with DHSS to participate in the CACFP. The following management tools and resources are available on the Missouri CACFP website at: <http://www.dhss.mo.gov/cacfp>.

- Missouri CACFP Policy and Procedure Manual for Adult Day Care Centers,
- Income Eligibility guidance (sent with application packet),
- “And Justice for All” poster,
- Vendor ACH/EFT Application (Direct Deposit Form),
- Creditable Foods Guide and
- Food Buying Guide.



## Internal Controls










Internal controls at the federal and state levels include:

- Edit checks, reviews, and monitoring
- Audits
- Complaints
- Civil and criminal action

## Discovering Problems

The following chart is a management assessment tool that describes some of the more common indicators of abuse or mismanagement identified through federal and state level internal controls. For more information, see the Adult Day Care Centers Policy & Procedure Manual, Chapter 9, The Monitoring Review Visit, Section 9.9, Deficiencies/Disallowances.

	<b>Child and Adult Care Food Program (CACFP) Institutions</b> <b>Indicators of Potential or Existing Problems</b>
---	--

Indicators	Institutions
<b>Budget/Claim for Reimbursement</b>	
Year-to-date claims do not reflect approved budget	
Questionable or potentially fraudulent meal claiming practice (e.g., block claiming, meals claimed when facility closed)	
<b>Operational Oversight</b>	
Does not have a qualified accountant or an adequate accounting information system	
Lack of internal controls (e.g., inadequate separation of duties, position held by family member limits internal control)	
Related party transactions (e.g., director or family member is the owner of rented property housing CACFP facility)	
Absentee management	
<b>Audits</b>	
Required audits are not performed	
Management/Board of Directors do not follow-up on corrective action needed	
<b>Other</b>	
Health and safety concerns reported from any source (e.g., parent complaints)	

# Recordkeeping Requirements

Most of the forms and instructions needed to meet recordkeeping requirements for the CACFP are available in this Workbook or at: [www.dhss.mo.gov/cacfp](http://www.dhss.mo.gov/cacfp). Click on “Laws, Regulations, and Manuals” on the sidebar to access the following:

1. CACFP Policy and Procedures Manual for Adult Day Care Centers (to be posted December 2010)
2. Adult Day Care Centers Orientation/Recordkeeping Workbook for Adult Day Care Food Centers
3. Income Eligibility Guidance for Adult Day Care Centers
4. Creditable Foods Guide
5. Food Buying Guide

Program forms are located at: <http://www.dhss.mo.gov/cacfp/AppsForms.html>. The documents are available in PDF and Microsoft Word format for you to save and/or print.

All CACFP records must be kept for three full fiscal years (October 1 through September 30) after the final claim for the fiscal year was submitted. For example, records for March 2010 must be kept until three years after the September 2010 claim was filed (September 2013).



# Income Eligibility

## Obtaining Household Income Information

Income information that you obtain from participants, family members or guardians is critical to your center's participation in the Child and Adult Care Food Program. All participants, family members or guardians must be given the **Participant Letter** and the **Income Eligibility Form (IEF)** to complete. It is recommended that these two items be included in the center's enrollment packets. These documents can be printed from the Income Eligibility Guidance for Adult Day Care Centers on the CACFP website following the instructions on page 9.

In some areas of the state, requests have been made for Spanish and other language translations of Program information. Spanish and 17 other language translations of the IEF, also called the Meal Benefit form, are available at:

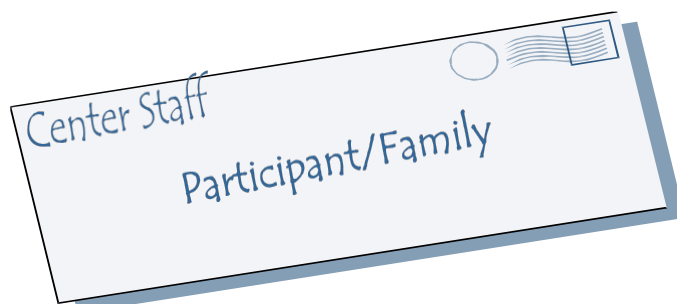
[http://www.fns.usda.gov/cnd/Care/Translations/Meal\\_Benefit\\_Form\\_Translations.htm](http://www.fns.usda.gov/cnd/Care/Translations/Meal_Benefit_Form_Translations.htm).

**Income information obtained from the IEF must be kept confidential!**

## Participant Letter

- The participant letter (page 11 of this workbook and page 5 of Income Eligibility Guidance) provides required information about the CACFP and instructions for completing the application form, or IEF.
- If a participant, family member or guardian chooses not to complete an IEF (this is optional), the letter explains that the center may not claim the participant for free or reduced-priced meals. The participant must then be claimed in the paid meal category.
- This letter is updated for each claim year (July 1-June 30). Be sure to use the most current participant letter with the income form available.

**NOTE: Due to the delay of the updated poverty guidelines, institutions should use the July 1, 2009 - June 30, 2010 income guidelines to make eligibility determinations. These IEFs will be effective for a full year, regardless of if/when the new (2010-2011) income guidelines are released.**



**Child and Adult Care Food Program  
Participant Letter – Nonpricing Adult Day Care Centers**

Dear Participant/Family Member/Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to participants and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below Federal income guidelines, the participant may be eligible for free or reduced-price meals. If the household income is higher than the amount listed for your family size, you do not need to complete the income application.

Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals.

<b>Family Size</b>	<b>Yearly Income</b>	<b>Family Size</b>	<b>Yearly Income</b>
1	\$21,775	5	\$52,559
2	\$29,471	6	\$60,255
3	\$37,167	7	\$67,951
4	\$44,863	8	\$75,647
		For each additional	+7,696

To apply for free or reduced-price meal benefits, you must complete the attached form. Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided. The application is valid until the last day of the month in which the form was dated/signed/approved one year earlier.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

Sincerely,

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.

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Complaint Form, (AD-3027) found online at:

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.  
This statement implementation date is November 2015.



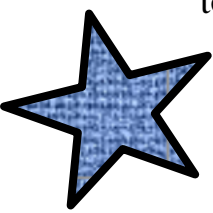
## Income Eligibility Form (IEF): Basic Information

- **An Income Eligibility Form (IEF) (CACFP-501) must be on file at the center for each participant claimed for free or reduced-price meals.** If the participant, family member or legal guardian chooses not to complete the IEF, then the participant must be claimed in the paid meal reimbursement category.
- **The IEF is current and valid until the last day of the month in which the form was dated (and signed by the center representative) one year earlier.** This means that if an IEF was dated on September 12, 2010, it is considered valid until the last day of September in 2011. **A new IEF must be completed annually.** It is recommended that the income information be collected at the same time each year for all participants. An ideal time would be in July or August after the new income guidelines are issued or when the center conducts re-enrollment. This simplifies your operation by obtaining new IEFs from everyone at the same time each year, even though some IEFs would not be expired.
- **The IEF is effective on the first day of the month during the month the form is initially signed by the center representative.** For example, if the center personnel signs the IEF on October 20, the IEF would be retroactively effective to October 1, if the participant was enrolled and attending on October 1.
- **The IEF is applicable to the income guidelines of the claim year in which the form was completed.** Centers may not re-evaluate old IEFs when new income guidelines are issued in July of each year. For example, if the participant, family member or legal guardian completes an IEF in January, eligibility will be based on income guidelines issued in July of the previous year. When the new income guidelines are issued the following July, the center may not re-evaluate the old IEF completed in January using the new guidelines. The only way the new income guidelines can be applied is if all parents or guardians complete a new IEF each July.
- **IEFs must be completed within two months prior to a participant's enrollment to the center.** For example, John Jones completed the Income Eligibility Form in January 2010 when applying for enrollment to the center. However, Mr. Jones did not actually enroll and start attending the center until May 2010. Because more than two months had lapsed between the completion of the form and the actual enrollment attendance date, a new IEF must be completed.
- If a center participant is unable to complete the IEF and a family member or guardian is not available, the center may complete the IEF on behalf of the enrolled participant if the participant is categorically eligible for free meals. A participant is categorically eligible for free meals if he/she is a Medicaid, SSI, or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp) recipient. The center must maintain documentation of the participant's categorical eligibility on file.
- **The IEF is not effective until signed and dated by the center representative.** The center should review the IEF for completion, designate the appropriate income category, and then sign and date the form as soon as it is received.

Reimbursement rates are based on each participants household size and income. There are three different rates: **Free, Reduced-price and Paid.** The categories are determined based on the following guidelines:

<u>Category</u>	<u>Poverty Guideline Reference</u>	<b>July 1, 2010-June 30, 2011</b>		
		<b><u>Reimbursement Rates</u></b>		
		<b>B</b>	<b>L/S*</b>	<b>Snack</b>
<b>Free</b>	<130%	\$1.48	\$2.9225	\$0.74
<b>Reduced</b>	>130% but <185%	\$1.18	\$2.5225	\$0.37
<b>Paid</b>	Not Eligible or Not Reported	\$ .26	\$ 0.4625	\$0.06

\*These rates include the value of commodities (or cash-in-lieu of commodities) which institutions receive as additional assistance for each lunch or supper served to participants under the program.



**Income Eligibility Guidelines**  
**July 1, 2009 – June 30, 2010 (Extended to June 30, 2011)**

**Free Meals – 130%**

**Reduced-Price Meals – 185%**

Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly	Household Size	Yearly	Monthly	Twice a Month	Every 2 Weeks	Weekly
1	\$14,079	\$ 1,174	\$587	\$542	\$271	1	\$20,036	\$1,670	\$835	\$771	\$ 386
2	18,941	1,579	790	729	365	2	26,955	2,247	1,124	1,037	519
3	23,803	1,984	992	916	458	3	33,874	2,823	1,412	1,303	652
4	28,665	2,389	1,195	1,103	552	4	40,793	3,400	1,700	1,569	785
5	33,527	2,794	1,397	1,290	645	5	47,712	3,976	1,998	1,836	918
6	38,389	3,200	1,600	1,477	739	6	54,631	4,553	2,277	2,102	1,051
7	43,251	3,605	1,803	1,664	832	7	61,550	5,130	2,565	2,368	1,184
8	48,113	4,010	2,005	1,851	926	8	68,469	5,706	2,853	2,634	1,317
For each additional family member, ADD	+4,682	+406	+203	+187	+94	For each additional family member, ADD	+6,919	+577	+289	+267	+134

**Note: Do not provide the free meal income guidelines to participants. The Participant Letter provides the income guidelines for reduced-price meals.**

# **Participant, Family or Legal Guardian Instructions for Completing the Income Eligibility Form (IEF) for Adult Day Care Centers**

## **PART 1: ENROLLEE INFORMATION**

- Enter the first and last name of the participant enrolled at the center
- Indicate the participant's birth date (month/day/year)
- If the participant, family member or legal guardian checks that the participant receives Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp), Medicaid or SSI benefits, enter the appropriate case number in the space provided and sign the form. Do not use the number on your card. The participant is automatically eligible to receive free meals, if this documentation is provided; then Part 2 of the form does not need to be completed.
- If the participant does not have a SNAP, SSI or Medicaid number, you must complete Parts 2 and 4 of the IEF form.

## **PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case # is provided above**

- List all members of the household. A household is defined as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). Functionally impaired adults living with their parents are considered a “family” separate from their parents. Report the monthly gross income (before deductions) by source for each household member, such as taxes and Social Security.

## **PART 3: RACIAL ETHNIC INFORMATION-Completion is voluntary**

## **PART 4: SIGNATURE**

- The adult household member completing the application must attest to the fact that the information provided is correct, then sign and date the application.
- If the participant is not a SNAP, SSI or Medicaid recipient, the adult signing the application must provide a social security number. If the adult does not have a social security number, write "none" in the space provided.
- Failure to provide the social security number, if you have one, will make the income application invalid if the participant is not a SNAP or Temporary Assistance recipient.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
CHILD AND ADULT CARE FOOD PROGRAM

**INCOME ELIGIBILITY FORM FOR ADULT CARE CENTERS**

*Correct Sample*

To apply for free and reduced price meals in an adult care center, complete this form.

**PART 1 ENROLLEE INFORMATION**

Complete information below for the enrollee at the adult care center. If the participant is a Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp) participant, complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a Medicaid, SSI, or SNAP case number.

ENROLLEE'S NAME

Eric Blair

DOB: 12/13/1934

Check all that apply and provide the appropriate case number.

MEDICAID 51640689       SSI \_\_\_\_\_       SNAP (FOOD STAMP) \_\_\_\_\_

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

Complete information below for all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate income by source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security.

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
	MONTHLY	MONTHLY	MONTHLY	MONTHLY

**PART 3 RACIAL ETHNIC INFORMATION**

Please check the race or ethnic identity of the participant. You are not required to answer this question.

American Indian or Alaska Native       Asian       Black or African American       Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander       White       YES     NO

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT: *Mydear Sister*      SOCIAL SECURITY NUMBER: \_\_\_\_\_      DATE SIGNED: 2/14/10

(IF NOT ENROLLEE SIGNATURE, RELATIONSHIP OF ADULT TO THE ENROLLEE)

Eric Blair's Sister

PRINTED NAME OF ADULT

Mydear Sister

ADDRESS: 1 Woodcrest Lane, Springhill, MO      HOME PHONE NUMBER: 636-555-1414      WORK PHONE NUMBER: \_\_\_\_\_

Section 9 of the National School Lunch Act requires that, unless your SNAP, Medicaid, or SSI case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of SNAP (Food Stamp), Medicaid, or SSI benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE**

Monthly Income Conversion    Weekly x 4.33    Every 2 Weeks x 2.15    Twice a Month x 2

TOTAL HOUSEHOLD SIZE: \_\_\_\_\_    MONTHLY INCOME: \_\_\_\_\_    SNAP (FOOD STAMP): \_\_\_\_\_    SSI: \_\_\_\_\_    MEDICAID: **X**

Eligibility Determination:  Free     Reduced     Paid

SIGNATURE OF CENTER REPRESENTATIVE: **JESSICA SMITH, DIRECTOR**      DATE: **2/15/2010**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
CHILD AND ADULT CARE FOOD PROGRAM

**INCOME ELIGIBILITY FORM FOR ADULT CARE CENTERS**

*Correct Sample*

To apply for free and reduced price meals in an adult care center, complete this form.

**PART 1 ENROLLEE INFORMATION**

Complete information below for the enrollee at the adult care center. If the participant is a Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp) participant, complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a Medicaid, SSI, or SNAP case number.

ENROLLEE'S NAME

**Randy Wagner**

**DOB: 11/8/1944**

Check all that apply and provide the appropriate case number.

MEDICAID \_\_\_\_\_  SSI \_\_\_\_\_  SNAP (FOOD STAMP) \_\_\_\_\_

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

Complete information below for all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate income by source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security.

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Rose Wagner	900			
Randy Wagner	1000			

**PART 3 RACIAL ETHNIC INFORMATION**

Please check the race or ethnic identity of the participant. You are not required to answer this question.

American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  White  YES  NO

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT <i>Randy Wagner</i>	SOCIAL SECURITY NUMBER 425-69-1418	DATE SIGNED 2/22/10
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(IF NOT ENROLLEE SIGNATURE, RELATIONSHIP OF ADULT TO THE ENROLLEE)

PRINTED NAME OF ADULT

**Randy Wagner**

ADDRESS 123 First Ave., Anywhere, MO	HOME PHONE NUMBER 417-555-1111	WORK PHONE NUMBER
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Section 9 of the National School Lunch Act requires that, unless your SNAP, Medicaid, or SSI case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated

on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of SNAP (Food Stamp), Medicaid, or SSI benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE**

Monthly Income Conversion Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

TOTAL HOUSEHOLD SIZE: 2	MONTHLY INCOME: 1900	SNAP (FOOD STAMP)	SSI:	MEDICAID:
----------------------------	-------------------------	-------------------	------	-----------

Eligibility Determination:  Free  X Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE

**MARY SMITH, OWNER**

DATE

2/22/10

# Exercise Time!!!



## Completing the IEF

Refer to the instructions for completing the IEF on page 14 of this workbook. Be aware of common mistakes.

### Common IEF Mistakes

- Participant letter not given to participant, family member or guardian
- Missing information
- Participant classified incorrectly
- Total household income added incorrectly
- Total number in household incorrect
- Social Security number not included when no case numbers are included
- Claim category box not checked or incorrectly checked
- IEF is outdated (valid until last day of the month in which the form was dated one year earlier)
- Participant, family member or guardian signature or date missing
- Form not signed and dated by authorized center representative
- Free or reduced meals claimed before an approved IEF is on file

*These mistakes can be very costly!*



**Exercise 1.** The sample IEF completed on p.18 contains errors. Using your IEF instructions, please note all the errors that you find.

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INCOME ELIGIBILITY FORM FOR ADULT CARE CENTERS**

*Exercise 1  
What's Wrong?*

To apply for free and reduced price meals in an adult care center, complete this form.

**PART 1 ENROLLEE INFORMATION**

Complete information below for the enrollee at the adult care center. If the participant is a Medicaid, Supplemental Security Income (SSI), or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamp) participant, complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a Medicaid, SSI, or SNAP case number.

ENROLLEE'S NAME

Robert Taylor

DOB:

Check all that apply and provide the appropriate case number.

MEDICAID \_\_\_\_\_  SSI \_\_\_\_\_  SNAP (FOOD STAMP) \_\_\_\_\_

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

Complete information below for all household members. A household member is defined as the adult participant, and if residing with the adult participant, the spouse and dependents of the adult participant. Functionally impaired adults living with their parents are considered a "family" separate from their parents. For each household member, indicate income by source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security.

HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER
	MONTHLY	MONTHLY	MONTHLY	MONTHLY
Trinity	1800			
Abigail	100			

**PART 3 RACIAL ETHNIC INFORMATION**

Please check the race or ethnic identity of the participant. You are not required to answer this question.

American Indian or Alaska Native  Asian  Black or African American  Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander  White  YES  NO

**PART 4 SIGNATURE**

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT	SOCIAL SECURITY NUMBER	DATE SIGNED 3-15
--------------------	------------------------	---------------------

(IF NOT ENROLLEE SIGNATURE, RELATIONSHIP OF ADULT TO THE ENROLLEE)

PRINTED NAME OF ADULT

ADDRESS	HOME PHONE NUMBER	WORK PHONE NUMBER
---------	-------------------	-------------------

Section 9 of the National School Lunch Act requires that, unless your SNAP, Medicaid, or SSI case number is provided, you must include a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated

on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a food stamp or welfare office to determine current certification for receipt of SNAP (Food Stamp), Medicaid, or SSI benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

**FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE**

Monthly Income Conversion Weekly x 4.33 Every 2 Weeks x 2.15 Twice a Month x 2

TOTAL HOUSEHOLD SIZE: 2	MONTHLY INCOME: 1500	SNAP (FOOD STAMP)	SSI:	MEDICAID:
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Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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## **Enrollment Records**

1. **Adult Day Care Center participants are required to have enrollment information on file.** Every participant claimed for meal reimbursement must be enrolled in care. Centers must maintain a master listing to include: a) participant's full name, b) month/day and year of birth, c) the claiming category, and d) the date the Income Eligibility Form (IEF) was approved, signed and dated by center personnel. Use of a master listing will assist in keeping the IEFs updated as required on an annual basis.
2. **Admission dates listed on enrollment forms are compared to meal count records during monitoring review. Meals served to participants prior to the admission date on the enrollment form will be disallowed.**
3. File forms alphabetically in each participant's individual file/record or in a 3-ring binder with the IEFs.
4. Keep all enrollment forms (and all CACFP records) for **three full fiscal years (October 1 through September 30) or longer if audit findings have not been resolved after the year the form was completed for.**
5. Participants or guardians may be periodically contacted by DHSS-BCFNA to verify a participant's enrollment and attendance at the center.

## **Individual Plan of Care**

1. The adult day care center must complete an individual plan of care for each participant.
2. The individual plan of care must include a nutrition screening component to identify participants who are at high risk for nutrition-related health problems.
3. It is the responsibility of the adult day care provider to refer all high-risk participants to a nutrition consultant.
4. Care plans should include an assessment and plan of service.
5. File the plan of care in the participant's individual file/record.



# Attendance Record

**Daily attendance records are a requirement of the CACFP. Accurate attendance records are very important in the completion of the claim for reimbursement. Meals served to participants not reflected on the attendance record will not be reimbursed.**

1. The center may use roll books or attendance sheets (in/out records) to complete attendance records.
2. Type or print names alphabetically, last name first.
3. Take attendance early in the day after most participants have arrived.
4. Take attendance at the same time each day so it becomes routine.
5. Meal count records **may not** be used in lieu of attendance records.
6. Count the number of participants each day. Keep a running total of the number of participants in attendance for the monthly claim.
7. File completed Attendance Records in the monthly folder with other CACFP documents for the claim month.





# Meal Count Record

**The Meal Count Record (CACFP-225) is a required Program record.** Meal count records document the name of each eligible participant and the meal(s) to be claimed for reimbursement on a daily basis and provide confidential coding (E, Y and Z) of the participant's income eligibility category (Free, Reduced, or Paid).

1. List enrolled participant (preferably in alphabetical order with last name first). Print or type each participant's full name; do not use nicknames.
2. Indicate claiming category for each participant under the "code" box. Use the following codes for confidentiality: X = Free; Y = Reduced-price and; Z = Paid. *Tip: Create a master list of participants and income claiming category. Copy forms to simplify paperwork.*
3. Enter the center name and "week of" dates showing month, days, and year.
4. Record meal counts at the time of service, commonly called point of service (POS) meal count.
5. Place a check mark  $\checkmark$  or X in the box under the appropriate meal type (breakfast, lunch, snack, supper) for each participant as the meal is being served.
6. At the end of the week, total the free meals, reduced meals and paid meals for each meal type. *Tip: To help distinguish claiming categories for the purpose of counting, use two colored highlighters. For example:*

Green = Free      Yellow = Reduced      White = Paid

## ***Remember!***


- **The center may claim no more than 2 meals and 1 snack or 1 meal and 2 snacks per participant in attendance each day.**
- Meal counts must be recorded at the time of the meal/snack service.
- Center personnel must physically count/record the participant eating the meal at the time the meal is served (point of service meal count).
- The claiming category for each participant must be kept confidential.



# Claim for Reimbursement

Your reimbursement is based on the recorded meal counts and the “claiming category” (Free, Reduced, Paid) of those meals. It is critical that this information be completed accurately. If errors are discovered on a monitoring review or an audit, the center will have to pay money back to the DHSS.









Claims for reimbursement are filed via the Internet at: <https://dhssweb04.dhss.mo.gov/cnp>. You will receive a personal user ID and password once a fully executed contract is obtained. It is recommended that two people from your center have access. Individual user ID’s and passwords may not be shared or transferred to others. Contractors that do not have access to the computer or the Internet may contact the BCFNA central office to make alternate arrangements to submit claims.

 *Important Note – In this database, each independent center is considered a **Sponsor** of one center!*

Please read all instructions before entering your first claim.

## Basic Claiming Steps

**Make sure you follow every step of the instructions. You must complete 2 separate online forms each month. If the sponsor claim is not in “pending approval” status, you have not submitted your claim!**

- Enter the web address: <https://dhssweb04.dhss.mo.gov/cnp>.
-  Enter your personal user ID and password, and click Login.
-  Read the notice page and click Continue.
-  Choose the correct Program year (Program year 2011 begins October 1, 2010 and ends September 30, 2011).
-  Click on the Claims tab.
-  Click the word Add to the right of the appropriate month.
-  This is your Sponsor level claim. To activate the claim, scroll down to the bottom and click Submit.
-  You now see the Sponsor Claim Summary with zeros.
-  Scroll down to the bottom of the page and click the word here in the lower left corner to return to the Sponsor Summary Sheet.

- 📁 Click the yellow folder with a plus (+) sign (to the left of the month you are claiming). The folder opens and the name of your center appears below the words “Sponsor Claim”.
- 📁 Click Add by the name of the center.
- 📁 Enter the claim information, and click Submit. (**See instructions for center claim at end of this section**)
- 📁 Click here in lower left corner of the Post Confirmation Sheet.
- 📁 If there were errors detected, click Edit by the center’s name to make corrections.
- 📁 On the claim, the errors will be highlighted in red.
- 📁 Correct all errors.
- 📁 Submit the claim again. (Repeat if needed, until the Post Confirmation shows the center’s claim as *Complete*.) **Even though the page says the center claim is complete, you are not done yet!**
- 📁 When you are finished entering the center claim, click here to return to the Sponsor Summary page.
- 📁 This page will show the center claim is Complete, but the sponsor claim is Pending Submission. Click Edit by the Sponsor Claim for that month.
- 📁 See page 28 for a sample center claim sheet.
- 📁 Scroll down to field (34). Read and check  $\checkmark$  the certification statement at the bottom of the sponsor-level claim, and submit the sponsor level claim. (NOTE: Do not enter a dollar figure into the Family Day Care Homes (FDCH) Administration Costs field.)
- 📁 Make sure the sponsor-level claim is in *Pending Approval* status.
- 📁 Return often to the Sponsor Summary-Claims page to see when the claim has been *Approved* and *Paid*. To estimate what day you will receive your deposit, click on the payments tab on the sponsor summary page. Add three business days to the date listed to determine the approximate date of deposit.

## **Instructions for Center Claim:**

Fields (1-3) Enter the number of participants enrolled in the center during this claim period by income group (Free, Reduced, Paid).

Field (4) Add Free, Reduced and Paid enrollment numbers and enter total enrollment.

Field (5) Enter the number of days you served meals to participants this month.

Field (6) Figure total attendance by adding daily center attendance for all operating days.

Field (7) Do not enter anything into field (7). This information fills in automatically from the application.

Fields (8-10) Enter the total number of meals by income category (Free, Reduced, Paid) and meal type actually served to participants in this center.

Field (11) Enter the sum of each meal type.

Field (12) Don't enter anything here. This field will calculate information automatically.

Field (13 OR 14) Complete only if this center is for-profit. Enter the number of eligible Title XX or Title XIX participants **OR** the number of free plus reduced eligible participants in this center.

Field (15) For-profit centers check appropriate certification statement. Click Submit.

## **Tips for Getting Around the CACFP web-system**

- 🔊 Do not use your Internet Explorer's Back button. Use the menu (in the orange section) on the top left of the screen, or use the "breadcrumb trail," to navigate from screen to screen.
- 🔊 Each time you submit the claim, no matter if it has errors, it is saved on the server, and will be there if you need to leave or logoff and come back.
- 🔊 Use the Tab key to navigate from field to field, or use your cursor to click into the field you want to fill out. Try not to use your Enter key. If you do, the claim will submit (in an error status).
- 🔊 If you are in View mode, changes won't be saved. If you want to make changes, make sure you are in **Edit** mode.
- 🔊 Claims will be submitted at the site level, or center level, before submitting a sponsor level, or "umbrella," claim form.
- 🔊 Revisions are filed after the original (or previous revision) is in *Paid* status.

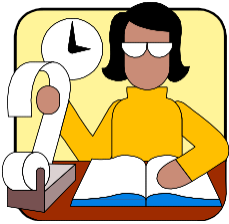
## **Payment Notes**

- 🔊 Click the Payments tab to view upcoming and past payments for CACFP claims.
- 🔊 If a claim has been approved, but not yet processed for payment, the payment information will show in the Open Balance Transactions section. All other payments are shown in the next section.
- 🔊 Click the + (plus sign) by a batch number to see details for that payment.
- 🔊 When checking the payments, the processed date shown is approximately 3-4 business days prior to the actual electronic funds deposit date. (It is the date the batch was processed and information was sent to the State of Missouri payment system.)
- 🔊 Deductions—if any—made from claim reimbursements due to downward revisions are reflected in information under the Payments tab only, not in the estimates shown in the Claims tab.

## User Notes

- 📖 Click the Users tab to view individuals who have access to make changes to the center and sponsor information tabs and to submit application and claim information for your organization.
- 📖 Inform the state office immediately if an individual with access is leaving your organization so that access may be revoked to the web based system.
- 📖 Submit a Network User Access Request form to request online access for new employees and to delete access when no longer needed.
- 📖 User IDs and passwords are assigned to individuals only, and may not be shared.

### Submitting a Claim for Reimbursement



- ✓ A center has 60 calendar days from the end of a claim month to file a claim for reimbursement. If a claim is filed online more than 60 days past the claim month, the center may not be paid for that month.
- ✓ Submit the completed claim online after you have reviewed your entries and are satisfied that the claim is completed accurately. The system has built in edit checks that should decrease the chance of the claim being submitted with errors.
- ✓ You cannot submit a claim before the first day of the next month. (For example, an October claim cannot be submitted until November 1.)

DHSS processes claims on the 10<sup>th</sup> of each month for payment by automatic deposit around the 28<sup>th</sup> of the month. A second processing for claims is done on the 25<sup>th</sup> of the month for claims received the 11<sup>th</sup> through the 25<sup>th</sup>. The second payment is made around the 13<sup>th</sup> of the following month.

#### DHSS Receives Claim by:

10<sup>th</sup> of the month



#### Projected Payment Date:

28<sup>th</sup> of the month

25<sup>th</sup> of the month



13<sup>th</sup> of the next month

If you have not received your payment within 15 days of the payment date, please contact DHSS to determine if there were problems with the claim. All payments are required to be made by direct deposit. This will avoid payment delays and lost checks.



Humpty Dumpty Daycare- CCC Claim  
48891

July 2008  
Pending Submission  
Original Claim

Bottom of Form

Center Operating and Environment Data (Must reflect the claiming period)

(1) Free Enrollment	_____	(5) Number of Operating Days	_____
(2) Reduced Enrollment	_____	(6) Total Attendance for Month	_____
(3) Paid Enrollment	_____	(7) License Capacity (from Application)	120
(4) Total Enrollment	_____		

Meal Count Data

Meal Type	(A) Breakfast	(B) AM Snack	(C) Lunch	(D) PM Snack	(E) Supper	(F) Night Snack
(8) Free	0	0	0	0	0	0
(9) Reduced	0	0	0	0	0	0
(10) Paid	0	0	0	0	0	0
(11) Total Meals	0	0	0	0	0	0
(12) Average Daily Participation	0	0	0	0	0	0

For-Profit Centers Only

Total Title XX / XIX Beneficiaries	Free/Reduced-Price Eligible Children	Eligibility %
(13) 0	(14) 0	0

- (15)  This organization certifies that 25% of the enrollment or licensed capacity (whichever is less) are Title XX Beneficiaries or Free/Reduced Priced Eligible Children for sites being claimed.
- This organization realizes that the Center does not meet the 25% Eligibility for For-Profit Centers, and that this claim will not be reimbursed and no meals will be reported. Once this information is closed and the claim has been submitted, the claim can only be modified by a state agency representative.

Created By: \_\_\_\_\_ Date Created: \_\_\_\_\_ Modified By: \_\_\_\_\_ Date Modified: \_\_\_\_\_

Top of Form

[ Submit ] [ Cancel ]

## **For-Profit Title XX and Title XIX Centers Claim For Reimbursement**

Title XX and Title XIX centers may submit a claim for reimbursement **only for those months when 25% of the enrollment or licensed capacity, whichever is less, are Title XIX beneficiaries.** Independent for-profit Title XIX centers and sponsoring organizations of these centers must submit the number of enrolled participants and the number of participants receiving Title XX or Title XIX of the Social Security Act.

**To evaluate eligibility, the following steps must be taken each month:**

1. Determine how many participants were enrolled at the center *and* were in attendance at least one day for the claim month. Participants in attendance include part-time and drop-in care. All participants in attendance must be included in the total regardless of whether they were claimed for a meal.
2. Compare this number (enrolled participants who attended at least one time in the month) to the licensed capacity of the center. Determine which of the two numbers is the smallest. Use the smaller of the two numbers.
3. Determine how many Family Support Division (FSD, State vendor, Title XIX or Title XX) participants were enrolled at the center *and* were in attendance at least one day for the month being claimed. Count the total number of participants listed on the vendor billing for the claim month. Verify that each FSD participant counted was in attendance at least one time in the claim month. Enter the total number in Field 13 or 14 of the Center Claim.
4. Divide the number of FSD or free/reduced-eligible participants by the total enrollment or license capacity, whichever is less. If this number is greater than or equal to 0.250 (25%), you may submit a claim for reimbursement for that month and check the first certification statement in Field 15. If the number is less than 0.250 (25%), your center is not eligible for reimbursement for this month. You will check the second certification statement in Field 15, and continue the claims submission process. The claim will be submitted to the state with the meal information removed since it will not be paid.

For example:

Harmony Adult Daycare has a licensed capacity of 45 adults. Records indicate that 50 adults were enrolled and in attendance for at least one day during the month of October. Of those 50 adults, 12 were DFS beneficiaries.

$$12 \text{ divided by } 45 = 0.260$$

In this example, the center is eligible to submit a claim for October because 0.260 (26%) is greater than 0.250 (25%).

# Food Service Costs

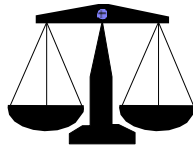
CACFP requires that reimbursement funds be used *only* for the operations or improvement of the food service. Records of food service operation and administrative costs must be documented to verify that the food service is not making a profit. Additionally, the receipts must show that the items on the menu were purchased.



Save all original food and milk receipts and invoices. Only those foods used for the CACFP can be charged to the food service. Food items such as coffee and personal use items cannot be counted toward the CACFP food service costs. Transportation and storage costs for food and food service supplies may be included.

Save original receipts and invoices for all nonfood costs that are necessary to food service. Examples include napkins, straws, utensils, cleaning supplies for the kitchen, etc. This may include expendable and durable supplies.

Compare the total amount of food and nonfood cost to the CACFP monthly reimbursement.



Food Cost + Nonfood Cost

CACFP reimbursement

If the food + nonfood costs are less than the CACFP monthly reimbursement, you must also document food service labor costs. If the total of food + nonfood products for the month is greater than the CACFP reimbursement, the center **does not** need to document labor costs.

If the food + nonfood total are less than the monthly CACFP reimbursement, food service labor must be calculated. Food Service labor includes wages and salaries for the food service operational duties and includes time spent on menu planning, meal production records, CACFP paperwork, food preparation, meal service and clean up, as well as site supervision of food service or adults during mealtime. Each position must be listed on the Documentation of Non-Profit Foodservice form (CACFP-214).

Complete CACFP-214 form, indicating the following information for each employee:

- a. Position title
- b. Salary per hour
- c. Hours worked per day on food service

- d. Days worked per month
- e. Total dollar amount credited to CACFP operation

Labor cost charges must be supported by payroll stubs and time studies. A time study is a daily record of how much time a person works on a specified food service task. This daily record should be completed for a period of two weeks. Employee benefits and taxes paid may also be included in the amount credited to CACFP.

Document all sources of income for the food program. This can include monies received from state, federal, local government sources, grants or other funding used to subsidize the food program, any payments for meals, and properly documented donations of food, foodservice supplies, kitchen equipment, or cash to the food program. Total all income sources.

Food receipts are examined during monitoring reviews. The DHSS-BCFNA nutritionist will examine food receipts and invoices to determine whether or not the center has purchased adequate amounts of food to meet the minimum meal pattern requirements and that they support the menu. Key food items of interest that are easily tracked through the monitoring process are perishable foods such as bread, milk and the purchase of fresh produce. These items must be purchased or delivered on a regular basis due to their limited shelf life.

Fluid milk is a required meal component at breakfast, lunch, and supper meals. Milk purchase requirements are based on the institution’s monthly claim for reimbursement for these meals.

<b>Required Serving Per Meal</b>	<b>Servings Per Gallon</b>	<b>Adult Day Care Participants</b>
<b>8 oz. (1 cup)</b>	<b>16 servings</b>	<b>18 and over</b>

**Offer Versus Serve Option for Adult Day Care:**

Each adult day care is required to *offer* participants all of the food components listed above. At the discretion of the adult day care center, participants may be permitted to decline:

- One of the four food items required at breakfast (1 milk, 1 fruit/vegetable, 2 bread).
- Two of the six food items required at lunch (1 milk, 2 fruit/vegetables, 1 meat/meat alternate, 2 bread).
- Two of the five food items required at supper (2 fruit/vegetables, 1 meat/meat alternate, 2 bread).

The price of a reimbursable meal shall not be affected if an adult participant declines a food item. See page 55 in this workbook and Section 7.2 of the Adult Day Care Center Policy and Procedure Manual for additional information.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM

**DOCUMENTATION OF NON-PROFIT FOODSERVICE**

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FACILITY NAME						CLAIM MONTH	
POSITION TITLE/EMPLOYEE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON FOOD SERVICE	X	DAYS WORKED PER MONTH	=	SUB TOTALS
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
<b>TOTAL LABOR COST</b>						=	

INDIRECT COSTS	AMOUNT	X	PERCENT OF FOODSERVICE USAGE OR PERCENT OF FOODSERVICE SQUARE FOOTAGE	=	SUB TOTALS		GRAND TOTAL SPENT ON CACFP
		X		=		TOTAL FOOD COSTS (MAINTAIN RECEIPTS)	
		X		=			
		X		=		TOTAL LABOR COSTS	
		X		=		TOTAL INDIRECT COSTS (IF APPLICABLE)	
<b>TOTAL INDIRECT COSTS</b>				=		<b>GRAND TOTAL</b>	=

# Training Documentation

Documentation of annual CACFP Training is a requirement of the CACFP. The center management is responsible for training center staff on CACFP topics at least once a year. This training is in addition to the orientation training provided by DHSS-BCFNA. Your training can be formal or informal; however, it must be documented.

Documentation of training must include:

- a. Training date training length (minutes or hours)
- b. Training topic(s)
- c. Trainer name and position/title
- d. Training Location
- e. Attendee must provide signature, printed name and position title

The CACFP Training Documentation form (CACFP-222) may be used to document your CACFP training or you may develop a form to include the training requirements. CACFP-222 is located on page 34 in this workbook and on page 27 in the Recordkeeping Essentials booklet.

USDA requires that training cover at a minimum the following topics:

- CACFP meal pattern requirements
- Meal count procedure
- Recordkeeping requirements
- Reimbursement system
- Claim submission and review procedures
- Civil Rights ([www.dhss.mo.gov/cacfp/training](http://www.dhss.mo.gov/cacfp/training))

In addition, the National Food Service Management Institute ([www.nfsmi.org](http://www.nfsmi.org)) assessed the top five training needs as:

1. Food safety procedures
2. Mealtime, a positive experience
3. Introducing new food and menu items
4. Meal pattern requirements
5. Preventing food waste



# Civil Rights Compliance



Centers participating in the CACFP are required to comply with the following civil rights obligations:

- Complete a Beneficiary Data Report annually. A Beneficiary Data Report (CACFP-226) must be completed once a year to report the racial/ethnic category of participants enrolled in your center. Determine the participant's racial/ethnic category visually using your best judgment. This form is found on page 36 in this workbook and is available at: <http://www.dhss.mo.gov/cacfp/AppsForms.html>.
- Display the “And Justice for All” poster in a prominent location in the building. This poster is available at: <http://www.dhss.mo.gov/cacfp/Publications.html>.
- Make program information available to the public upon request. In some situations, participants, family members, legal guardians or others may request specific information about the CACFP. The center must be prepared to provide this information on request. DHSS offers several pamphlets and brochures that explain the Program and the benefits that are available at: <http://www.dhss.mo.gov/cacfp>.
- Provide program information in the appropriate translation when necessary. In some areas of the state, requests have been made for Spanish and other language translation of Program information. Spanish and 17 other language translations of the parent letter are available for download at: [http://www.fns.usda.gov/cnd/Care/Translations/Meal\\_Benefit\\_Form\\_Translations.htm](http://www.fns.usda.gov/cnd/Care/Translations/Meal_Benefit_Form_Translations.htm).
- Provide the nondiscrimination statement and procedure for filing a complaint in any Program material directed to the parents and guardians. If the center has a handbook or policy booklet that is given to participants or others in the community, and the center indicates that it is participating in the CACFP, the center must provide the nondiscrimination statement and procedure for filing a complaint. This information is printed on the “And Justice for All” poster and available for download at: <http://www.dhss.mo.gov/cacfp/USDASTatement.html>.
- Forward complaints of discrimination to DHSS-BCFNA. All complaints of discrimination, written or verbal, including anonymous complaints, must be forwarded to DHSS-BCFNA within four days of receipt. Provide all available information and details.






MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**BENEFICIARY DATA REPORT**

A Beneficiary Data Report must be completed once a year to report the racial/ethnic category of participants enrolled in your center. Determine the participant's racial/ethnic category visually using your best judgement. A participant may be included in the category to which he or she appears to belong, identifies with, or is regarded as a member of by the community.

NAME OF CENTER/FACILITY:

ADDRESS:

Racial/Ethnic Category	Number of Participants
<b>Alaskan Native or Native American</b> – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition (includes Aleuts and Eskimos).	
<b>Asian or Pacific Islander</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.	
<b>Black (not of Hispanic origin)</b> – A person having origins in black racial groups of Africa.	
<b>Hispanic</b> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.	
<b>White (not of Hispanic origin)</b> – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.	
SIGNATURE OF DIRECTOR 	DATE

# Monitoring Reviews

Federal and state regulations require centers to maintain complete and accurate records. The USDA requires program participants to be able to account for each dollar they receive in reimbursement. DHSS is required to ensure that centers are accountable for all money they receive and are in compliance with Program regulations. A Nutritionist will visit the center at least every three years or sooner to conduct fiscal and meal service monitoring reviews.

Monitoring visits to centers may be announced in advance or they may be unannounced. If announced in advance, the center will receive a letter but no date will be specified. The review may be conducted at any time within 45 days from the date on the letter. For unannounced visits, no advance notification will be given.

The center may contact our office if there are days that they know they will not be available although, another responsible individual shall be designated to be in charge of the facility in the absence of the director.

For all monitoring visits/reviews, all Program records must be made available to the Nutritionist within one hour of Program reviewer's arrival. Failure to make any and/or all records available within the required time may result in findings, corrective action and/or overclaims.

**Centers must maintain all required records on file for a period of three full fiscal years after the final claim for reimbursement for the fiscal year was submitted or longer if audit findings have not been resolved.** The federal fiscal year begins October 1 and ends September 30 of each year.

## Summary

- Monitoring review visits to centers may be announced or unannounced.
- Records, menus, and civil rights compliance will be reviewed.
- At least one meal will be observed.
- Reviewer will show identification as a State employee.

The Monitoring Review Checklist on page 38 is provided to help centers prepare for the review. For specific Program requirements, refer to Chapter 9 “The Monitoring Visit”, in the CACFP Policy and Procedure Manual or view/download at:

<http://www.dhss.mo.gov/cacfp/LawsRegs.html#adulthoodcare>.

## Monitoring Review Checklist

- ☐ Income Eligibility Forms (CACFP-501) signed & dated by participant and center official.
- ☐ Daily Attendance records (CACFP-213) **and** meal count sheets (CACFP-225 or 225A).
- ☐ Enrollment records **and** individual plan of care for each participant.
- ☐ Daily dated menus that meet Program requirements (CACFP-218, 218A or 218AA).
- ☐ If meals are catered/vended, a copy of the food service contract or agreement, most recent health inspection, **and** production records for all catered meals (CACFP-223).
- ☐ Documentation of Non-Profit Foodservice includes verification of **income** to food program and **expenditures** including: food purchase invoices/receipts; labor & indirect costs (CACFP-214).
- ☐ Processed food documentation: CN label, manufacturer's product analysis or facility documentation.
- ☐ Medical Food Substitution form(s) (CACFP-227), if applicable.
- ☐ **For-profit centers** must provide a current contract with the supporting agency billing invoices for participants who are beneficiaries of Title XX or Title XIX.
- ☐ A copy of the most recent sanitation inspection report conducted by the state/local health department.
- ☐ Beneficiary Data report (CACFP-226) completed by visual identification of racial/ethnic category.
- ☐ Documentation of CACFP training (CACFP-222) conducted by the center management, which includes: dates, locations, topics, and names of staff participants.
- ☐ The fully executed CACFP contract for the current fiscal year.
- ☐ Current adult day care license, issued by Missouri Department of Health & Senior Services, Section for Long Term Care Regulation (SLCR).
- ☐ An "And Justice for All" poster displayed in a prominent location, visible to the public available at: <http://www.dhss.mo.gov/cacfp/Publications.html>.
- ☐ The CACFP information that centers provide to participants, family members and legal guardians.
- ☐ If a sponsoring organization (own/operate two or more centers), documentation of site monitoring visit reports (CACFP-404).

**Centers must retain Original records.** Download forms at:  
<http://www.dhss.mo.gov/cacfp/AppsForms.html>.

The CACFP Policy and Procedure and Recordkeeping Manuals are available at:  
<http://www.dhss.mo.gov/cacfp/LawsRegs.html>.

# Summary of Required Records

(form number in parentheses)

## **Income Eligibility Form - IEF (CACFP 501 – adult)**

This form is very important as it determines program eligibility and reimbursement rates. Give IEFs to all participants to complete with their enrollment packet and then annually thereafter. Old IEFs must be replaced with new IEFs annually (once per year).

**File completed forms alphabetically in 3-ring binder. Place blank copies in a folder.**

## **Participant Letter - (page 11 in this workbook and page 5 in Income Eligibility booklet)**

The letter must be given to participants explaining center's participation in the CACFP. The letter is revised each year on July 1. Make sure participants are given the latest revision.

**Print the letter on the back of the IEF and file the IEF as suggested above.**

## **Enrollment Form**

Center form must include date of enrollment.

**File completed forms individually in each participant's individual file/record.**

## **Individual Plan of Care**

Center form must include assessment and plan of service.

**File completed forms individually in each participant's individual file/record.**

## **Daily Attendance Record - (CACFP 213) or Time In/Time Out Record - (CACFP 221)**

A daily attendance record of each participant is required for completing reimbursement claims.

**Keep active record on clipboard or in folder.**

**File completed monthly records in a manila envelope or folder labeled with the appropriate month.**

## **Meal Count Record - (CACFP 225)**

Meal counts must be recorded at the time of service of each meal and snack.

**Keep an active record on the clipboard or in a folder. File these records with the attendance records. File completed records in the folder or envelope for the month.**

**Food Service Expenses**

Receipts and invoices for all food and food service supply purchases must be kept to verify that CACFP funds are used to support food service.

**File in the folder or envelope for the month.**

**Summary of Salary Expenses - (CACFP 214)**

These records must be kept if the receipts for food and food service supplies total less than your CACFP claim. Record the salary of the cook and other food service staff that includes hours spent on food service tasks. Salary and time devoted administratively to record keeping may also be counted.

**File in the folder or envelope for the month.**

**Menus - (CACFP 218)**

Menus are required to verify that the nutritional standards of the CACFP are followed. Please use the menu form provided by CACFP.

**Keep the current active menu on a clipboard or in a folder. When completed, file the menu in the folder or envelope for the month.**

**Processed Food Documentation**

Required if your center uses processed foods.

**File in folder or notebook.**

**Title XX/XIX Documentation**

Required by For Profit centers. Documentation includes Department of Social Services (DSS) vendor invoices, a copy of the contract with DSS for vendor participants.

**Training documentation log**

You must keep documentation of training that you provide for your center staff.

**File in folder or notebook.**

**Beneficiary (racial/ethnic) Data - (CACFP 226)**

You must complete this form once a year.

**File in folder or notebook.**

### **Medical Food Substitution Record**

Use for participants with special dietary needs.  
**File in individual participant's file.**

### **Sanitation and Fire Inspection Records**

**File in folder or notebook.**

### **Current CACFP contract**

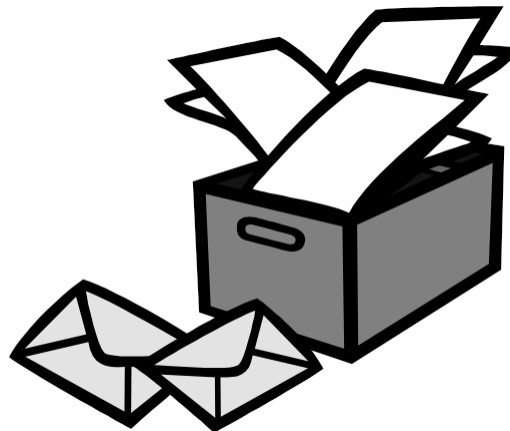
### **Food Service Contract or Agreement, if applicable**

If the meals are contracted with a caterer or food service management company or are provided by an agreement with a school or other central kitchen, the center must have a copy of the **contract** (or annual renewal) *or agreement*. In addition, the following documentation is *required*:

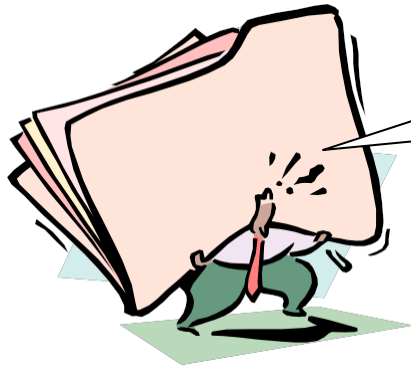
- Food Production Records
- Meal Delivery records
- Records of labor to document staff allocation

**The following items must be posted at your center:**

- “And Justice for All” Poster
- Current Adult Day Care License



# Organizing Records



Let's Get Organized!  
These supplies will help!

3- ring binder(s)	Clip-board(s)
File box or cabinet	12 large envelopes-1 for each month
File folders	Colored highlight
3 hole punch	

**Centers must complete these records daily (on a clipboard or in a folder) and then file with monthly records (in a labeled binder or notebook) at end of month:**

- **Attendance** records or sign-in/out records
- **Meal count** records – documented at point of service
- Daily Dated **Menus** – meals served that meet Program requirements

**Centers MUST maintain these records monthly:**

- Family Support Division (FSD) vendor invoices (For-Profit Centers only)
- Original food and milk receipts, non-food Program supplies, and documentation of Program labor cost

**Centers must maintain these records yearly (Fiscal Year is October 1 through September 30):**

- Copy of current CACFP contract
- Current IEF's and CACFP Enrollment forms (original forms only)
- Copy of CACFP training documentation
- Individual plan of care developed for each functionally impaired participant
- Copy of sanitation inspection reports
- If applicable, copy of contract or agreement and annual renewal with Food Service Management Company (FSMC)
- Copy of beneficiary (racial/ethnic) data

These records should be organized prior to the Nutritionist's monitoring review. It is recommended that records be organized in one folder, binder or envelope – **not** in the participant's individual records.

## Where to Keep Records – Summary

Forms	For currently enrolled participant	For discharged participant
IEF <b>and</b> Enrollment forms (Signed within <b>current</b> 12 months)	3- ring binder, front, alphabetical order	In the back of binder or in a folder
IEF (Signed more than 12 months prior)	Consolidated in yearly files	
Plan of Care	Participant's individual file/record	

Complete daily	Current month	Prior months
Attendance Record	Clip-board or folder	Folder or envelope labeled with appropriate month
Meal Count Record	Clip-board or folder	
Menu	Clip-board or post	

Monthly, Yearly and Miscellaneous Forms	
<b>Monthly</b> -Food service expenses	Place in folder or envelope labeled with appropriate month <b>or</b> fiscal year.
<b>Monthly</b> -Non-profit documentation	
Annual-Current CACFP contract	
Annual-CACFP training <b>and</b> Beneficiary data	
Processed food documentation	
Sanitation inspections	
Catered/vended meal contract or agreement	
Medical food substitution forms and Monitoring documentation, if applicable	
Participant letter, current fiscal year and prior years	Include in enrollment packets; discard prior fiscal year





# Appeal Procedure

If you feel you have been treated unfairly by the Child and Adult Care Food Program (CACFP), you have the right to appeal. Actions which may be appealed are those that affect your participation or your claim for reimbursement including, but not limited to:

- Denial of an institution's application for participation;
- Denial of an application submitted by a sponsoring organization on behalf of a facility;
- Notice of proposed termination of the participation of an institution or facility;
- Notice of proposed disqualification of a responsible principal or responsible individual;
- Suspension of an institution's contract;
- Denial of all or part of a claim for reimbursement;
- Demand for the remittance of an overpayment;
- Denial by DHSS to forward to the Food and Nutrition Service an exception request by the institution or sponsoring organization for payment of a late claim or a request for an upward adjustment to a claim, or demand for remittance of an overclaim;
- Any other action of the state agency affecting an institution's participation or its claim for reimbursement.

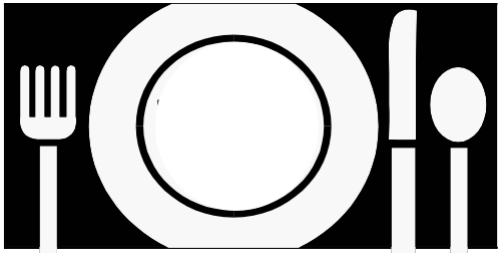
Instructions on How to Appeal are included in all correspondence concerning any actions taken by the CACFP. You must submit an appeal request **within 15 calendar days** of receipt of the adverse action from CACFP. For more information on your rights to appeal, please refer to Chapter 12 of the CACFP Policy and Procedure Manual at: <http://www.dhss.mo.gov/cacfp/LawsRegs.html>.

Call or write to CACFP if you have any questions.

Missouri Department of Health and Senior Services  
Bureau of Community Food and Nutrition Assistance  
P.O. Box 570  
Jefferson City, MO 65102  
800-733-6251  
573-751-6269

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

# Menu Planning Guidelines



*Menu planning is a major responsibility. A well-balanced menu not only serves foods that “go together” and are appetizing to participants, but must include the nutrients that adults need for good health.*

Menus must be planned to be in compliance with Federal Regulations and the CACFP requirements. Foods must be selected from the Creditable Foods Guide. All required menu components must be included. Some extra food items may also be used.

1. Select a form for menu planning. The USDA menu form is provided as the recommended form. See pages 50 and 51 in this workbook. This form lists the food components required for each meal and snack (supplement). Five-day and seven-day versions are available at:  
<http://www.dhss.mo.gov/cacfp/AppsForms.html>.
2. Choose the type of menu format you will use. A cycle menu format is recommended. A cycle menu is a set of menus that are repeated in the same order for a period of time, usually 2, 3, or 4 weeks. It provides variety by offering different foods and/or different food combinations each day during the cycle. A cycle menu provides consistency that simplifies food purchasing and production. NOTE: All **menus must be dated** with “week of”, month and year.
3. When there are substitutions from the planned menu, mark through the original menu item and enter the substituted item(s). **The original weekly dated menu that notes substitutions should be retained with the monthly records.**
4. Know the cooking abilities of the person(s) preparing the meals. An inexperienced cook may not be able to prepare more complex menu items. Review the menu and recipes with the cook and provide training as necessary.
5. Plan menu items based on the equipment available in the center’s kitchen. The center’s menu should not include baked chicken, baked potatoes and baked apple if there is not adequate oven space. Homemade cookies should not be on the menu if the center does not have a mixer.
6. Include all food components (page 48) in at least the minimum portion sizes specified on the Food Chart – Adults (page 49). It is usually easiest to start by planning the main dish or entrée.

7. Plan menus that keep the nutritional needs of the participants in focus. Be sure to include a good source of iron and Vitamin C daily and Vitamin A every other day.
8. Meats such as hot dogs, sausage, and lunchmeat (bologna, salami and others) are high in fat and sodium. They should be served no more than one time per week.
9. Sweet type grain/breads may not be dessert at lunch and supper. Items such as brownies and cookies are creditable only at snacks and should be served no more than two times per week.
10. Sweet type Breakfast items, such as sweet rolls and doughnuts should be served no more than one time per week.
11. Specify the type of fruit, juice or vegetables on your menus to assure a variety of food is served and to document the nutritional value of the meal.
12. Make sure that meals look and taste good!
  - Include foods that are different shapes-round, square, rectangular, wedge-shaped.
  - Choose foods that are different colors-yellow, orange, red, bright green, tan and white.
  - Combine foods that have different textures-soft, crunchy, crisp, creamy and smooth.
  - Include foods with different tastes-sweet, sour, tart, salty, spicy and mild.
13. Consider the different ethnic and cultural food habits and preferences of the participants.
14. Introduce new foods along with familiar foods that participants already like.
15. Select or develop standardized recipes for menu items.
16. Utilize references available from the USDA, including:
  - *Building Blocks for Fun and Healthy Meals / A Menu Planner for the CACFP*
  - *Food Buying Guide for Child Nutrition Programs*
  - *Child Care Recipes – Food for Health and Fun* (Good quantity recipes)These and other resources can be downloaded from FNS online at:  
<http://www.fns.usda.gov/cnd/care/publications/tools.htm>.
17. Set aside time to evaluate and revise menus with input from participants, family members and staff.

# Standardized Recipes



It is a big – and very important – job to plan, purchase, prepare, and serve meals that meet the nutritional needs of the participants, look and taste good, and are safe to eat. No matter how many participants your center serves, the same guidelines apply to produce quality meals. Refer to the Nutrition Resources in this workbook for other menu tools.

A standardized recipe is one that has been tried several times using the same method and equipment. A standardized recipe produces consistency in product quality and yield (same number of servings) every time it is used as long as the same procedures, equipment, and ingredients are used. Because standardized recipes specify exact amounts of ingredients, it is easier to manage the cost and storage of foods.

## How to Create a Standardized Recipe

If you want to standardize a recipe, or modify one that is already standardized, you will need to keep accurate records. The following information is to be included in a standardized recipe:

- 1. Ingredients** - Always list ingredients in the order of use.
  - a. Specify the form of the ingredient, such as fresh, frozen, or canned.
  - b. List exact amounts of ingredients by measure, weight, or pack size.
- 2. Preparation Procedures** - Be clear, concise, and complete.
  - a. Include equipment used, utensil, and pan size.
  - b. Specify cooking time and temperature and/or stage, such as boiling or simmering.
- 3. Yield** - The amount the recipe will produce.
  - a. Portion size.
  - b. Number of portions.

# Four Components in Menu Planning

CACFP nutritional guidelines help assure that adults are provided with healthy foods that meet their nutritional needs. The four components below are used to plan meals and snacks.

**Breakfast must contain the milk, grains/bread and vegetable/fruit components.**

**Lunch and Dinner meals must contain all four components, including two different servings of vegetable/fruit.**

**Snacks must contain at least two different food components.**

*Additional foods may be served to provide additional calories and nutrients.*

<p style="text-align: center;"><b>Meat / Meat Alternates</b></p> <p>Lean meat, poultry, fish, cheese, egg, cooked dry beans or peas, Nuts and seeds, nut and seed butters, alternate protein products, Yogurt</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Required at Lunch and Supper as main dish</li> <li>• Nuts/seeds/butters can meet only ½ of meat requirement at meals; meets full requirement at snacks</li> <li>• No more than 2 different meat items creditable at 1 meal</li> <li>• Yogurt not counted as both milk and meat at same meal</li> </ul>	<p style="text-align: center;"><b>Milk</b></p> <p>Lowfat, 1% or skim preferred 2% or flavored O.K.</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Milk must be fluid</li> <li>• Serve at breakfast and lunch: serve as beverage for lunch</li> <li>• Milk O.K. over cereal at breakfast and snack</li> <li>• Yogurt may be substituted for fluid milk at breakfast and lunch.</li> </ul>
<p style="text-align: center;"><b>Vegetable / Fruit</b></p> <p>Fruits and vegetables 100% full strength fruit or vegetable juice</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• 1 serving required at Breakfast</li> <li>• 2 different kinds required at Lunch and Supper</li> <li>• Minimum creditable amount is 1/8 cup</li> <li>• Dried beans and peas not counted as both fruit and vegetable and meat at same meal</li> <li>• Juice not served with milk for snacks</li> <li>• Only one vegetable/fruit creditable for snacks (Example – No juice and apple)</li> </ul>	<p style="text-align: center;"><b>Grains/Breads</b></p> <p>Whole grain or enriched bread, grains, cereal, crackers, pasta</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• 2 servings required at Breakfast, Lunch, and Supper</li> <li>• Minimum creditable amount is ¼ serving</li> <li>• Ready-to-eat cereal at breakfast and snack only</li> <li>• Grain-based chips creditable only 2 times a week and only at lunch and snack</li> <li>• Coffee cake, doughnuts, sweet rolls creditable at breakfast and snack only</li> <li>• Grains/Breads may not be dessert at lunch and supper. Cookies and other dessert grains are creditable only at snacks and <i>no more than 2 times per week</i></li> </ul>



## Adult Food Chart

*Missouri Department of Health and Senior Services  
Child and Adult Care Food Program*

Meal	Food Component	Minimum Serving Size
<b>Breakfast</b>	Fluid Milk <sup>1</sup>	1 cup
	Juice or Fruit or Vegetable	1/2 cup
	Grains/Bread	2 slices or 2 servings
<b>Lunch</b>	Fluid Milk <sup>1</sup>	1 cup
	Meat or Meat Alternate	2 ounces
	Meat, Poultry, Fish, or Cheese, or Egg (large)	2 ounces 1 egg
	Cooked Dry Beans, Peas, or Peanut Butter	1/2 cup 4 tablespoons
	Yogurt, plain or flavored	8 ounces or 1 cup
	Vegetables and/or Fruit <sup>2</sup>	1 cup total
	Grains/Bread	2 slices or 2 servings
<b>Supper</b>	Fluid Milk	None
	Meat/Meat Alternate	2 ounces
	Vegetables and/or Fruit <sup>2</sup>	1 cup total
	Grains/Bread	2 slices or 2 servings
<b>Snack (choose 2 of 4 components)</b>	Fluid Milk	1 cup
	Vegetables or Fruit or Juice	1/2 cup
	Grains/Bread	1 slice or 1 serving
	Meat/Meat Alternate	1 ounce

<sup>1</sup>Yogurt, 1 cup or 8 ounces of plain or flavored, may be substituted for fluid milk at breakfast and lunch. Yogurt may also be used as a substitute for meat/meat alternate at lunch and supper. However, yogurt may not be substituted for both milk and meat/meat alternate in the same meal (CACFP-633).

<sup>2</sup>Must serve at least two different varieties of vegetables and/or fruit at lunch and supper.

**Offer Versus Serve Option for Adult Day Care:**

Each adult day care shall offer its adult participants all of the required food components listed above. However, at the discretion of the adult day care center, adult participants may be permitted to decline:

One of the four food items required at breakfast (1 milk, 1 fruit/vegetable, 2 bread).

Two of the six food items required at lunch (1 milk, 2 fruit/vegetables, 1 meat/meat alternate, 2 bread).

Two of the five food items required at supper (2 fruit/vegetables, 1 meat/meat alternate, 2 bread).

The price of a reimbursable meal shall not be affected if an adult participant declines a food item.

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MENU – USDA REQUIREMENTS**

NAME OF CENTER/FACILITY \_\_\_\_\_

WEEK OF \_\_\_\_\_

YEAR \_\_\_\_\_

<b>BREAKFAST</b>	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Other Foods					
<b>SUPPLEMENT</b> <i>Serve 2 of 4 choices.</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
<b>LUNCH</b>					
Fluid Milk					
2 Servings of Fruit and/or Vegetables					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MENU – USDA REQUIREMENTS**

NAME OF CENTER/FACILITY \_\_\_\_\_

WEEK OF \_\_\_\_\_

YEAR \_\_\_\_\_

<b>SUPPLEMENT</b> <i>Serve 2 of 4 choices.</i>	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
<i>Other Foods</i>					
<b>SUPPER</b>					
Fluid Milk					
2 Servings of Fruit and/or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					
<b>SUPPLEMENT</b> <i>Serve 2 of 4 choices.</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread Component					
Meat or Meat Alternate					
Other Foods					



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MENU – USDA REQUIREMENTS**

# Good Example

NAME OF CENTER/FACILITY Lov-N-Stuff Adult Day Care

WEEK OF June 2 to June 6

YEAR 20XX

<b>BREAKFAST</b>	Monday June 2	Tuesday June 3	Wednesday June 4	Thursday June 5	Friday June 6
Fluid Milk	Milk	Milk	Milk	Milk	Milk
Juice, Fruit, or Vegetable	Applesauce	Sliced peaches	Orange Sections	Grape Juice *	Pears
Grains/Bread Component	Waffle	Oatmeal	Bagel	Cheerios	Biscuit
Other Foods	Syrup	Raisins	Cream Cheese		Sausage
<b>SUPPLEMENT</b> <i>Serve 2 of 4 choices.</i>	Quesadilla				
Fluid Milk			Milk		
Juice, Fruit, or Vegetable		Pineapple juice		Apple Slices	Apple juice *
Grains/Bread Component	Flour tortilla	Bread	Graham Crackers		Banana bread (HM)
Meat or Meat Alternate	Melted cheese	Peanut Butter		Cheese	
Other Foods	Mild salsa & Water			Water	
<b>LUNCH</b>	Ham & Beans (HM)				
Fluid Milk	Milk	Milk	Milk	Milk	Milk
2 Servings of Fruit and/or Vegetables	Broccoli	Tater Tots	Green Beans	Stir-Fry veggies	Cooked Carrots
	Tropical Fruit Salad	Banana	Peaches	Plums	Pineapple Chunks
Grains/Bread Component	Corn Bread	Bun	Roll	Bread	Bun
Meat or Meat Alternate	Navy Beans	Beef Hot Dog	Chicken Nuggets **(CN)	Ham & Cheese	Fish Patty (CN)**
Other Foods	Ham (for flavoring)	Mustard, Ketchup	Ketchup	Mustard, Mayo	Tartar Sauce

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MO 580-1463 (9-01)

HM= Homemade

\*Juices should be vitamin C fortified

\*\*Processed meat must have CN label or other documentation

CACFP-218



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MENU – USDA REQUIREMENTS**

# Good Example

NAME OF CENTER/FACILITY Lov-N-Stuff Adult Day Care II WEEK OF June 9 - June 13 YEAR 20XX

<b>BREAKFAST</b>	Monday June 9	Tuesday June 10	Wednesday June 11	Thursday June 12	Friday June 13
Fluid Milk	Milk	Milk	Milk	Milk	Low Fat Milk
Juice, Fruit, or Vegetable	Orange Juice*	Hash Browns	Pineapple Juice	Grapes	Grapefruit Sections
Grains/Bread Component	Pancakes	Toast	Cream of Wheat	Monkey Bread (HM)	Raisin Bran Cereal
Other Foods	Butter, Syrup	Boiled eggs	Brown Sugar, Cinn.		
<b>SUPPLEMENT</b> <i>Serve 2 of 4 choices.</i>					
Fluid Milk	Chocolate Milk			Milk	
Juice, Fruit, or Vegetable		Strawberries	Cantaloupe		
Grains/Bread Component	Animal Crackers		Wheat Thins	Oatmeal-Raisin Cookie	Bread
Meat or Meat Alternate		Yogurt			Deli Ham
Other Foods		Water	Water		Water, Mustard
<b>LUNCH</b>	Spaghetti w/Meat Sauce (HM)	Pizza (CN)**		Macaroni & Cheese (HM)	
Fluid Milk	Milk	Milk	Milk	Milk	Milk
2 Servings of Fruit and/or Vegetables	Peas	Tossed Salad	Mashed Potatoes	Spinach	Baked Fries
	Pineapple Tidbits	Watermelon	Spinach	Apricots	Fruit Salad
Grains/Bread Component	Spaghetti Noodles	Pizza Crust (CN)	Roll	Macaroni	Bun
Meat or Meat Alternate	Ground Beef	Sausage, Cheese (CN)	Roast Beef	Cheese	Hamburger Patty
Other Foods	Garlic Bread, Spaghetti Sauce	Salad Dressing	Gravy		Ketchup, pickles

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# Find the Errors

NAME OF CENTER/FACILITY Bad Apple Adult Day Care

WEEK OF June 1 – June 6

YEAR 20XX

<b>BREAKFAST</b>	Monday June 2	Tuesday June 3	Wednesday June 4	Thursday June 5	Friday June 6
Fluid Milk	Milk	Milk	Milk	Milk	Milk
Juice, Fruit, or Vegetable	Scrambled Eggs	Applesauce	Juice	Raisin Bread	Butter
Grains/Bread Component	Toast	Sausage	Oatmeal	Bacon	Waffle
Other Foods					
<b>SUPPLEMENT</b> <i>Serve 2 of 4 choices.</i>					
Fluid Milk		Yogurt	Pudding		
Juice, Fruit, or Vegetable	Apple Juice	Peaches			Celery Sticks
Grains/Bread Component	Carrot Sticks		Vanilla Wafers	Crackers	Popcorn
Meat or Meat Alternate				Cheese	
Other Foods				Water	
<b>LUNCH</b>					
Fluid Milk	Milk	Milk	Milk	Milk	Milk
2 Servings of Fruit and/or Vegetables	Potato Chips	Macaroni	Peach Cobbler	Ketchup	Pineapple Chunks
	Fruit	Banana	Green Peas	Pickles	Cole Slaw
Grains/Bread Component	Bun	½ slice bread	Garlic Bread	French Fries	Rice
Meat or Meat Alternate	Hot Dog	Cheese	Spaghetti	Hamburger	Red Beans
Other Foods					

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## “Offer Versus Serve” Meal Service

Adult day care centers may use the “offer versus serve” meal service option. Participants are given the opportunity to select foods at each meal. This is one way to increase food consumption and decrease waste because participants choose only those foods they wish to eat. The sponsor’s intent to participate in offer vs. serve must be noted in the “General Comments” box on the Center Information Sheet of the application/claims database.

**Programs using “offer versus serve” must offer participants all of the required meal components.** However, the adult participant may decline one meal component at breakfast and up to two meal components at lunch and supper. Both snack components must be served.

Assistance with meal component selection may be necessary in order to provide well-balanced meals. Additional choices of required meal components may be provided to increase food intake and decrease plate waste.

## Requirements for “Offer Versus Serve”

As required in 7 CFR, Part 226.20 of the Federal Regulations, each adult day care center shall **offer** its adult participants all of the required food servings for breakfast, lunch, and supper. However, *participants may be permitted to decline*:

- **At breakfast**—one of the required four food items [one serving of milk, one serving of vegetable(s) and/or fruit(s), and two servings of bread or bread alternate].
- **At lunch**—two of the required six food items [one serving of milk, two servings of vegetable(s) and/or fruit(s), two servings of bread or bread alternate, and one serving of meat or meat alternate].
- **At supper**—two of the required five food items [two servings of vegetables(s) and/or fruit(s), two servings of bread or bread alternate, and one serving of meat or meat alternate].

The reimbursement rate shall not be affected (discounted) if an adult participant declines a food item.



## Types of Meal Service

Adult day care centers may choose the type of meal service that best suits their needs.

- Centers may use traditional line service with participants moving through a cafeteria-style line;
- Meals may be pre-plated or served from a line or to the table;
- Meals may be provided by a vendor or catered from a satellite kitchen; or
- Centers may choose to serve meals in a family-style setting.

With family-style meal service, foods are served from bowls or dishes on the table. Enough food must be placed on the table to provide the full required portion size for all participants. Food substitutions for medical reasons can be made only when there is a written statement from a medical authority.

## Medical Food Substitutions

Adults with medical nutrition problems may not be able to eat the center's standard menu. Exceptions to the CACFP meal pattern requirements for individual substitutions of required meal components are approved when a medical food substitution record (CACFP-227) is on file. Adult day care centers participating in the CACFP are required to make food substitutions or meal pattern modifications when a documented food allergy, food intolerance, or strict therapeutic diet is required.

This medical food substitution documentation must be signed by a recognized medical authority (licensed physician, physician assistant, or nurse practitioner) and include the following information:

- The medical disability and an explanation of why the disability restricts the participant's diet;
- The major life activity affected by the disability; and
- The food or foods to be omitted and the food or foods that must be substituted.

Documentation of the medical food substitution records must be kept on file and in the individual plan of care. For more information on food substitutions, see chapter 7.5 of the Adult Day Care Center Policy and Procedure Manual or download the form at: <http://www.dhss.mo.gov/cacfp/AppsForms.html>.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MEDICAL FOOD SUBSTITUTION RECORD**

The Child & Adult Care Food Program Requirements for Meal Pattern Substitutions Section 7.5 require food substitutions to be authorized by a recognized medical authority. Recognized medical authority includes physician, physician assistant, or nurse practitioner. The recognized medical authority must specify, in writing, the food to be omitted from the patient's diet and the food or choice of foods that may be substituted.

PATIENT'S NAME

MEDICAL DIAGNOSIS / REASON:

SPECIAL ASSISTANCE/EQUIPMENT REQUIRED:

**FOOD SUBSTITUTION LIST:**

Fluid Milk	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Meat & Meat Alternative (e.g., eggs, cheese peanut butter, dry bean, yogurt, etc.)	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Bread, Cereal or Whole Grain Products	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)
Fruit & Vegetables or Juice	Allowed Substitutes	Texture (e.g., cut up, ground mince, puree, liquidity)

Additional Dietary Concerns and/or Required Equipment or Assistance Needed:

I (medical authority) certify that the above patient must be provided a special diet or requires special accommodations as indicated above.

SIGNATURE	TITLE	DATE
-----------	-------	------

# FOOD SOURCES OF KEY NUTRIENTS

## Iron

### *Good Sources:*

Liver (beef, pork, chicken, turkey)

Beef

Pork

Dried beans and peas

Black-eyed peas

Kidney beans

Pinto beans

White beans

Chickpeas

Clams

Eggs

Iron fortified breakfast cereals

Enriched grains and breads

Spinach

Roasted pumpkin or squash seeds





# FOOD SOURCES OF KEY NUTRIENTS

## Vitamin A

### *Excellent Sources:*

Dark leafy green vegetables:

- Spinach
- Collard greens
- Mustard greens
- Kale
- Turnip greens
- Beet greens
- Chard
- Bok choy

Pumpkin

Carrots

Sweet potato

Sweet red peppers

Cantaloupe

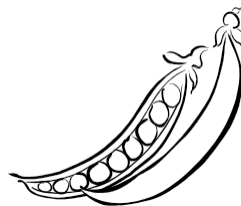
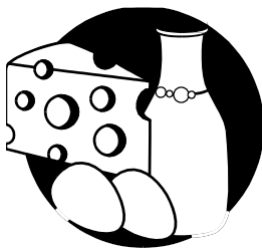
Winter squash (acorn, butternut, etc.)

Mango

Apricots

Broccoli

Liver



### *Good Sources:*

Green peas

Watermelon

Peaches

Nectarines

Cheese

Eggs

Tomato products

Mixed vegetables with carrots

# FOOD SOURCES OF KEY NUTRIENTS

## Vitamin C

### *Excellent Sources:*

Orange juice

100% fruit juices enriched with Vitamin C

Citrus fruits:

Oranges

Grapefruit

Canned mandarin oranges

Tangerine

Tangelo

Broccoli

Asparagus

Brussels sprouts

Cauliflower

Snow peas

Peppers (green bell and sweet red)

Melons:

Cantaloupe

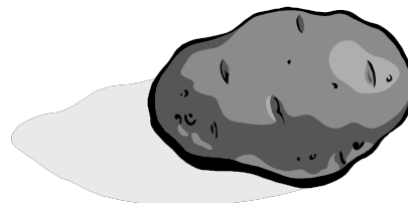
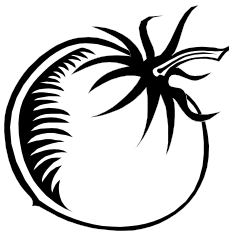
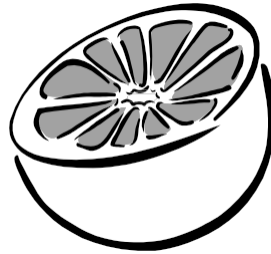
Honeydew

Mango

Papaya

Kiwi Guava

Strawberries



### *Good Sources:*

Potatoes

Sweet potatoes

Cabbage

Pineapple

Tomatoes

Lima beans

Watermelon

Blackberries

Leafy green vegetables:

Spinach

Collard greens

Mustard greens

Turnip greens



2. **Product Formulation Statement - on manufacturers' letterhead and signed by a representative of the manufacturer.** This product statement (example on page 63) demonstrates how the processed product contributes to the meal pattern requirements. It is the institution's responsibility to request and verify that the processed food documentation is accurate prior to purchasing processed products. *A Reviewer's Checklist and instructions for product formulation sheets is found at:* ([www.fns.usda.gov/tn/resources/smi\\_checklist.pdf](http://www.fns.usda.gov/tn/resources/smi_checklist.pdf)) and an updated sample **Product Formulation Statement template is found at:** ([www.fns.usda.gov/tn/resources/smi\\_appendixl.pdf](http://www.fns.usda.gov/tn/resources/smi_appendixl.pdf)) for a **meat/meat alternate (M/MA) product.** It should be noted that a Product Formulation Statement does not provide any warranty against audit claims.

The product analysis/formulation statement is a detailed information sheet from the product manufacturer. It identifies the weight of the food components and the product's contribution to the meal pattern. The analysis sheet contains:

- Product name
- Food components in the product that contribute to the meal pattern
- Product's total contribution towards the meal pattern
- Statement of vegetable protein product contained in the product
- Original signature of a company official and date

A sample Manufacturer's Product Formulation sheet can be found on page 63.

3. **Center Product Analysis** - The center may separate breading from whole pieces of breaded meat products, such as fish sticks (not minced fish). Weigh the cooked meat after the breading has been removed. Repeat for three or more samples to get an average weight. Document the product brand name, the manufacturer, the weight of the meat portion of the product. Finally, indicate the number of pieces or portions to be served to the participants. Keep this documentation with your monthly CACFP records. See page 64 for additional information.

**Important! It is not enough just to have the CN label, product formulation statements or center analysis documentation. The product information (product yield) must be used to determine the portion size/amount you must serve in order to provide a creditable portion of meat/meat alternate.**

## Example: Manufacturer's Product Formulation

### XYZ Burrito Factory

Effective Date: August 15, 2010 Product No. 9999

Total weight of precooked product: 4.00 oz.

Total of raw meat: 0.650 oz.

Percent of fat of raw meat: Not to exceed 30%

Weight of dry Volume Per Package (VPP): 0.094 oz.

Weight of liquid used to hydrate VPP: 0.176 oz.

Percent of Protein in dry VPP: 52%

Weight of raw meat and hydrated VPP: 0.920

Type of VPP used: XX Flour: \_\_\_\_\_ Isolate: \_\_\_\_\_

Weight of other ingredients: 1.005 oz.

Weight of pinto beans: 0.325 oz. Factored Wt. 0.503

Weight of cheese: none

Weight of cooked meat with VPP: 0.644 oz.

Total weight of filling: 2.25 oz.

Total weight of enriched flour tortilla: 1.75 oz. 1.59 serving

I certify the above information is true and correct and that the product (ready for serving) contributes 1.14 ounces of equivalent meat/meat alternative toward the meal pattern when prepared according to direction. I understand that the above named product will be used as a meal component for which Federal reimbursement will be claimed, and that records are available to support the information indicated above. The VPP used conforms to Food and Nutrition Service regulations. This product analysis will supersede all previously issued sheets.

SUGGESTED BID SPECIFICATIONS: \_\_\_\_\_ cases - Red Chili Beef, Bean and Chicken Burrito, 4.00 oz. **Each, unfried, packed 3/24 count. Must meet 1.00 ounces of meat/meat alternate and 1.50 bread servings.**

*This is the important information*

James Smith Director of Manufacturing

**James Smith** Title

XYZ Burrito Factory

August 15, 2010

## Center Product Analysis

Breaded meat products may be analyzed by the center to determine the amount of meat provided.

1. Record the brand and product name.
2. Cook the product and remove the breading from the cooked product.
3. Weigh the cooked meat without the breading. Weigh a minimum of 3 samples to verify uniform amounts.
4. Record the amount of cooked meat provided by each piece of product.
5. List the number of product pieces required to meet the serving size.
6. Record the date of the analysis.

### Example:

#### ABC Crunchy Fish Sticks

Cooked fish sticks (filets, not minced fish) with breading removed were weighed on May 2, 2010.

Each ABC Crunchy Fish Stick contained  $\frac{1}{4}$  ounce of fish.

The number of fish sticks needed for the 2 ounce meat component at lunch or supper is 8 fish sticks (2 divided by .25 oz. = 8 piece serving size).



#### Important Note:

All documentation regarding processed foods must be maintained in the center files. If no information is available at the time of a monitoring review, **meals containing the processed foods may be disallowed.**

## **FOUR FOOD SERVICE TYPES AND CACFP RECORDKEEPING**

**Definition - “Institution”** means a sponsoring organization, or independent adult day care center which enters into a contract with the State agency (DHSS-BCFNA) to assume final administrative and financial responsibility for the CACFP operations.

- 1. ON SITE** - also called self-prep means meals that are prepared in the kitchen at the institution’s physical location by the institution’s employee(s). The institution will follow the basic recordkeeping requirements of the CACFP.
- 2. CENTRAL KITCHEN** - is when an institution receives meal services obtained from *another department of the same organization*, such as a university adult care center whose meal services are provided by the campus dining hall or campus student union.

These institutions must sign an **annual agreement** with the central kitchen to obtain meals. A prototype of the **non competitive process “Sample Agreement”** can be located at: [http://www.dhss.mo.gov/cacfp/Contracting\\_Food\\_Svc.pdf](http://www.dhss.mo.gov/cacfp/Contracting_Food_Svc.pdf); the “Sample Agreement” is located under Section C (Non-Competitive Process).

**Additional recordkeeping is required** when a CACFP institution obtains meals from a central kitchen. The **central kitchen** must provide the following documentation to the adult center on a monthly basis:

- Food costs to substantiate the claim for reimbursement.
- Daily meal delivery tickets to verify the amount of food and/or number of meals provided to the center; sample receiving and credit logs on pages 69 and 70.
- Daily dated menus using a minimum of a two week menu cycle.
- Production records –see page 73 and 74.
- Staff allocation, such as meals per labor hour statistics may be required.

It is the responsibility of the institution to monitor the requirements of the contract. First occurrence disallowances will be made if documentation is not maintained on file.

As long as the food purchased by the centralized food service was obtained in a competitive manner through a formal bid process, those same services may be used by the CACFP institution. Centralized meal preparation is common in large organizations such as hospitals, nursing homes, schools, governmental entities and universities.

- 3. SCHOOL** – means an institution that contracts with a *public or private non-profit school* for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the Program.

Institutions who obtain their meals through a public or private school that participates in the National School Lunch or School Breakfast Program(s) must sign an **annual agreement** (non-

competitive bid process) with the school to provide meals to the organization. A prototype of the **non competitive process “Sample Agreement”** can be located at: [http://www.dhss.mo.gov/cacfp/Contracting\\_Food\\_Svc.pdf](http://www.dhss.mo.gov/cacfp/Contracting_Food_Svc.pdf); the “Sample Agreement” is located under Section C (Non-Competitive Process). Federal regulations exempt organizations from having to competitively bid for catered meals when those meals are purchased through schools participating in the National School Lunch or School Breakfast Programs. See page 68.

**Additional recordkeeping is required** when a CACFP institution obtains meals from a school. The **school/district** that provides meals to institutions under an *agreement* must provide the following documentation to the CACFP contractor on a weekly, or no less than a monthly basis:

- Food costs to substantiate the reimbursement
- Daily dated menus using a minimum of a two week menu cycle
- Daily meal delivery tickets to verify the amount of food and/or number of meals provided to the center
- Production records - See page 73 and 74.

It is the responsibility of the institution to monitor the requirements of the agreement for compliance with the CACFP requirements.

First occurrence meal disallowances will be taken at the CACFP monitoring review in the following instances when:

- There is no or inadequate processed food documentation (such as CN labels)
- When catered meals are not supported by production records
- When catered meals do not meet the CACFP meal pattern, require menus

**4. COMMERCIAL VENDOR** – also called a **Food Service Management Company (FSMC) or Caterer** is a *for-profit business* that an institution may contract with for preparing and, unless otherwise provided for, delivering meals, with or without milk for use in the Program. The total amount that the institution contracts meals for (less than or greater than \$100,000 per year) will determine the required bid process.

### **CONTRACT BID PROCESS INFORMATION**

Institutions participating in the Child and Adult Care Food Program (CACFP) who plan to purchase meals served to program participants from a **commercial vendor** (caterer, vendor, or Food Service Management Company) must follow proper procedures in purchasing these services. The bid prototypes and CACFP process requirements are located on the website at: [http://www.dhss.mo.gov/cacfp/Contracting\\_Food\\_Svc.pdf](http://www.dhss.mo.gov/cacfp/Contracting_Food_Svc.pdf). The goal of the bid process is to allow free and open competition in obtaining meal services from the lowest and best bidder.

**Informal Competitive Bid Process** - Institutions that will expend (pay out) **less than \$100,000 per year** on catered meals must follow an **informal bid process** to obtain their meals. Food contract less than \$100,000 (informal bids) require that the contract prototype and the “*Documentation of Vendor Contact*” (page 71) forms be completed and submitted for DHSS-BCFNA approval. Documentation that at least three reputable catering companies were



contacted to obtain price quotes must be submitted to DHSS-BCFNA. These documents are located under Section B of the “*Contracting for Food Services*” document.

**Formal Competitive Bid Process** - Institutions that will expend (pay out) **\$100,000 or more per year** on catered meals must follow a **formal competitive bid process** to obtain their meals. This formal bid process is located in Section A of the “*Contracting for Food Services*” document. Commercial vendor contracts are signed between the institution and the Food Service Management Company (FSMC) for a one year period with provision to extend the original contract for up to four, one year extensions (five years maximum). **The institution must also provide CACFP annual “Extension for Food Service Contract” documentation.** The contract extension form and instructions are located on page 30-31 of the formal bid process of the “*Contracting for Food Services*” document. Annual contract extensions must be submitted to DHSS-BCFNA and the “contract begin date” and “contract end date” information must be entered on the CACFP application/claims data base at: <https://dhssweb04.dhss.mo.gov/cnp/frameManager.asp>.

**Additional recordkeeping is required** when a CACFP institution obtains meals from a commercial vendor. The **commercial vendor/caterer** that provides meals to institutions must provide the following documentation to the CACFP contractor on a weekly, or no less than a monthly basis:

- Food costs to substantiate the reimbursement
- Daily dated menus using a minimum of a two week menu cycle
- Daily meal delivery tickets to verify the amount of food and/or number of meals provided to the center
- Production records - See page 73
- Documentation of paid invoices to verify contractual accountability
- Meals per labor hour recordkeeping to document staff allocation

Federal regulations prohibit institutions from contracting out the management responsibilities of the CACFP, including but not limited to:

- Ordering meals
- Maintaining program records
- Submitting claims for meal reimbursement
- Training and monitoring
- Determining eligibility for free or reduced-price meals

The institution must monitor the conditions set forth in the food service contract and compliance with the CACFP requirements. The DHSS-BCFNA will not intervene in contract disputes.

During a CACFP monitoring review, the Nutritionist will make first time meal disallowances in the following instances:

- When there is no or inadequate processed food documentation (such as CN labels)
- When there are no production records or
- When the production records indicate that the caterer did not provide enough food to meet the minimum portion requirement

Missouri Department of Health and Senior Services  
Community Food and Nutrition Assistance Child  
and Adult Care Food Program

**Agreement to Furnish Food Service**

THIS AGREEMENT is made and entered into between (school) \_\_\_\_\_  
\_\_\_\_\_ and the (independent center or sponsoring organization)  
\_\_\_\_\_.

WHEREAS the facilities of the (center or sponsor) \_\_\_\_\_  
are not adequate for preparing and serving meals to enrolled children, while the facilities of  
the (school) \_\_\_\_\_ are adequate to serve  
meals to participants. The (school) \_\_\_\_\_  
agrees to supply meals (inclusive/exclusive) of milk to (center or sponsor) \_\_\_\_\_  
\_\_\_\_\_ with and for the rates herein listed:

Breakfast..... \$ _____ each	Lunch..... \$ _____ each
Snacks..... \$ _____ each	Supper..... \$ _____ each

It is further agreed that the (school) \_\_\_\_\_,  
pursuant to the provisions of the Child and Adult Care Food Program (CACFP) regulations,  
attached copy of which is part of this agreement, will assure that said meals meet the minimum  
meal pattern requirements as to nutritive value and content, and will maintain full and accurate  
records that the (center or sponsor) \_\_\_\_\_  
will need to meet its responsibility including menu records containing the amount of food  
prepared and daily number of mails delivered by type.

These records must be reported to the (center or sponsor) \_\_\_\_\_  
\_\_\_\_\_ promptly at the end of the month. (School) \_\_\_\_\_  
\_\_\_\_\_ agrees also to retain records required under the preceding clause for a  
period of three years after the end of the fiscal year to which they pertain (or longer, if an audit is  
in progress); and upon request, to make all accounts and records pertaining to the CACFP  
available to representatives of the Missouri Department of Health and Senior Services, the U.S.  
Department of Agriculture, and the General Accounting Office for audit or administrative review  
at a reasonable time and place.

This agreement shall be effective as of (date) \_\_\_\_\_. It may be terminated by  
notice in writing given by any party hereto to the other parties at least 30 days prior to the date of  
termination.

IN WITNESS WHEREOF, the parties hereto have executed this agreement as of the dates  
indicated below:

\_\_\_\_\_  
School Official

\_\_\_\_\_  
Center/Sponsor Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





# DOCUMENTATION OF VENDOR CONTACT

## FOOD CONTRACTS LESS THAN \$100,000

Instructions: Completed form to be sent to the State agency with the Food Service Management Contract

	Vendor Name Address Telephone Contact Person	Date of Contact	Method of Contact (phone, fax, in person, etc.)	Price Per Meal				Total Price Quote
				Meal	Unit Price	Estimated Servings per Day	Estimated Number of Days	
VENDOR 1				Breakfast				
				Lunch				
				Snack				
				Supper				
VENDOR 2				Breakfast				
				Lunch				
				Snack				
				Supper				
VENDOR 3				Breakfast				
				Lunch				
				Snack				
				Supper				

Adult Day Care Centers  
Recordkeeping Essentials of the  
Child and Adult Care Food Program

**Instructions for Completing CACFP-219A  
Daily Menu Planning and Production Form\***

1. Record the month, day and year on the form.
2. Record the MENUs for the day by meal type (breakfast, lunch, supper, snack).
3. Enter the name of each “food item used” to meet meal or snack requirements.
4. FOOD USED: Recipe/Brand Name AND PORTION SIZE
  - a) List the MEAT or MEAT ALTERNATE foods and portion size contained in the menu item (used to meet the meal pattern requirements), which contributes, at a minimum the oz of meat or meat alternate component per serving of the menu item. No more than 2 different meat items are creditable at 1 meal. If a purchased convenience item was used (lunch or supper) with a CN (Child Nutrition) label, give the brand name with CN meal contribution.
  - b) List FRUIT or JUICE or VEGETABLES used and portion size to meet meal pattern requirements. Two different kinds required at Lunch and Supper in the minimum creditable amount of 1/8 cup.
  - c) List GRAINS/BREADS used and portion size to meet meal pattern requirements which contributed ¼ serving or more of grains/breads.
  - d) List all types of fluid MILK offered and portion size.
  - e) List non-creditable OTHER FOODS or menu items that do not contribute to the minimum amount of a food component or is not creditable as a food component (example: condiments, pickles, olives, relishes).
5. QUANTITY PREPARED
  - a) Record the quantity/amount prepared of each meat or meat alternate food by size and numbers of cans, pounds, or the CN label meal contribution if a convenience item it served. Units used should be those given in the Food Buying Guide.
  - b) Record the quantity prepared (i.e., size and number of cans or pounds) of each vegetable and/or fruit item used. Use ready to serve weight, not as purchased weight. Fresh fruits used should be recorded by size and number used or by weight.
  - c) Record the quantity prepared by number of loaves and size of loaves, dozen and weight of dozen, pieces, or pounds of the grain/bread item used.
  - d) Record the amount and size of milk used.
6. NUMBER SERVED
  - a) Record the number of enrolled participants under “Participant Meals to Claim” by meal type. **Only enrolled CACFP participants can be claimed for meal reimbursement.**
  - b) Record the number of meals that are not reimbursable under “Non-Program Meals – Do NOT claim.”
7. LEFTOVER AT END OF MEAL SERVICE - Estimate and record the number of servings of leftovers that remain.

**\*NOTE: Food Production Records are required to be completed for Adult Day Care Centers that contract meals with a Food Service Management Company or caterer. This is optional for self-prep centers.**



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**DAILY MENU PLANNING AND PRODUCTION FORM**

NAME OF CENTER \_\_\_\_\_

MONTH/DAY/YEAR \_\_\_\_\_

ADULT MEAL PATTERN Minimum Requirements	MENU	FOOD USED RECIPE/BRAND NAME	QUANTITY PREPARED	NUMBER SERVED		AMOUNT
				Participant Meals to Claim	Non-Program Meals – Do NOT Claim	Left over Food
<b>BREAKFAST</b>						
Milk, fluid, 1 cup						
Juice or Fruit or Vegetable, 1/2 cup						
Grains/Breads, 2 slices or 2 servings						
Other foods						
<b>A.M. SNACK</b> Select <u>two</u> of the four						
Milk, fluid, 1 cup						
Juice or Fruit or Vegetable, ½ cup						
Grains/Breads, 1 slice or 1 serving						
Meat/Meat Alternate, 1 oz.						
Other Foods						

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**DAILY MENU PLANNING AND PRODUCTION FORM**

MONTH/DAY/YEAR \_\_\_\_\_

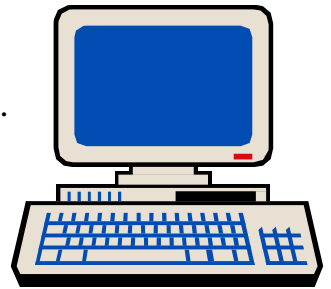
ADULT MEAL PATTERN Minimum Requirements	MENU	FOOD USED RECIPE/BRAND NAME	QUANTITY PREPARED	NUMBER SERVED		AMOUNT
				Participant Meals to Claim	Non-Program Meals – Do NOT Claim	Leftover Food
<b>LUNCH</b>						
Milk, fluid, 1 cup						
Meat/Meat Alternate, 2 oz.						
2 different Juice or Vegetables or Fruits, 1 cup						
Grains/Breads, 2 slices or 2 servings						
Other Foods						
<b>P.M. SNACK</b> Select <u>two</u> of the four						
Milk, fluid, 1 cup						
Juice or Fruit or Vegetable, ½ cup						
Grains/Breads, 1 slice or 1 serving						
Meat/Meat Alternate, 1 oz.						
Other Foods						
<b>SUPPER</b>						
Meat or Meat Alternate, 2 oz.						
2 different Juice or Vegetables or Fruits, 1 cup						
Meat/Meat Alternate, 2 oz.						
Beverage (Fluid Milk <b>Not Required</b> )						
Other Foods						

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# Nutrition Resources for Adult Day Care

The Internet has a vast amount of information that can assist adult day care providers with their foodservice operation and with education of staff and participants. We have selected sites that are especially helpful.



<http://www.dhss.mo.gov/cacfp/> - Official site of the Missouri CACFP.

Important features include:

- Access to online claims filing
- Downloadable copies of Missouri CACFP forms
- Link to information on other Missouri nutrition programs and activities

[http://www.dhss.mo.gov/Nutrition\\_Seniors](http://www.dhss.mo.gov/Nutrition_Seniors)

Basic information about senior nutrition, several publications and many links to nutrition information for seniors. The Missouri Nutrition Network Toolkit including action message handouts, lesson plans and menu and recipe cards is available at

<http://www.dhss.mo.gov/mnn/toolkit.html>.

<http://www.fns.usda.gov/cnd/> - Food and Nutrition Service Online – Homepage for all USDA Child Nutrition Programs. Useful features include:

- News & Updates
- Resources
- Recipe Roundup
- CACFP Information
- Food Safety
- Useful links
- Healthy School Meal Resource System
- Food & Nutrition Information Center
- USDA Child Nutrition Programs
- Team Nutrition

Get to most CACFP information by clicking on ‘Child and Adult Care Food Program’, and ‘Resources’ (on sidebar). ‘Child Care Nutrition Resource System’ leads to a wide variety of resources. *Food Buying Guide for Child Nutrition Programs*, *Building Blocks for Fun and Healthy Meals* and *Childcare Recipes* are among the useful publications available.

<http://www.nutrition.gov/> - The US Government’s official web portal – Features include

- Food Facts
- Food Safety
- Lifecycle Issues
- Healthy Management
- Food Assistance
  - USDA Funded Programs
- Research
- Resources



<http://www.nfsmi.org> - National Food Service Management Institute Order or download many resources, including *the Adult Day Care resource manual*.

<http://outreach.missouri.edu> - The College of Human Environmental Sciences Outreach and Extension of the University of Missouri-Columbia. Highlights include:

- Food & Fitness at Missouri Families
- Food Safety
- Nutriteach
- Food & Nutrition Guides
- Diet & Disease Materials
- Food Guide Pyramid
- Nutritional Science Resource
- Nutritional Science Research & News
- Flash in the Pan

<http://navigator.tufts.edu/> – The *Tufts University Nutrition Navigator* is designed to help you sort through the large volume of nutrition information on the Internet and find accurate, useful nutrition information you can trust.

<http://www.mypyramid.gov/>

**One size doesn't fit all.** MyPyramid Plan can help you choose the foods and amounts that are right for you. View and download the MyPyramid mini-poster to learn the basics about eating healthy and physical activity. Other Food Guide Pyramid materials are available at: <http://www.nal.usda.gov/fnic/Fpyr/pyramid.html>.

<http://www.nihseniorhealth.gov>

A senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads text out loud.

<http://medlineplus.gov>

MedlinePlus brings together authoritative information from National Library of Medicinent (NLM), at the National Institutes of Health (NIH), and other government agencies and health-related organizations. Search the site for Health Topics including Nutrition, Nutrition for Seniors and Child Nutrition.

<http://www.foodsafety.gov>

The gateway to government food safety information.

<http://vm.cfsan.fda.gov/>

The home site for the U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition. Click on “Seniors” under “Special Interest Areas” for information for people over 65 years old on food, nutrition and cosmetics including the handbook, “Food Safety for Seniors.”

## **CACFP Orientation Exercise Key**

**Exercise 1** on pages 18 – IEF errors on page 17 include:

- No last names of household members.
- No date of birth for participant.
- No social security number listed. Adult signing IEF must list SS # OR indicate that they don't have a SS# when income is used as the basis for eligibility.
- Date is not a complete date – the year is not indicated. This could cause the IEF to be determined to be invalid. Date all forms with the complete day, month and year.
- Monthly income is added incorrectly – should be \$1,900.
- Category should be reduced, not free. Family of 2 can make up to \$1,579 per month to be claimed as free and up to \$2,247 per month to be claimed as reduced\*.
- Center staff did not sign and date the IEF.

\*NOTE: Income determination was made using the July 1, 2009-June 30, 2010 Income Eligibility Guidelines.

**Find the Menu Errors** on page 54:

**MONDAY:**

Breakfast – missing fruit/juice/vegetable component; eggs are an extra

Snack – menu not creditable because both items are fruit/vegetable/juice components; must offer at least 2 of the 4 components

Lunch – meal not creditable: missing second fruit/vegetable component; must specify type of 'fruit'; hot dog must be all meat; potato chips are not creditable—can only be offered as an extra menu item

**TUESDAY:**

Breakfast – missing grain/bread; sausage is an extra item

Snack – menu is creditable but Yogurt must be listed as a meat/meat alternate (not milk) component

Lunch – missing second fruit/vegetable; macaroni is a grain/bread component; if second fruit/vegetable was offered, then the ½ slice of bread would be an inadequate grain/bread portion

### WEDNESDAY:

Breakfast – no errors but must specify type of juice

Snack – pudding is not creditable; must offer second component

Lunch – meat sauce or meatballs must be listed for meat/meat alternate to ‘spaghetti’

### THURSDAY:

Breakfast – missing fruit/juice/vegetable; raisin bread is a grain/bread; Bacon is not creditable

Snack – no errors

Lunch – missing grain/bread and both fruit/vegetable components. Ketchup should be listed as an ‘other food’; pickles are not creditable; French fries are a vegetable component (not grain/bread)

### FRIDAY:

Breakfast – missing fruit/vegetable/juice; butter is not creditable and must be listed as an ‘other foods’

Snack – missing one menu component; popcorn is not creditable – can only be served as an extra (‘other food’)

Lunch – no errors