



SECTION 2: CACFP Records

Family day care homes, group homes and sponsoring organizations participating in CACFP are required to submit and maintain records to verify the meals and snacks served to children meet guidelines and to justify the claim for reimbursement.

- Income Eligibility Forms-See Income Eligibility Guidance for Family Day Care Homes
- Enrollment Records
- Shift, Overlap and Variance
- Mealtime Exception
- Attendance Records
- Meal Count Records
- Claims
- Renewal
- Staffing

Enrollment Records

Documentation of enrollment is a Child and Adult Care Food Program (CACFP) requirement.

Every child enrolled in care must have an enrollment record on file. The Department of Elementary and Secondary Education-Office of Childhood, Child Care Compliance and the CACFP regulations each require specific enrollment information.

FDCHs and group homes have the option of using the combined [Child Care Enrollment Form \(MO 580-3317\)](#) that is approved for both the Office of Childhood, Child Care Compliance and CACFP or the [CACFP Enrollment Form for Child Care Centers \(CACFP-229\)](#)*.

Regardless of the form used, the original date the participant enrolled for care must be indicated – not the enrollment renewal date.

CACFP enrollment forms must include the following:

- Date of enrollment.
 - The child's name and date of birth.
 - Information on the child's normal days and hours of care (including holidays).
 - Information on the meals the child normally receives while in care.
 - The parent or legal guardian's signature and date.
1. The original enrollment form must be signed and dated by the parent, verifying that the information is accurate. Enrollment forms must be updated on an annual basis.
 2. The shaded CACFP Requirement sections of the joint enrollment form, MO 500-3317, must be updated, dated, and signed by the parent or guardian annually.
 3. The MO 500-3317 enrollment form must be kept in the child's individual file and available to the Monitor within one hour of arrival for a monitoring review.
 4. Enrollment dates listed on enrollment forms are compared to meal count records during a monitoring review. Meals served to children before the enrollment date on the signed enrollment form will not be reimbursed.
 5. Keep original enrollment records and all CACFP records for three full fiscal years (October 1 through September 30) after the final claim for the fiscal year was submitted and longer if audit findings have not been resolved.
 6. Parents or legal guardians may be periodically contacted by the Department of Health and Senior Services-Community Food and Nutrition Assistance (DHSS-CFNA) staff to verify a child's enrollment and attendance at the FDCH.
 7. If the CACFP-229 enrollment form is used, it is recommended it be filed alphabetically with the Income Eligibility Forms (IEF) in a 3-ring binder.

***NOTE:** There is no federal requirement that an FDCH, group home, or sponsoring organization (SO) use a specific CACFP enrollment form. With DHSS-CFNA approval, an enrollment form already in use that captures the CACFP required information may be used (CACFP 15-2013, Existing Flexibilities in the CACFP, July 26, 2013).

Ethnic and Racial Information: The CACFP-229 and MO 500-3317 enrollment forms both include a section on Ethnic and Race Information. The participant or guardian is not required to complete this section for participation; however, it is encouraged in order to gather this data in a manner in which the participant or guardian has self-identified and self-reported it.

The CACFP-229 and MO 500-3317 enrollment forms are available to print at www.health.mo.gov/cacfp - Forms.



CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
PARENT/GUARDIAN NAME	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>	
EMAIL ADDRESS	
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

If you or a member of your immediate family ever served in the U.S. Armed Forces, [click here for more information about military-related services in Missouri](#) or visit www.dese.mo.gov/veterans-services.

EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.

**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

<input type="checkbox"/> Yes <input type="checkbox"/> No	CHILD'S RELATION TO CHILD CARE PROVIDER
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ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? Yes No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

Breakfast Morning snack Lunch Afternoon snack Supper Evening snack None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize

_____ (CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
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PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE	DATE
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CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
CACFP ENROLLMENT FORM FOR CHILD CARE CENTERS

CENTER'S INFORMATION

NAME OF CHILD CARE CENTER		PHONE NUMBER
CENTER CONTACT PERSON'S NAME	CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

CHILD'S INFORMATION

CHILD'S FULL NAME		DATE OF BIRTH
PARENT OR GUARDIAN NAME	STREET ADDRESS	
CITY	STATE	ZIP CODE DAYTIME PHONE NUMBER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

ARE YOU OF HISPANIC OR LATINO ORIGIN?
 Yes No

WHAT IS YOUR RACE? (SELECT ONE OR MORE)
 American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE:	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION:
MON	AM PM	AM PM	
TUES	AM PM	AM PM	
WED	AM PM	AM PM	
THURS	AM PM	AM PM	
FRI	AM PM	AM PM	
SAT	AM PM	AM PM	
SUN	AM PM	AM PM	

CHECK WHEN YOUR CHILD IS IN CARE AT THIS CENTER

<input type="checkbox"/> FULL DAY CARE	<input type="checkbox"/> BEFORE SCHOOL CARE	<input type="checkbox"/> EVENING CARE
<input type="checkbox"/> HALF DAY - MORNING	<input type="checkbox"/> AFTER SCHOOL CARE	<input type="checkbox"/> OVERNIGHT CARE
<input type="checkbox"/> HALF DAY - AFTERNOON	<input type="checkbox"/> BEFORE AND AFTER SCHOOL CARE	

CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS CENTER

<input type="checkbox"/> BREAKFAST	<input type="checkbox"/> LUNCH	<input type="checkbox"/> SUPPER
<input type="checkbox"/> MORNING SNACK	<input type="checkbox"/> AFTERNOON SNACK	<input type="checkbox"/> EVENING SNACK

CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS CENTER

<input type="checkbox"/> NEW YEARS DAY	<input type="checkbox"/> TRUMAN DAY	<input type="checkbox"/> COLUMBUS DAY
<input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY	<input type="checkbox"/> MEMORIAL DAY	<input type="checkbox"/> VETERAN'S DAY
<input type="checkbox"/> LINCOLN'S BIRTHDAY	<input type="checkbox"/> JUNETEENTH	<input type="checkbox"/> THANKSGIVING DAY
<input type="checkbox"/> WASHINGTON'S BIRTHDAY	<input type="checkbox"/> INDEPENDENCE DAY	<input type="checkbox"/> CHRISTMAS DAY
<input type="checkbox"/> EASTER	<input type="checkbox"/> LABOR DAY	

SIGNATURE OF PARENT OR GUARDIAN	DATE
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NOTE: DEPARTMENT OF HEALTH AND SENIOR SERVICES OFFICIALS OR A SPONSORING ORGANIZATION REPRESENTATIVE MAY CONTACT YOU TO VERIFY INFORMATION.

ANNUAL UPDATES: THE PARENT OR GUARDIAN SIGNING THIS FORM CERTIFIES THAT THE ENROLLMENT INFORMATION IS CORRECT. IF INFORMATION HAS CHANGED, THE PARENT OR GUARDIAN HAS WRITTEN THE APPROPRIATE CHANGES ON THE FORM AND INITIALED THE CHANGE. IF THERE ARE MANY CHANGES, PLEASE COMPLETE A NEW FORM

FIRST ANNUAL UPDATE	PARENT SIGNATURE	DATE
SECOND ANNUAL UPDATE	PARENT SIGNATURE	DATE
THIRD ANNUAL UPDATE	PARENT SIGNATURE	DATE

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1. mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax:
(833) 256-1665 or (202) 690-7442; or
3. email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.

Shift Care and Overlap Care

Shift care for meals in family day care homes (FDCH) and group homes and exceptions to meal times will not be approved without adequate documentation to support the need to exceed approved licensed capacity limits (capacity, provider's own children, variances, and overlap) at one or more meals per day. The sponsor will complete a Mealtime Exception Request form for each provider requesting exceptions to the mealtime policy or exceeding license capacity for meals claimed.

Before the mealtime exception is approved, a Mealtime Exception Request form must be submitted to the Community Food and Nutrition Assistance (CFNA).

Shift care occurs when a home provider cares for more than one group of children during different time periods (for example, 6:00 a.m. to 3:00 p.m., 3:00 p.m. to 9:00 p.m.). One group of children may leave, and another group of children arrive. Each group may receive the same meal(s) at different times (sometimes referred to as split meal service). This may happen more frequently at breakfast and pm snack with school-age children in care. A claim presented by this provider will appear to exceed the licensed capacity. The provider may not have exceeded the licensed capacity at any one time because one group of children left before another group arrived. The provider shall have parent/guardian sign-in sign-out sheets and point-of-service meal counts, listing meal service times to support the excess meal claims.

The Sponsoring Organization (SO) must closely monitor each provider with shift care and split meal service to ensure that the provider does not exceed any authorized capacity limits. The SO should also document any provision of shift care and split meal service in provider files with a copy of the Mealtime Exception Request form.

The following documentation shall be maintained in the provider's file at the SO and shall include the following:

- Mealtime Exception Request form.
- Time in/time out records completed by parents and reviewed monthly by the SO for providers claiming shift care and split meal service where meal claims are greater than licensed capacity.
- Designation on the meal count form of those children in shift care and the times of shift care (when applicable).
- Monitoring during shift lapping to ensure authorized capacity is not exceeded.
- Approved overlap form (when applicable).
- Variances from the Office of Childhood (OOC) regarding children living in the home.

Documentation does not need to be submitted to CFNA monthly; however, all SOs are required to maintain the documentation on file, and CFNA may request it at any time to support future claims.

Overlap care must be approved by OOC. Overlap care is limited to a maximum of two hours per day. It will not exceed an additional one-third of the licensed capacity (e.g., a capacity of ten plus overlap of three children between 3:00 p.m. and 5:00 p.m.). If a home provider is approved for overlap, the approved overlap hours must be listed on the provider information sheet in the comment section of the online application. A copy of the OOC-approved overlap should be submitted to CFNA. The overlap form must be in the provider's file at the sponsor's office. Not all approved overlap hours include a meal service time. The sponsoring organization must closely monitor overlap care to ensure that authorized capacities are not exceeded at any time.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
MEALTIME EXCEPTION REQUEST FOR FAMILY DAY CARE HOMES/GROUP HOMES

SPONSORING ORGANIZATION		DATE
NAME OF PROVIDER		DVN
LICENSE CAPACITY	OVERLAP TIMES	
EXCEPTION REQUESTED FOR: <input type="checkbox"/> BREAKFAST <input type="checkbox"/> AM SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> PM SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> NIGHT SNACK		
Request for shift care during meal or snack service times:		
Request for occasional/evening/weekend/holiday meal service times:		
Please state in detail the reasons for the exceptions and any additional time-in/time-out sheets being utilized:		
During monitoring reviews, the Sponsoring Organization will observe the entire meal shift and verify children present during the meal service.		
Submitted by: _____		
CFNA USE ONLY		
Reviewed by: _____		
Comments:		

Attendance Records

Records supporting the daily attendance of the children receiving care must be kept and should record the time that the child is normally in care.

<u>SAMPLE: Provider FDCH Attendance Record</u>								
Provider Name				Month/Year			Number of Operating Days/Week	
Licensed Capacity								
	Enrollment			Attendance				
Child Names:	Day(s) attended	Time	Day 1	Day 2	Day 3	Day 4	Day 5	
#1								
#2								
#3								
#4								
#5								
#6								
#7								
#8								
Total								

Daily Meal Count Records

Daily meal count records must document the number of meals served to enrolled children at each meal type – breakfast, lunch, supper, or snack. Point-of-service meal counts are records taken during the meal service. Group homes are required to do meal counts at the point of service. Point-of-service meal counts are not required for FDCHs, except as a corrective action, but meal counts must be recorded by the end of each day.

<u>SAMPLE: Provider FDCH Meal Count Record</u>																								
Provider Name									Month /Year					Number of Operating Days/Week										
Meal Service Time																								
Breakfast:				AM Snack:				Lunch:				PM Snack:				Supper:				Evening Snack:				
Enrolled Children	Name				Age				Name				Age				Name				Age			
Date	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E			
1																								
2																								
3																								
4																								
5																								
Total																								
	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E	A*	B	A	L	P	S	E			
A* = Attendance																								

Claim for Reimbursement

Claims for meal reimbursement are filed via the internet at <https://mo.cnpus.com>

Each user of the Child and Adult Care Food Program (CACFP) web-based system must have a personal user ID and password, referred to as User Access. User IDs and passwords may not be shared. It is recommended that two key people from each Sponsoring Organization have access to submit claims and make system changes. If you want to add User Access or change current access when a user is no longer employed, you must submit a [Network User Access Request Form \(MO 580-1854\)](#) available at

www.health.mo.gov/cacfp - Forms.

A valid monthly claim for meal reimbursement shall be submitted via the internet to the Department of Health and Senior Services–Community Food and Nutrition Assistance (DHSS-CFNA) within 60 calendar days from the last day of the claim month; it is not always the last day of the month. A claim is considered valid when it has been submitted in a timely manner, passes all edit checks, and all supporting documents requested or required have been received by DHSS-CFNA.

An online claim is considered “submitted” when it is in Pending Approval status at the sponsor level, and if required, all supporting documents have been submitted and received. Claims in Error status or Pending Submission status may be modified and have not been certified as true and correct, so they are not considered submitted to the state office for approval. The timeframe within which a claim can be submitted for a particular month is indicated in the Claims portion of the Sponsor Summary on the CNP web-based system. A valid claim (with all supporting documentation as requested or required) must be properly submitted to ensure payment of the claim.

60-Day Deadline for CACFP Claims

Month	Original Claims and Upward Revisions 60 Days from the end of the claim month
October	December 30
November	January 29
December	March 1 Leap Year February 29
January	April 1 Leap Year March 31
February	April 29
March	May 30
April	June 29
May	July 30
June	August 29
July	September 29
August	October 30
September	November 29

Downward revisions can still be submitted past these deadlines.

An exception may be granted to a sponsoring organization (SO) every 36 months for exceeding the 60 calendar day deadline while on the program. The SO must submit a corrective action plan before an

exception can be granted. As noted above, the official submission date of a claim is the day the claim is put into **Pending Approval** status *and* when any required supporting documentation (if necessary) has been received by DHSS-CFNA.

Revised claims resulting in additional reimbursement to the institution shall be submitted to DHSS-CFNA within 60 calendar days from the last day of the claim month. Claims submitted after the 60 calendar day deadline shall not be processed. Revised claims resulting in a reduction of reimbursement shall be submitted to DHSS-CFNA as soon as possible after notification to complete a revision.

The DHSS-CFNA processes claims twice a month (see the following schedule). Claims must be in Pending Approval status in the DHSS-CFNA web system on or before the 12th of the month for the first closing. Any claims received after the 12th of the month will be held until the next cycle for processing. Claims put in Pending Approval status after the 25th of the month will be processed in the first cycle of the following month.



DHSS-CFNA cannot guarantee an exact date; this is a projected date only.

In submitting the claim for reimbursement, each institution is certifying that the claim is correct and that records are available to support the claim. These records must be retained for three years after the end of the fiscal year to which they pertain. Records shall be retained beyond the end of the three-year period if findings result from an audit. In those cases, records shall be maintained for as long as required to resolve the issues raised by the audit.

All accounts and records pertaining to the program shall be made available upon request to representatives of the DHSS-CFNA, DHSS-Auditor, the U.S. Department of Agriculture, and the U.S. General Accounting Office for audit or review at a reasonable time and place.

Failure to have records available to support the claim for reimbursement shall result in a disallowance of meals claimed. **All records must be maintained on-site at the address designated in the Sponsoring Organization management plan.**

Meal Service Times and Duration

Reimbursement will only be made for meals served within the home provider's approved meal times, as documented on the Provider Information Sheet in the CACFP web-based system. Meal times may be changed with CFNA approval. The meals approved for reimbursement are based on the home provider's licensed/registered hours of operation.

Meal service times for infants are not restricted since infants should be fed "on demand." Each enrolled participant, birth through age 12 months, may be claimed for no more than two meals and one snack or two snacks and one meal per child in attendance each day.

When scheduling meal times, the following guidelines will be used for approval:

Breakfast

- The duration of the breakfast meal service may take no longer than two hours from start to finish.
- The breakfast meal must be served at a time traditionally considered as the normal serving time for breakfast.

Snack

- The duration of the snack service may take no longer than two hours from start to finish.
- A snack may be approved for midmorning, afternoon, or evening.
- A snack may be scheduled no earlier than two hours after the completion of the previous meal or snack.
- The midmorning snack may be served less than two hours after the breakfast meal is completed, only in situations where the children served morning snacks are totally different children who arrive at the home too late for the scheduled breakfast.

Lunch

- The duration of the lunch meal service may take no more than two hours from start to finish.
- Lunch must be served at a time traditionally considered to be the normal serving time for lunch.
- Lunch may be served no earlier than two hours after the completion of the previous meal or snack.

Supper

- The duration of the supper meal service may take no more than two hours from start to finish.
- The supper meal must be served at a time traditionally considered as the normal serving time for supper.
- The supper meal may be scheduled no earlier than two hours after the completion of the previous meal or snack.

Claims Processing

Deadline for Submission

When the claim is submitted, the CNP web-based system checks for errors. Before approval, it is manually reviewed for additional errors. If there are no visible errors, it is approved in the computer system. Any errors in the claim will cause the claim to be rejected by the system. When errors are present, Department of Health and Senior Services–Community Food and Nutrition Assistance (DHSS-CFNA) will put the claim in Correction status and return the claim to the sponsoring organization (SO). An email will also be sent outlining the type of error and how to correct the information. No telephone calls will be made to correct the error. The error must be corrected, and the claim must be resubmitted before the claim can be processed. Correction of errors may delay payment until the next payment cycle, so accuracy in the completion of the claim is vital for timely payments. All returned claims must be submitted within 90 calendar days from the last day of the claim month to be paid.

Once the claim is approved and processed by DHSS-CFNA, the information is sent to the DHSS Division of Administration and the Missouri Office of Administration. The electronic funds transfers are prepared for deposit into the SO's account. If the SO's bank information changes, the SO must notify DHSS-CFNA immediately.

Common Errors

Listed below are errors frequently found in the completion of the claim for reimbursement.

- Left in Pending Submission Status.
- Title XX – Free/Reduced.
- License Expired in Application.
- Attendance is not completed or completed incorrectly. Attendance must be a cumulative total of all enrolled children attending for each day of the claim month.
- The SO claims unauthorized meals. A SO can claim only those meals for which they are approved. If meals are claimed that were not originally approved, notify DHSS-CFNA immediately.
- The SO claims meals in excess of cumulative licensed capacity or the number of children enrolled in homes sponsored by the SO. Make sure overlap falls within the particular meal time/snack, and related/residential children are entered accurately.
- The SO claims in excess of attendance.

Per CACFP regulations, DHSS-CFNA will provide payment of valid claims within 45 days of receipt.

Disbursement of Payments

SOs shall make payments to FDCH and group homes under its jurisdiction within five working days of receipt of program payments from DHSS-CFNA. Reimbursement to FDCHs may not exceed the applicable meal rate times the number of meals documented at each facility.

The SO is responsible for sending each home provider a record indicating the total amount of Child and Adult Care Food Program (CACFP) reimbursement provided for the calendar year by the 31st day of January each year. This information shall be provided regardless of whether or not the home provider is still with the SO.

Claim Supporting Records

The following records must be kept on file by the sponsoring organization (SO) to support the claim for reimbursement:

- Menus (children and infants less than one year of age).
- Enrollment Forms.
- Infant and Toddler Feeding and Care Plan for both Centers and Homes (if applicable).
- Overlap Approval.
- Attendance Records.
- Meal Count Records.
- Shift Care (Documentation of approved times, meals, and statement of need, for example, school-age children come and go.).
- CN Labels or Manufacturer's Product Formulation Statement to support the use of processed food.
- Income Eligibility Forms (if applicable).
- Tier I verification (if applicable).
- Variances.

It is the SO's responsibility to review each home's records for accuracy. Any discrepancies must be corrected, and meals must be disallowed. Copies of correspondence to the home provider regarding recordkeeping discrepancies and/or disallowances must be readily available in the provider's file. Any training or technical assistance provided to the home regarding the discrepancies and disallowances must also be readily available in the provider's file.

Home Sponsor Renewal

For renewing home sponsors, an updated management plan and budget and all supporting documentation must be submitted to DHSS-CFNA, along with appropriate signatures, by the renewal deadline assigned by DHSS-CFNA, usually in early September. DHSS-CFNA will return to the sponsoring organization (SO) incomplete management plans and budgets. These documents will be processed in a timely manner upon receipt by the state office. If the SO's budget and management plan are approved, a copy of the signed budget will be forwarded to the SO along with information regarding approval of the management plan.

As a contracted organization under the Child and Adult Care Food Program (CACFP), all home SOs must complete the CNP web-based application every year on the website at: <https://mo.cnpus.com/cnp/Login>.

A permanent contract for participation in CACFP may be revoked based on historical problems, as documented by DHSS-CFNA. Problems include, but are not limited to:

- Permitting an individual who is on the National Disqualified List (NDL) to serve in a principal capacity with the institution or, if an SO, permitting such an individual to serve as an approved provider.
- Failure to operate the program in conformance with standards set forth in federal regulations.
- Failure to comply with the bid procedures and contract requirements of applicable federal procurement regulations.
- Failure to return the advance payment to the state agency.
- Failure to maintain adequate records to support the claim for reimbursement.
- The submission of false information to the state agency.
- Historical claiming of program payments for meals not served to participating children.
- Service of meals that do not include required quantities of all meal components.
- Noncompliance to applicable bid procedures for contracts with food service management companies.
- Use of food service management companies that are in violation of health codes.
- Failure of an SO to disburse payments to its facilities in accordance with regulations.
- History of administrative or financial mismanagement in any federal child nutrition program.
- The organization or any principal individuals of the organization is on the national disqualified list.
- The organization cannot certify that the institution or any of its principals has not been convicted of any activity that indicates a lack of business integrity.
- Any other action affecting the institution's ability to administer the program in accordance with program requirements.

The SO must update the online Sponsor Information Sheet and Provider Information Sheets at any time during the year when there has been a change from the previously submitted online applications. This update includes documenting any changes to overlap forms and submitting a copy of the updated overlap form.

Updating Application Information

Based on the information submitted in the application, DHSS-CFNA creates a file for the sponsoring organization (SO). The monthly claims for reimbursement are compared to the information in the SO's file and on the CNP web-based system.

The SO must keep DHSS-CFNA updated on any changes regarding the SO or the FDCHs under the SO's jurisdiction. The following information shall be updated in writing on an as-needed basis:

- Changes in SO's tax-exempt status.
- FDCHs placed in seriously deficient status.
- Outcome of FDCHs seriously deficient status – either temporarily deferred or proposed termination and disqualification.
- Disqualification and termination of an FDCH.
- Change in key personnel.

The following information shall be updated on the CNP web-based system on an as-needed basis:

- Licensing status of FDCHs and group homes.
- Changes in the SO's address or phone.
- Changes in the license capacity of an FDCH or group home.
- Meals claimed for reimbursement.
- Meal time changes.
- Changes in the corporate status of the home.
- Overlap/shift approval.
- Change in Tiering status.

FDCHs and group homes participating in the program must have a current license from OOC or a branch of the military. Registered providers need a copy of a current Department of Social Services certificate on file.

If the SO changes their mailing address, they must notify DHSS-CFNA immediately. Also, a change of address may require revisions to the SO's budget and management plan. Failure to appropriately notify DHSS-CFNA promptly of an address change may result in denial of administrative costs attributable to the move.

The SO must submit a management plan and budget each federal fiscal year.

Additions, Closings, Updates and Recruiting

Additions

To add a new Family Day Care Home (FDCH) or group home to the sponsoring organization's (SO) jurisdiction, the SO enters the information in the CNP web-based system on a new provider information sheet. A new provider is one that is not transferring from another SO. The SO should enter a new provider in the CNP web-based system as soon as the SO has an application and a signed agreement, even if the provider's license is pending. Update or submit licensing documentation in the CNP web-based system. This may include the original licensing document, a licensing document printed from the Department of Elementary and Secondary Education - Office of Childhood (DESE-OOC) 's website, or a copy of the Department of Social Services certificate. SOs of military providers must fax or email a copy of the provider's license certificate. When all the necessary information is completed and passes the edits, the home provider's application may then be submitted for approval.

The following conditions must be met when signing an agreement with a new provider who does not yet have an active license or certificate:

- It is acceptable to sign an agreement prior to the effective date of the license.
- No more than 60 days may lapse between the effective date of the license and the date of the agreement. A new agreement is required if there is a lapse of more than 60 days.
- Claiming can begin on the date of the agreement approval or the effective date of the license, whichever is later.
- Claims can only be entered once all of the required information is entered and approved in the CNP web-based system.
- Sponsors are expected to monitor records and claims from the date the provider is first eligible to claim. Monitoring visits, including the first four-week visit, must be conducted as required for the provider to claim.
- Providers have only 60 calendar days to submit an original claim.

Once the home is approved, claims can be processed for meals served in accordance with provisions of the Child and Adult Care Food Program (CACFP) and federal regulations and guidance for up to one month prior to the month CACFP approved the addition, but not prior to the date the agreement and application were signed. However, no payment can be claimed for a time period prior to the date the home has an approved active license.

Regardless of when the home provider was approved, there is no probationary period. Meals must be disallowed if the home provider claims meals not served, claims meals served in excess of the home's capacity, claims meals served that are not approved, claims meals not supported with required records, or for any claiming violation related to menu or meal pattern errors. The SO must closely monitor these errors and provide training and technical assistance when errors occur. Documentation of the training and technical assistance must be evident in the provider's file.

Closings

To close a provider leaving the SO, complete the required fields on the Sponsoring Organization Provider Change Form and submit it to DHSS-CFNA. **Do not** close any home providers in the CNP web-based system; CFNA staff will do this.

The Sponsoring Organization Provider Change form should be completed monthly and is due to DHSS-CFNA. Only one form is to be submitted each month, and only if the Sponsoring Organization has made changes.

NOTE: SOs that are seriously deficient in their administration and management of the CACFP shall be prohibited from adding homes to their sponsorship during the entire period of the serious deficiency until the serious deficiency is temporarily deferred by DHSS-CFNA. This prohibition on adding homes will

GENERAL INSTRUCTIONS

Provider Transfers

When a provider transfers to your Sponsoring Organization (SO) from another SO, submit the information on the **SPONSORING ORGANIZATION PROVIDER CHANGE FORM (CACFP-401)** by the end of the month prior to the change taking place. For example, if you know in advance that a provider is transferring from another SO in July, submit the change form by the end of June.

The state agency will transfer the provider from the previous SO to your SO in the CNP web-based system. The new provider will be listed under the 'Application' tab in the 'Sponsor Summary' screen. Click the 'Add' button under the 'Action' column. When the application is completed, 'Submit' the application to the state agency for approval. After DHSS approves the application, 'Approved' will appear in the 'Status' column of the 'Sponsor Summary' screen.

Deletions:

A deletion is a provider who is quitting your SO, either because the provider is going to another SO or is no longer participating in the CACFP as a day care home.

Submit the **SPONSORING ORGANIZATION PROVIDER CHANGE FORM (CACFP-401)** once each month,

no later than the last day of the month. For example, if the deletions occur in October, the change form must be submitted to CFNA by the last day of October.

Action codes are:

1. Switched SO.
2. License Revoked by Department of Health and Senior Services (DHSS).
3. National Disqualified List (program abuse of CFNA).
4. Resigned (will no longer provide child care or participate in the CACFP).
5. Dropped for Convenience (will continue to provide child care).

Use one of the above codes when deleting a home provider. Specify the reason for deletion, for example, quit child care, change to a center, death, etc., or if transferring to a different SO, write in the new sponsor's name.

Closed Provider

When a provider transfers to another sponsor, closes, changes to a center, gets a different license number, is dropped for convenience, the license is revoked, is declared seriously deficient, etc., the SO will complete the Deletions section of the **SPONSORING ORGANIZATION PROVIDER CHANGE FORM (CACFP-401)** as described above. DHSS-CFNA will complete all provider closings in the CNP web-based system.

Terminating A Provider

A provider that is terminated may never be put back on the CACFP, so this should rarely occur. One example of a valid reason for termination would be due to the death of a provider. Closing a provider is usually the best choice to make. Even if a provider is removed from the program due to a serious deficiency, they may be able to return to the CACFP after seven years, so they should be closed rather than terminated.

SEND this completed form via email to Melanie.Blochberger@health.mo.gov or by fax at 573-526-3679.

Updates

Updates such as meal times, types of meals, re-verification of tiering status, license expiration date, license capacity, etc., regarding a FDCH, must be entered into the CNP web-based system by the SO.

The updates must be completed by the last day of the month being claimed to allow time for DHSS-CFNA to approve the updates before the end of the claim month and prior to claim submission. When updates are submitted after the last day of the month, the claim for this provider will not be reimbursed in the first claim cycle.

Recruiting

Recruitment efforts by SOs shall be limited to providers who have not already signed an agreement with another SO.

Providers must complete a two-step administrative process to participate in the CACFP. First, a provider must complete an application, which is a document developed by the DHSS-CFNA and is the initial step for program participation. It is designed to gather essential information on the provider, such as name, address, capacity, children who live in the home, etc. Once eligibility criteria are met, a provider must enter into an agreement with an SO to finalize the process. An agreement is a legal document that specifies the rights and responsibilities of both parties. A provider can complete applications for multiple SOs; however, a provider can enter into only one agreement. Therefore, it is essential for an SO to determine whether a provider has signed an agreement with another sponsor before initiating recruitment.

If the potential provider **has signed** an agreement, the SO shall discontinue all recruitment efforts. All the SO is allowed to do is leave contact information with the provider should the provider be interested in changing sponsorship in the future. However, the SO must inform the provider a change of sponsorship is allowed only once annually.

If a potential provider **has not yet signed** an agreement, the SO may actively begin recruitment efforts. However, before obtaining a binding signature on an agreement, the SO must:

- Verify whether the provider has signed an agreement with another sponsor.
- Explain to the provider the entire process of participating in the CACFP under a sponsorship.
- Determine if the provider is currently evaluating and comparing information on other sponsors supporting their area.
- Ensure the provider is ready to sign an agreement binding them to a particular sponsor.
- Inform the provider that once the agreement is signed, the provider may change to another SO only once per year.

The needs and desires of the provider are the most important considerations in the recruitment process. A provider should never be pressured into signing an agreement with a sponsor.

NOTE: The use of CACFP funds as a monetary incentive or to purchase gifts or gift certificates to recruit providers of FDCH is prohibited. The use of non-CACFP funds as an incentive to recruit providers as described above is also prohibited.

Transfers

When a family day care home (FDCH) or group home is transferring from one sponsoring organization (SO) to another SO, send an email to DHSS-CFNA as soon as the SO is aware of the transfer. State the provider's name, license number, the effective date, and the receiving sponsor involved. The transfer must also be submitted to DHSS-CFNA on the Sponsoring Organization Provider Change Form (CACFP-401).

When homes transfer, claims cannot be split between sponsors for a given month. The receiving SO can only claim the transferring FDCH starting the first day of the month following the date the day care home signed the agreement with the new SO.

FDCH providers and group home providers in good standing with their current SO may transfer to another SO only once per federal fiscal year, commencing with the date their first agreement to participate in the program is signed. The Federal Fiscal Year (FFY) is defined as October 1 through September 30. The following procedures shall be followed when a transfer is made:

- The home provider shall notify the SO that they are transferring to another SO. The SO from which the home provider is transferring shall submit such information via email as soon as they are aware that a transfer will occur and also on the corresponding monthly Sponsoring Organization Provider Change Form (CACFP-401).
- The SO to which the home provider is transferring shall obtain a new application and a signed agreement from the new home provider. Immediately email DHSS-CFNA to notify them of the transfer that will be taking place and submit the required information on the Sponsoring Organization Provider Change Form (CACFP-401) to DHSS-CFNA on the last day of the month.
- The transfer shall become effective the first day of the month after the agreement is signed (regardless of the day the agreement is signed).
- Administrative payments will continue to be made to the current SO through the month prior to the effective transfer date, during which meals are claimed for the home provider.

Exceptions to the once-per-FFY transfer will be granted only if an SO discontinues participation in the program or drops a home provider for convenience. A home provider shall be allowed to transfer to a new SO under these circumstances, regardless of whether or not they had already transferred previously in the same FFY.

FDCH and group homes that are seriously deficient in their operation of the program shall be prohibited from transferring to another SO while the serious deficiency determination remains in effect. This restriction will remain in place until the SO has determined that the required corrective action has been implemented to its satisfaction, and the SO has notified the home provider that the serious deficiency has been temporarily deferred. The time period allowed for a seriously deficient home's corrective action is no more than 30 days; in some instances, it may be much less. The SO must notify DHSS-CFNA in writing within 15 days of declaring a home seriously deficient and again within 15 days of temporarily deferring a serious deficiency or of proposing to terminate and disqualify a home provider. DHSS-CFNA must also be notified within 15 days of any terminations and disqualifications of group home or FDCH. All such notifications shall be in writing to DHSS-CFNA. The SO should submit all serious deficiency letters to DHSS-CFNA for approval prior to mailing.

The Sponsoring Organization Provider Change Form (CACFP-401) can be found online at www.health.mo.gov/cacfp - forms.