

# **Orientation & Recordkeeping Workbook**

**For**

## ***Child 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

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**2016**



# Missouri Department of Health and Senior Services

## Child and Adult Care Food Program (CACFP)

### Orientation & Recordkeeping Workbook for Child Care Centers

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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;
- (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.

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# Introduction

## How to Contact the Program

For questions about 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  
930 Wildwood Dr.  
Jefferson City, MO 65102

1-800-733-6251

1-573-751-6269

Fax: 573-526-3679

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



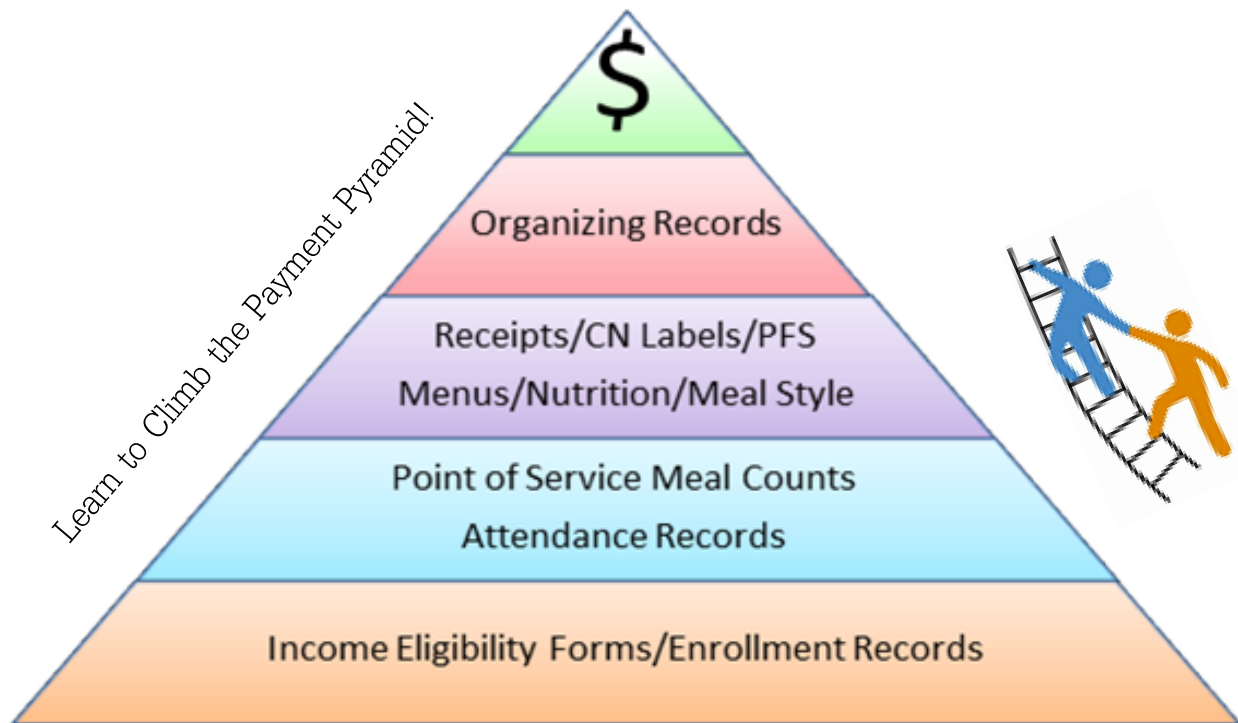
1. **Classroom Trainings** are held in the district locations and include: **Child Care Center Orientation, Infant Feeding, Missouri Eat Smart Child Care and Missouri MOve Smart Child Care.** Find additional information on other CACFP training opportunities at: [www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp); scroll down to the Training link. Enroll for classes at the **Missouri Workshop calendar:** [www.moworkshopcalendar.org](http://www.moworkshopcalendar.org).
2. **On-Line Training Modules:** [www.mocacfp.com](http://www.mocacfp.com)

This website is an on-line education portal for child and adult care providers who take part in the Missouri CACFP. The free, self-directed **CACFP Orientation Series** lessons focus on key topics you need to know in order to submit valid claims for reimbursement from the Missouri CACFP. All registered users will have access to the full catalog of available lessons which currently includes the following training modules:

- Program Integrity and the Serious Deficiency Process
- Income Eligibility Forms
- Recordkeeping
- Claims for Reimbursement
- Civil Rights
- Meal Patterns – ½ hour SCCR clock hour credit
- Serving Creditable Foods in the CACFP – 1 hour SCCR clock hour credit
- Infant Feeding

# Orientation Objectives

1. Understand the staff and director responsibilities for child care center or sponsoring organization (SO) participation in the CACFP.
2. Understand the responsibilities of the Bureau of Community Food and Nutrition Assistance (CFNA) in administering the CACFP.
3. Discuss how new and renewing centers and SOs must demonstrate that they meet and comply with CACFP Performance standards of viability, capability, and accountability. 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.



# Benefits of the Child and Adult Care Food Program

## CACFP can help your center and the families you serve

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

- Centers may be approved to claim up to two meals (breakfast, lunch or supper) and one snack (morning, afternoon or evening) OR two snacks and one meal per enrolled participant in attendance each day;
- Training and technical assistance is available on nutrition, foodservice operations, program management, nutrition education and recordkeeping;
- Improved health and well-being of infants and children through age 12 by providing nutritious, well-balanced meals; and
- Development of healthy eating habits in children that will last through their lifetime.



## Key points to remember about the CACFP

- **Providing nutritious meals and snacks is the primary goal.** The mission of the Food and Nutrition Service (FNS) is to provide children and families better access to food and a more healthful diet through its food assistance programs, such as CACFP and nutrition education efforts in compliance with 7 CFR 226. The program is **NOT** meant to provide 100% reimbursement to contractors.
- CACFP is a supplementary program, not an entitlement program, which requires accurate recordkeeping and program compliance.
- United States Department of Agriculture's (USDA) FNS administers the CACFP at the national level and the Missouri Department of Health and Senior Services, Bureau of Community Food and Nutrition Assistance (CFNA), is the State Agency (SA) who administers the Program in Missouri.
- CACFP is regulated by Congress and the USDA.
- CFNA will conduct CACFP monitoring reviews in compliance with 7 CFR 226.6, the Code of Federal Regulations and CFNA policy and guidance.

# Management Accountability and Control

The executive director and board chair or owner of the child care center or sponsoring organization, as well as those named as a Responsible Individual or Food Program Contact must, due to their position in the institution, accept final administrative and financial responsibility for the CACFP. Due to this financial and administrative responsibility, a program must be operated effectively and with integrity.

CFNA establishes rules and procedures and makes decisions regarding an institution's ability to operate the program. CFNA bases these decisions on information from internal controls at the federal and state level that includes: information obtained during the application process, information from audits and complaints, results of edit checks, reviews and monitorings, and civil and criminal action.

Each new independent institution (of a single facility) or Sponsoring Organization (of two or more facilities) and renewing institutions must demonstrate they are operating in conformance with the **CACFP Performance Standards – Viability, Capability and Accountability (VCA)** outlined in 7 CFR 226.6(b)(1):

1. The organization must be **Financially Viable**. The institution must have a budget and demonstrate that it has adequate financial resources to operate the CACFP on a daily basis. It must have adequate sources of funds to withstand temporary interruptions in CACFP payments and/or fiscal claims against the institution and the ability to document financial viability through audits or financial statements.
2. The organization must be **Administratively Capable**. The institution must have appropriate and effective management practices in effect to provide program benefits to all participants and adequate number and type of qualified staff to operate the CACFP.
3. The organization's **Program** must be **Accountable**. The institution must have internal controls and other management systems in effect to ensure the CACFP will operate in accordance with requirements:
  - **Board of Directors** – has adequate oversight of the program by its governing board;
  - **Fiscal Accountability** - with management controls specified in writing;
  - **Recordkeeping** - maintains appropriate records to document compliance with CACFP requirements including budgets, accounting records, approved budget amendments, and, if a sponsoring organization, management plans and appropriate records on facility operations;
  - **Sponsoring Organization operations** – documentation in the management plan that it will provide adequate training, perform monitoring, and ensure that administrative costs do not exceed the regulatory limit; and

- **Meal Service and other operational requirements** - follows practices that result in the operation of the program in accordance with the meal service, record-keeping and other operational requirements of the Federal Regulations. These practices must be documented and must demonstrate the independent center or sponsored facilities will:
  - provide meals that meet meal pattern requirements;
  - comply with licensure or approval requirements;
  - have food service that complies with applicable state and local health and sanitation requirements;
  - comply with civil rights requirements;
  - maintain complete and appropriate records on file; and
  - submit claim reimbursement only for eligible meals.

## **Program Integrity**

An institution can never be Seriously Deficient without some improper action by a person. Regulations require that the chairman of the Board of Directors, as well as the executive director or owner or other person(s) responsible for the CACFP operation (noted on the Center and/or Sponsor Info Sheets on the Application/Claims database) are considered the “responsible individual(s)” or “responsible principal(s)” of the organization. By virtue of your management position as a “responsible” person, you have administrative and financial responsibility for the oversight, management and integrity of the CACFP and compliance with applicable regulations.

Should your institution ever be classified Seriously Deficient (SD) and terminated due to mismanagement of the CACFP, the name(s) of the “responsible principal(s)” and “responsible individual(s)” will be placed on the United States Department of Agriculture’s (USDA’s) National Disqualified List (NDL). Once on the NDL, the “responsible(s)” named would not be able to work in another organization that participates in the CACFP or in any other Child Nutrition Program for up to seven years.

## **Management Tools and Resources**

Child care centers enter into a contract with CFNA to participate in the CACFP. The following management tools and resources are available on the Missouri CACFP website at:

<http://health.mo.gov/cacfp>












- Missouri CACFP Policy and Procedure Manual for Child Care Centers
- Orientation and Recordkeeping Workbook for Child Care Centers
- Income Eligibility Guidance for Child Care Centers
- Creditable Foods Guide
- USDA’s Food Buying Guide for Child Nutrition Programs



## Discovering Problems

The following chart is a management assessment tool that describes some of the more common indicators of program mismanagement identified through federal and state level internal controls. For more information, refer to the Section 9.9 The Monitoring Review Visit Deficiencies/Disallowances in the Child Care Centers Policy and Procedure Manual.

### Child and Adult Care Food Program (CACFP) Institutions Indicators of Potential or Existing Problems (Red Flags)

Indicators	Independent Centers & Sponsoring Organizations (SOs)
<b>Budget/Claim for Reimbursement</b>	
Year-to-date claims do not reflect approved budget	
Questionable or potentially fraudulent meal claiming practice (e.g. meals claimed when facility is closed)	
<b>Operational Oversight</b>	
No 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., when director or family member is the owner of the catering company used for contracted meals or owner of rented property housing the CACFP facility)	
Absentee management	
Substantial difference between the number of participants observed at meal time during a monitoring review and the Average Daily Participation (ADP) for the same meal for the test (review) month.	
Substantial difference between the attendance documented by SCCR in the “Child Care Provider Search” and the ADP for the meal claimed when the time the SCCR specialist was in the facility.	
<b>Audits</b>	
Required audits or monitoring reviews are not performed by SOs	
Management/Board of Directors does not follow-up on corrective action taken	
<b>Other</b>	
Health and safety concerns reported from any source	



# Income Eligibility

Meal reimbursement to child care centers is based on the claiming category of each child enrolled at the center. The claiming category is determined by obtaining family (household) size and household member income. This information is compared to the current income eligibility guidelines and the meal status of the child(ren) in care are determined to be in the free, reduced-price or paid meal category.

Income information that is obtained from the parent or guardian of enrolled children is critical to your center's participation in the Child and Adult Care Food Program. Every year, parents or guardians must be given the *current* **Parent Letter** and the **Income Eligibility Form (IEF)** to complete; however, completion of an IEF is not required. It is recommended that these two items be included in the center's enrollment packet(s). These documents can be printed from the CACFP website.

Requests have been made for language translations of Program information. English forms, along with 38 other language translations of the IEF, also called the Meal Benefit form, are available at: <http://www.fns.usda.gov/documents-available-other-languages>

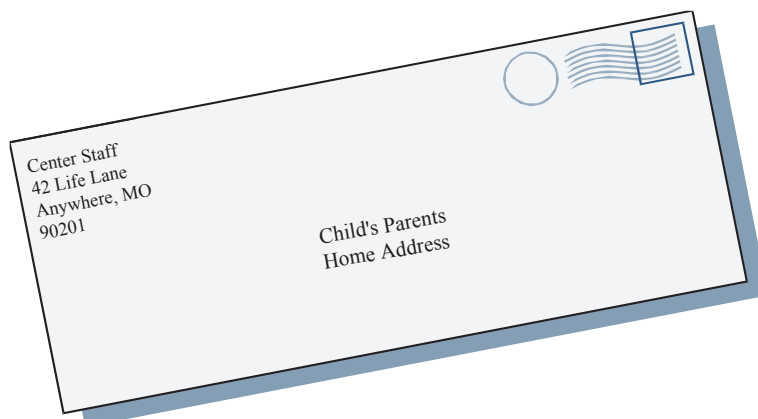
**Income information obtained from the IEF must be kept confidential!**

## Parent or Guardian Letter

The sample parent letter, located on the next page and in the Income Eligibility Guidance resource (updated annually), provides the required information about the CACFP and instructions for completing the income eligibility form (IEF), also called the meal benefit form.

**Remember:** The parent is not required to complete the IEF. If there is no IEF completed for an enrolled participant, the child must 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 parent letter with the IEF.





**Child and Adult Care Food Program**  
**Parent Letter – Non-Pricing Child Care Centers**  
**July 1, 2016 through June 30, 2017**

Sample/Required

Dear Parent or 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 children 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 the amount listed for your household size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your household size, you do not need to complete the income application.

Household Size	Yearly Income	Household Size	Yearly Income
1	\$21,978	5	\$52,614
2	\$29,637	6	\$60,273
3	\$37,296	7	\$67,951
4	\$44,955	8	\$75,647

For each additional Family Member, add   +\$7,696

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however you are not required to complete the IEF. The application is valid until the last day of the month in which the IEF was approved/dated/signed one year earlier. Exception: if your household income decreases and/or if household size increases during the course of the year, you may complete another IEF and be re-evaluated for free or reduced-price meal eligibility due to these changes. If approved, the new meal status will be valid for a full year as previously noted.

Sincerely,

Center owner/director

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, 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.

## **Income Eligibility Form (IEF)**

Meal reimbursement to child care centers is based upon the claiming category of each child enrolled at the center. The claiming category is determined by the center representative from the IEF household size and household income data from parent(s) or legal guardian(s) of the child(ren) indicated on the IEF and by comparing this information to the income eligibility guidelines. Based on the income eligibility guidelines, the child(ren) in care are classified as free, reduced-price or paid meal status.

- **An original Income Eligibility Form (CACFP-205) must be on file at the center for each enrolled child claimed for free or reduced-price meals.** The IEF must be completed and signed by the parent or guardian. If the parent or guardian chooses not to complete the IEF, then the child **must** be claimed in the paid meal reimbursement category.
- **Family Support Division vendor (Title XX) children must also have a completed IEF on file.** These “state pay” children are **not** automatically classified as free or reduced. Any child that does not have a completed IEF in addition to the Title XX documentation must be claimed in the paid meal category.
- **Foster Child(ren)** – A child in foster care is categorically eligible for free meals without completion of an IEF. This means that a child in foster care can receive free CACFP meals based on third party documentation of their foster status. **Acceptable documentation includes information indicating that the State retains legal custody of the child. That documentation can come from the court that placed the child OR the local foster agency that administers the foster care program.** (CACFP 08-2011 Revised) NOTE: If the State relinquishes custody of a child, the child is no longer considered to be in foster care and categorical eligibility no longer applies.

Previously, a separate IEF was required for a foster child which was completed as “foster child, household of one”. That is no longer the case. Foster children are now categorically eligible (for free meals) as noted above and are no longer considered a household of one. An IEF may still be completed.

Households with foster and non-foster children **may choose** to include the foster child as a household member, as well as any personal income earned by the foster child, on the same household IEF that includes their non-foster children. This may help the foster family’s non-foster children qualify for free or reduced-price meals based on household size and income. See IEF “correct examples household income” and “foster child as household member” in this workbook to see how an increase in household size may change eligibility determination by adding the foster child.

- **Eligibility Duration -** The IEF should be considered current and valid until the last day of the month in which the form was approved, signed and dated by the center representative one year earlier. This means that if an IEF was approved on September 12, 2016, it is considered valid until the last day of September in 2017. A new IEF for each child must be completed annually during the particular “anniversary” month. Each year the parent or guardian must complete a new IEF. Reuse of an expired IEF or use of correction fluid or other means to alter an IEF will invalidate the form.

- **Head Start and Early Head Start Centers Only** - All children enrolled in Head Start, funded by the U.S. Department of Health and Human Services Head Start grant award, are automatically eligible for free meal reimbursement in the CACFP. The Head Start agency is not required to collect, or maintain on file, an IEF for children who are enrolled in Head Start. The Head Start agency must have documentation available to substantiate the child's eligibility for Head Start.
- **Effective Date** - CACFP institutions have flexibility concerning the effective date of certification for program benefits. The date used to make this determination may be either the date the parent or guardian signed the IEF OR the date on which the center representative signs the IEF to certify participant eligibility. NOTE: CACFP institutions must decide which date they will rely on as the effective date and apply this date to all IEFs submitted on behalf of all participants (CACFP 01-2015). IEF is effective on the first day of the month during the month the form is approved, signed and dated by the center representative. For example, if center personnel approve the IEF on October 20, the IEF would be retroactively effective to October 1 for the approved meal status category.
- **Change in Income** – The Child Nutrition and WIC Reauthorization Act of 2004 (Public Law 108-265) modified requirements relating to reporting changes in income during the period of eligibility covered by the application. Households are not required to report changes in circumstances, such as an increase in income, decrease in household size, or when the household is no longer certified eligible for benefits through the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps) or Temporary Assistance for Needy Families (TANF). Once a household is approved for free or reduced-price meal reimbursement, the household remains eligible for those benefits for a period not to exceed 12 months, regardless of a change in household income.
- **IEF 12 month benefit period** - Centers may not re-evaluate old IEFs when new income guidelines are issued in July. For example, if the parent or 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 current IEF completed in January using the new (July 1) income guidelines. **In addition, the center may not request that a new IEF be completed sooner than the one year anniversary date indicated above.** The only exception is if the child is currently approved in the paid or reduced-price meal category and the household income is reduced and/or household size increases. It may benefit the center to request that another IEF be completed since the household may be approved for a different meal reimbursement.
- **IEFs must be completed no sooner than two months prior to a child's enrollment/start date in the center.** For example, Johnny Jones' parents completed the Income Eligibility Form in January 2016 when applying for enrollment to the center; however, Johnny did not actually enroll and start attending the center until May 2016. Because more than two months lapsed between the completion of the form and the actual enrollment date, a new IEF must be completed.

**Meal reimbursement rates are based on the household size and income noted on each IEF compared to the current Income Eligibility Guidelines.** The three meal reimbursement rates (categories) are Free, Reduced-Price and Paid and are determined as a percentage of the poverty guidelines.

**Meal Reimbursement Rates Information:**

Meals are reimbursed in child care centers according to the meal status or meal category (free, reduced-price or paid) determined by an accurately completed and approved Income Eligibility Form (IEF). The meal reimbursement rates are effective from July 1 through June 30. The reimbursement 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. **The current meal reimbursement rates are located on the CACFP website under the Program link (Child Care Centers – Licensed or License-Exempt) at: <http://health.mo.gov/cacfp>**

**Income Eligibility Guidelines  
Effective July 1, 2016 - June 30, 2017**

**Free Meals – 130%**

**Reduced-Price Meals – 185%**

**Total Household Income  
Equals or is less than**

Number of Household Members	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly	Number of Household Members	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$15,444	\$1,287	\$644	\$594	\$297	1	\$21,978	\$1,832	\$916	\$846	\$423
2	20,826	1,736	868	801	401	2	29,637	2,470	1,235	1,140	570
3	26,208	2,184	1,092	1,008	504	3	37,296	3,108	1,554	1,435	718
4	31,590	2,633	1,317	1,215	608	4	44,955	3,747	1,874	1,730	865
5	36,972	3,081	1,541	1,422	711	5	52,614	4,385	2,193	2,024	1,012
6	42,354	3,530	1,765	1,629	815	6	60,273	5,023	2,512	2,319	1,160
7	47,749	3,980	1,990	1,837	919	7	67,951	5,663	2,832	2,614	1,307
8	53,157	4,430	2,215	2,045	1,023	8	75,647	6,304	3,152	2,910	1,455
For each additional family member, <b>ADD</b>	+5,408	+451	+226	+208	+104	For each additional family member, <b>ADD</b>	+7,696	+642	+321	+296	+148

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

**Using the Income Eligibility Guidelines**

The income eligibility guidelines are used to categorize the household income reported on the Income Eligibility Form (IEF) into either the free, reduced-price or paid meal category.

***For example:***

--If the monthly income for a family of two is \$1,736 or less, the center would claim the child at the Free rate.

--If the household income for a family of two is between \$1,737 and \$2,470 per month, the center would claim the child at the Reduced-Price meal rate.

--If the household income for a family of two is \$2,471 or more per month, the center would claim the child at the Paid meal rate.

## **Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)**

### **PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER**

- List all children (first and last name) enrolled in the child care center.
- List each enrolled child's complete birth date (month/day/year).
- If you are applying for a Foster Child, the foster child is eligible for free meals, provided third party documentation is provided to the center. Talk to the child care center director regarding documentation required for a foster child's eligibility.
- If your child receives **Temporary Assistance for Needy Families (TANF)** payments *or* **Supplemental Nutrition Assistance Program (SNAP)** benefits, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you have a **SNAP** *or* **TANF** case number for at least one of your children enrolled at the center, the eligibility extends to all of your children enrolled at the center. Skip Part 2.
- Parts 1, 2 and 4 of the IEF are required to be completed, except if SNAP or TANF benefits are documented.

### **PART 2: HOUSEHOLD AND INCOME INFORMATION – Skip if SNAP or TANF information is reported in part 1.**

- List other household members not included in Part 1. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). NOTE: A foster child may be added to increase household size, if applicable.
- Report income by source and when income is paid (i.e. weekly, monthly, etc.) for each household member.
- The income reported on the application must include all income before taxes and before other deductions (gross wages).
- Income Exclusions not to be reported or counted include:
  1. Payments received for the care of foster children.
  2. Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships.
  3. Loans, such as bank or student loans, since these funds are only temporarily available and must be repaid.

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

### **PART 4: SIGNATURE**

- The adult household member completing the application must sign and date the application.
- The adult signing the application must provide the last four digits of his/her Social Security number. Not required if the child(ren) is a Temporary Assistance or SNAP recipient.
- If you do not have a Social Security number, write "none" in the space provided.
- If you have a Social Security number but fail to provide the last four digits of your social security number, the IEF will be invalid. This is not required if the household documents a valid Temporary Assistance or SNAP case number in Part 1.

**NOTE:** The adult household member completing the IEF must attest to the fact that the information provided is correct, that it is being given in connection with the receipt of federal funds, that it is subject to verification, and that the deliberate misrepresentation of facts will subject the individual to prosecution under applicable state and federal statutes.



**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
Jasmine Roy		1-12-14	07965821	
Madison Plummer		6-5-15		
Kaden Tate		5-12-16		

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 RACIAL ETHNIC 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 ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 FAMILY MEMBER <i>Kennedy Webber</i>	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE 7/6/16
PRINTED NAME OF ADULT Kennedy Webber	ADDRESS 16 Abington Drive, Hometown, MO	PHONE NUMBER 555-532-1234

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of 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 the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are 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 SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance 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**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE <i>Ima Director</i>	DATE 7-6-16
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**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
Noah Johnson		7/4/13		
Emma Johnson		8/10/14		

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	
William Johnson	\$2,300				
Lisa Johnson	\$1,000				
Trinity Johnson					

**PART 3 RACIAL ETHNIC 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 ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**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 FAMILY MEMBER <i>Lisa Johnson</i>	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) xxx - xx - 1234	DATE 7/6/16
PRINTED NAME OF ADULT Lisa Johnson	ADDRESS 123 N. Park, Anywhere, MO	PHONE NUMBER 555-1212

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of 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 the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are 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 SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance 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**

TOTAL HOUSEHOLD SIZE: <b>5</b>	INCOME: <b>\$3,300</b>	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE <i>Ima Director</i>	DATE 7/6/16
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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 CHILD CARE CENTERS**

**Correct Example - Foster  
 Child as Household Member**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
Noah Johnson		7/4/13		
Emma Johnson		8/10/14		
Sam Anderson	<b>X</b>	6/12/15		

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	
William Johnson	\$2,300				
Lisa Johnson	\$1,000				
Trinity Johnson					

**PART 3 RACIAL ETHNIC 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 ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 FAMILY MEMBER <i>Lisa Johnson</i>	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) xxx - xx - 1234	DATE 7/6/16
PRINTED NAME OF ADULT Lisa Johnson	ADDRESS 123 N. Park, Anywhere, MO	PHONE NUMBER 555-1212

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of 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 the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are 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 SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance 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**

TOTAL HOUSEHOLD SIZE: <b>6</b>	INCOME: <b>\$3,300</b>	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE <i>Ima Director</i>	DATE 7/6/16
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# Exercise Time!!!



## Completing the IEF

Refer to the previous pages for examples of how to correctly complete the IEF for the various household types. Be aware of common mistakes.

## Common IEF Mistakes

- IEF is submitted to the center with missing information
- Children classified incorrectly
- Meal classifications based on old income guidelines
- Total household income added incorrectly
- Total number in household incorrect
- Last 4 digits of Social Security number not provided when IEF is based on household income (not required if case numbers are included for SNAP or TANF benefits)
- Claim category box not checked or meal type incorrectly checked (determined)
- IEF is outdated (valid until last day of the month in which the form was dated one year earlier)
- Foster child(ren) are eligible for free meals regardless of household income with third party documentation; you do not need to complete the IEF
- Parent signature and/or date missing in Part 4
- Form not signed and dated by authorized center representative
- Free or reduced meals are claimed before an approved IEF is on file
- Current parent letter not given to parent or guardian

*These mistakes can be very costly!*



**Exercise 1 (on next page).** This IEF contains errors – What’s Wrong? Using the 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 CHILD CARE CENTERS**

*Exercise 1*  
**What's Wrong?**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
Isabella		11-16-09		
Dallas		4-2-14		
Jackson		6-14-13		

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	
Micky Rogers	\$1,575				
Jessica R.	\$1,375				
Bella	0				

**PART 3 RACIAL ETHNIC 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 ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 FAMILY MEMBER <i>Michael Rogers</i>	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX - XX - _ _ _ _	DATE 9/15
PRINTED NAME OF ADULT Michael Rogers	ADDRESS 123 Main St., Anytown, MO 12345	PHONE NUMBER 555-817-1212

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of 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 the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are 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 SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance 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**

TOTAL HOUSEHOLD SIZE: 5	INCOME: \$3,950	INCOME BASED ON (CHECK ONE):	SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR MONTH 2 X A MONTH EVERY 2 WEEKS WEEKLY	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE 	DATE 10/7/16
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**Exercise 2.** IEF completion based on SNAP Documentation

Ashley Smith comes to enroll her two children, Emily Jones and Ethan Smith in your child care center. Emily was born 10-31-14 and Ethan was born 8-19-16. She receives Supplemental Food and Nutrition (SNAP) benefits for both children, and the SNAP number is FS0012345678FSP001. In addition, Ashley works and earns \$380 per week. There are no other household members.

**Instructions:**

1. Pretend you are Ashley and complete the IEF on page 19.
2. Then complete the “For Center Use Only” section in your role as a child care representative to show the family’s eligibility determination.





**INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS**

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 RACIAL ETHNIC 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 ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of 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 the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are 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 SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance 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**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):					SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
------------------------------------	------

# Enrollment Records

**Documentation of Enrollment is a CACFP Requirement.** Every child enrolled in care must have an enrollment record on file. The Section for Child Care Regulation (SCCR) and CACFP Regulations each require specific enrollment information; however, centers are no longer required to complete two enrollment forms. Centers may use the combined *Child Care Enrollment Form* (MO 580-2994) that is approved for use by both SCCR and CACFP or *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 regulations requires that the enrollment form include the following information – that each participant’s form be updated annually, be signed by a parent or legal guardian and include the child’s normal days and hours in care as well as the meals normally received.

1. The original enrollment form must be signed and dated by the parent verifying that the information is accurate.
2. The shaded CACFP Requirement sections of the joint enrollment form, MO 580-2294, must be updated, dated and signed by the parent or guardian every year.
3. The MO 580-2994 enrollment form must be kept in the child’s individual file and be available to the Nutritionist within one hour of arrival for a monitoring review.
4. Admission dates listed on enrollment forms are compared to meal count records during a monitoring review. Meals served to children prior to the admission 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 for longer if audit findings have not been resolved.
6. Parents may be periodically contacted by CFNA to verify a child’s enrollment and attendance at the center.
7. If the CACFP-229 enrollment form is used, it is recommended it be filed alphabetically with the Income Eligibility Forms (IEFs) in a 3-ring binder.

**\*NOTE:** There is no Federal requirement that a center or SO use a specific CACFP enrollment form. With CFNA approval, an enrollment form already in use that captures the CACFP required information may be used [CACFP 15-2013, Existing Flexibilities in the Child and Adult Care Food Program, July 26, 2013].

**For-Profit Centers** – All proprietary Title XX centers must keep records for each month CACFP reimbursement was claimed, documenting that at least 25% of the enrollees or 25% of the licensed capacity, whichever was less, were Title XX beneficiaries [7 CFR 226.15(e)(3); 226.17(b)(4)].

The CACFP-229 and MO 580-2994 enrollment forms are available to download under Applications & Forms at: <http://health.mo.gov/cacfp>



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE  
**CHILD CARE ENROLLMENT FORM**

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP CODE)

**IDENTIFYING INFORMATION**

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

**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 NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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

**RELATED CHILD**

YES     NO    HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

<b>CACFP REQUIREMENT</b>	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME	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 INCLUDING SHIFT CHANGES.
	MONDAY	AM PM	AM PM	
	TUESDAY	AM PM	AM PM	
	WEDNESDAY	AM PM	AM PM	
	THURSDAY	AM PM	AM PM	
	FRIDAY	AM PM	AM PM	
	SATURDAY	AM PM	AM PM	
	SUNDAY	AM PM	AM PM	

<b>CACFP REQUIREMENT</b>	<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>				
<p>I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE 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.</p> <p>IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE</p> <p style="text-align: center;">_____ DAY CARE PROVIDER OR HOME PROVIDER</p> <p>TO CONTACT THE FOLLOWING:</p>				
<b>PHYSICIAN OR CLINIC</b>				
NAME			TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>				
NAME			TELEPHONE NUMBER	
<b>ACKNOWLEDGEMENTS</b>				
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 HOMES 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	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.		PARENT/GUARDIAN INITIALS	
G	<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 ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE	
<b>CACFP REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	





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

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

CHILD'S FULL NAME		DATE OF BIRTH	
PARENT OR GUARDIAN NAME		STREET ADDRESS	
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER ( )
NAME OF CHILD CARE CENTER			PHONE NUMBER ( )
CENTER CONTACT PERSON'S NAME		CHILD'S DATE OF ENROLLMENT (FIRST DATE ATTENDING THIS CENTER)	

IN THIS COLUMN, CHECK THE DAYS YOUR CHILD USUALLY ATTENDS DAY CARE ↓	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY?		WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY?		WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION.
	CIRCLE	AM OR PM	CIRCLE	AM OR PM	
<b>MON</b>		AM PM		AM PM	
<b>TUES</b>		AM PM		AM PM	
<b>WED</b>		AM PM		AM PM	
<b>THURS</b>		AM PM		AM PM	
<b>FRI</b>		AM PM		AM PM	
<b>SAT</b>		AM PM		AM PM	
<b>SUN</b>		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 (JANUARY 1)               | <input type="checkbox"/> INDEPENDENCE DAY (JULY 4)   |
| <input type="checkbox"/> MARTIN LUTHER KING'S BIRTHDAY (JANUARY) | <input type="checkbox"/> LABOR DAY (SEPTEMBER)       |
| <input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)              | <input type="checkbox"/> THANKSGIVING DAY (NOVEMBER) |
| <input type="checkbox"/> MEMORIAL DAY (MAY)                      | <input type="checkbox"/> CHRISTMAS DAY (DECEMBER 25) |

SIGNATURE OF PARENT OR GUARDIAN	DATE
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**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



## **Instructions for Completing Enrollment Roster (CACFP-220)**

An **Enrollment Roster** (CACFP-220) is **not a required record**; however, it may assist the center in tracking new enrollees and their eligibility category. The Enrollment Roster should be completed on an annual basis. Any new enrollees throughout the year can be added to the bottom of the list.

1. List all children enrolled at the center for child care (preferably in alphabetical order with last name, first name).
2. Indicate the child's claiming category (free, reduced, or paid).
3. Indicate the date when the child was enrolled.
4. Indicate the date when the IEF was signed by the center personnel.
5. Indicate the date when the child was terminated from the child care facility.

**It is important that this form is “for office use only” since the meal eligibility classification (free, reduced, paid) must be kept confidential.**





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

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

Page \_\_\_\_ of \_\_\_\_

NO.	PARTICIPANT'S NAME	FREE	REDUCED	PAID	DATE ENROLLED	DATE INCOME STATEMENT SIGNED	DATE TERMINATED

# Attendance Records

**Record of Daily Attendance is a CACFP Requirement** –Accurate daily attendance records (original documentation) of all enrolled participants must be recorded separately from the center’s meal count records although they may be maintained on the same form [7 CFR 226.15(e)(2). Attendance records cannot be used as a basis for completing the meal count records; however, the daily attendance must support the daily meal count records. For example, if John Doe was claimed for a meal on October 17, the attendance records must indicate that John Doe was present (in attendance) on October 17 during the time each meal is claimed. Meals served to participants that are not documented on the daily attendance record will not be reimbursed. Centers may document attendance on one of the three types of forms that follow or, with CFNA approval, use an attendance form created by the center.

- *Daily Attendance Record (CACFP-213),*
- *Time In/Time Out Record (CACFP-221); or*
- *Monthly Attendees Time In/Time Out Record (CACFP-224)*

## **Documentation of Daily Attendance:**

1. The center may use classroom roll books, parent sign in/out sheets or attendance sheets to complete attendance records.
2. Type or print names alphabetically, last name first – information must be legible.
3. Take attendance early in the day after most children 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 children each day. Keep a running total of the number of participants in attendance for the monthly claim (line 6 of the online claim for meal reimbursement).
7. File completed Attendance Records (originals) in the monthly folder with other CACFP documents for the claim month.

## **Instructions for Completing “Daily Attendance Record” (CACFP-213)**

This form uses *one page for each month*. All children's names are listed (alphabetical is recommended) on the form, typically done by classroom.

1. Enter the month and year on the heading.
2. List the enrolled participant’s name (in alphabetical order with last name first).

3. The center may use its own method to record attendance, but some common notations include: X = in attendance; A = absent, etc.
4. Total the number of children in daily attendance on the bottom of each form.
5. On the last work day of each month: add the total daily attendance to arrive at the monthly grand total. Add all 'grand total' amounts from each attendance record to get the center total attendance. This number is entered on line 6 when the monthly claim is submitted.

**Instructions for Completing Daily “Time In/Time Out Record” (CACFP-221) – OPTIONAL Form – sign-in and sign-out sheets are NOT a CACFP requirement\***

This form uses *one page for each day*. The child's name may be listed by center enrollment (all participants), by classroom or other means to track daily attendance, depending on how the center is organized for the child's daily check-in and check-out.

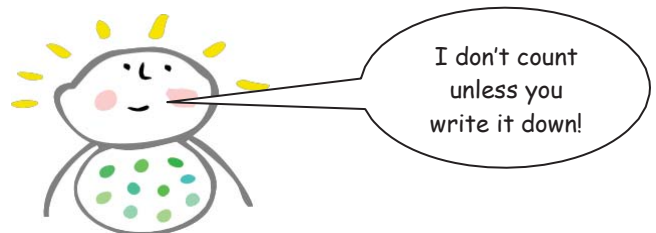
1. Enter day of the week.
2. Enter calendar date indicating month, day, and year.
3. List the enrolled children (in alphabetical order with last name first) – this must be legible.
4. Indicate in the "time in column" the time the child arrives at the child care center and the initials of the person who enters the time.
5. Indicate the time the child leaves the child care center and the initials of the person who enters the time.
6. Total the number of hours attended each day.

**Instructions for Completing “Monthly Attendance Time In/Time Out Record” (CACFP-224) OPTIONAL Form – sign-in and sign-out sheets are NOT a CACFP requirement\***

This form *uses one page for each child for a monthly (five weeks) record of daily attendance*. It is recommended to maintain original forms in a three ring binder notebook. Each letter of the alphabet or each family name has its own tab making it easier to locate. New names can be added and old names removed as necessary.

1. Enter the month and year.
2. Enter the child's name.
3. Enter the date of the week.
4. Enter the time the child arrives at the child care center.
5. Enter the time the child leaves the child care center.
6. Total the number of hours attended each day.

**\*Reference: CACFP 15-2013**







MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD AND NUTRITION ASSISTANCE  
CHILD AND ADULT CARE FOOD PROGRAM  
**TIME IN/TIME OUT RECORD**

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

DATE \_\_\_\_\_

NAME (last, first alphabetically)	TIME IN	INITIALS	TIME OUT	INITIALS	HOURS ATTENDED



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MONTHLY ATTENDANCE TIME IN/TIME OUT RECORD**

CHILD'S NAME \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
<b>WEEK OF</b>	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
<b>WEEK OF</b>	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
<b>WEEK OF</b>	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
<b>WEEK OF</b>	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										
<b>WEEK OF</b>	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
HOURS ATTENDED										



# Meal Count Record

**Daily Meal Count Records are a CACFP Requirement.** Daily counts of the number of meals served to enrolled children, taken (manually) at the time of service, must be recorded and maintained by all centers. The meal count records must contain the number of meals served by each meal type (breakfast, lunch, snack, supper) and by income eligibility category (free, reduced-price, paid) in order to submit an accurate monthly claim for reimbursement.

**Meal Counting Methods** - Missouri requires daily documentation and retention of original employee-documented (paper and pencil/pen) meal count recordkeeping. The original paper and pencil/pen meal counts may be entered into an electronic/computerized accounting system; however, the original source documentation must be retained for three fiscal years plus the current year. When electronic systems are used, the original source documentation and the electronic meal count consolidations are used to verify that the claim is accurately consolidated and submitted during CACFP monitoring reviews.

Each meal must be recorded at the time the meal is served to each participant, which is called a **“point-of-service”** meal count. Meal count records document the name of each eligible participant and the meal(s) to be claimed for reimbursement on a daily basis and provides a confidential coding (such as X, Y and Z) of the participant’s income eligibility category (Free, Reduced, or Paid). Guidelines for completing the Meal Count form is as follows:

1. Enter the center name and calendar “week of” month, day range and year in the appropriate spaces on the **“Meal Count”** (CACFP-225) form.
2. List enrolled children (preferably in alphabetical order, last name first) by classroom. Print or type each child’s full name; do not use nicknames.
3. Indicate the claiming category for each child under the “code” box using a code that assures confidentiality such as: **X = Free; Y = Reduced-price and; Z = Paid.** **Tip:** *Create a master list of children and confidential income claiming category code. Copy forms to simplify paperwork.*
4. For each meal served, place a check mark ✓ in the box under the appropriate meal (see “KEY” on form header for meal type coding) on the meal count form.
5. Record the meal as it is served to each child, commonly called point of service (POS) meal count. A total head count or head count by category is not acceptable.
6. Calculate the total free meals, total reduced meals and total paid meals for each meal category across and down. Compare the cross calculations with the down calculations to check for accuracy. **TIP:** *To help distinguish claiming categories for the purpose of counting, use two colored highlighters. For example: Green = Free; Yellow = Reduced; White = Paid*

The 5-day meal count form (CACFP 225) and Meal Count Form (CACFP-225A) for a seven-day operation is available under Applications & Forms at: [www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp)



# Claim for Reimbursement

Claims for meal reimbursement are filed via the Internet at: <https://dhssweb04.dhss.mo.gov/cnp> Each user of the CACFP web-based system must have a personal user ID and password, called a User Access. User IDs and passwords may not be shared. It is recommended that two key people from your center have access to submit claims and make system changes. If you want to add a User Access or change current access (when User is no longer employed), you must submit a *Network User Access Request* form available under Applications and Forms at: <http://www.health.mo.gov/cacfp> . Scroll down to “CACFP Network User Access Request Form” [MO 580-1854E (2/07) – CACFP].

**NOTE:** – In this web-based system, each independent center is considered a **Sponsor** of one center!



## **Basic Claiming Steps**

Please read all instructions before entering your first claim.

**Make sure you follow all steps 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!**

1. Enter the web address: <https://dhssweb04.dhss.mo.gov/cnp>
2. Enter your personal user ID and password, and click Login.
3. Click on the orange puzzle piece that says “Child and Adult Care Food Program”.
4. Read the Notice page (for announcements and program information); scroll down and click “Continue”.
5. Choose the correct program year. **Note:** *The Program (fiscal) Year begins October 1.*
6. Click on the Claims tab.
7. Click the word Add to the right of the appropriate month.
8. This is your Sponsor level claim. To Activate the claim, scroll down to the bottom and click Save. **Do NOT checkmark the certification statement at this time.**
9. You now see the Sponsor Claim Summary with zeros.
10. 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.
11. 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.
12. Click Add on the same line as the name of your center.
13. Enter the claim information, and click Save. **(See instructions for center claim at the end of this section).**
14. Click here in lower left corner of the Post Confirmation Sheet.
15. **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.
  - Save 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 finished yet!**
  - **If you get the following error message, this means your license info needs to be updated under the application tab, center info sheet in fields (38) & (39). After you update those fields, make sure to put it in “pending approval” status. You will not be able to finish**

**submitting your claim until the update gets approved by someone in our office. This could take at least one business day.**

Section 1 - Validation Errors		
Field No.	Severity	Description
7	1	The Claim Date must fall between the License Effective Date and Expiration Date. If the center's license has been renewed, revise the Center Info Sheet and update the License Expiration Date, and submit it for state approval. Once approved, re-submit the claim. The License Expiration Date (3/31/2015) expired before the Claim Date (4/1/2015).

16. When you are finished entering the center claim and it is in *Complete* status, click [here](#) to return to the Sponsor Summary page. (*Remember, even though the page says the center claim is complete, you are not finished yet!*)
17. 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.
18. Scroll down to field (34). Read and checkmark the certification statement at the bottom of the sponsor-level claim, and submit the sponsor claim by clicking Save. (NOTE: Do not enter a dollar figure into the FDCH Administration Costs field.)
19. Make sure the sponsor-level claim is in *Pending Approval* status.
20. Return often to the Sponsor Summary-Claims page to see when the claim has been *Approved* and *Paid*. (This could take up to two and half weeks.) **NOTE:** *Claims may be returned to the Sponsor for Corrections, if the claim is returned, an email is also sent to the email address listed. Make sure to keep email addresses updated.*

### **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. Do NOT include holidays or other days center was closed.

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

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 the center.

Field (11) Enter the sum for each meal type claimed.

Field (12) This field will calculate information automatically.

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

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

### **Tips for Getting Around the Web-Based System**

1. 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," (orange bar) to navigate from screen to screen.
2. Each time you save 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.
3. 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 save (in an error status).
4. If you are in View mode, changes won't be saved. If you want to make changes, make sure you are in Edit or Revise mode.

5. Claims are saved at the site level or center level before saving a sponsor level or “umbrella” claim.
6. Revisions can only be filed after the original (or previous revision) is in *Paid* status.

### **User Notes**

1. Click the Users tab to view individuals who have access to submit application and claim information for your organization.
2. User Access (IDs and passwords) are assigned to individuals only, and may not be shared.
3. Inform the state office immediately if an individual with access is leaving your organization so that access may be revoked.
4. Submit a Network User Access Request form to request online access for new users.

### **Payment Notes**

1. Click the Payments tab to view upcoming and past payments for CACFP claims.
2. 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.
3. Click the + (plus sign) by a batch number to see details for that payment.
4. When checking the payments, the processed date shown is approximately 4-5 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.)
5. 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.

### **Filing a Claim for Reimbursement**

- ✓ A center has 60 calendar days from the end of a claim month to file a claim for reimbursement. It is not the last day of a month. It is 60 calendar days. If a claim is filed online more than 60 days past due, 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 enter a claim before the first day of the next month. (For example, an October claim cannot be entered until November 1.)

MDHSS processes claims on the 10<sup>th</sup> of each month for payment by check or automatic deposit by 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.

**MDHSS Receives Claim by:**

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



**Projected Payment Date:**

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

CACFP payments are typically direct deposited. This avoids payment delays and lost checks. If you have not received your payment within 15 days of the projected payment date, please contact MDHSS.

## 60-Day Deadline for CACFP Claims

Month	60-Day Deadline For Original Claims	60-Day For Original Claims Leap Year
October	December 30	—
November	January 29	—
December	March 1	February 29
January	April 1	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	—



### **Additional Meal Claim Information:**

- Creditable meals may be claimed for participants birth through 12 years of age when enrolled and in attendance each day of operation as follows: two meals and one snack OR one meal and two snacks per participant per day. **Adults may never be claimed for CACFP meal reimbursement in child care centers.**

- Meals or meal components purchased at a fast food establishment or any restaurant may not be claimed for reimbursement when served to children. Even with documentation, meals or individual food items, such as pizza, purchased at restaurants and fast food establishments may not be claimed for reimbursement.
- Meals prepared/packed at the center and served off the center grounds (a picnic, for instance) **and supervised by center personnel** may be claimed; however
- Meals prepared/packed at the center and sent with a participant to eat at another location, *without the supervision of center personnel*, are not eligible to be claimed for CACFP reimbursement. Food items provided by parents or other unapproved food sources cannot be counted as fulfilling any of the CACFP required meal or snack components.



### **Meal Service Times and Duration:**

Reimbursement will only be made for meals served within the center’s approved meal times documented on the Center Information Sheet in the Application/Claims database. Meal times may be changed per the requirements of Section 7.9 of the Policy Manual for Child Care Centers. The meals approved for reimbursement are based on the center’s licensed hours of operation or hours of actual operation within the licensed hours. This also applies to license exempt centers.

Meal service times for infants are not restricted by this policy since infants should be fed “on demand”. Each enrolled participant, birth through age 12 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, consider the following “Best Practices” Rules:

- ✓ Any meal or snack service should operate no more than 2 hours in duration (from start to finish)
- ✓ At least 2 hours should elapse from the end of one meal or snack to the start of the next meal or snack.

### **Breakfast**

- ✓ Should be completed by 10:00 AM

### **Snack**

- ✓ May be approved for midmorning, afternoon and evening
- ✓ An evening snack may only be approved for centers licensed for evening and/or night care and regularly operating over 15 hours per day
- ✓ Evening snack should start no earlier than 8:00 PM

### **Lunch**

- ✓ Should start no sooner than 10:30 AM
- ✓ Should end no later than 1:30 PM

### **Supper**

- ✓ Should end no later than 8:00 PM



**1 Example Private - For Profit Child Care  
Center - CCC Claim**

April 2016

Pending Submission

Original Claim

↓ Bottom of Form

**Center Operating and Enrollment Data (Must reflect the claiming period)**

(1) Free Enrollment	<input type="text"/>	(5) Number of Operating Days	<input type="text"/>
(2) Reduced Enrollment	<input type="text"/>	(6) Total Attendance for Month	<input type="text"/>
(3) Paid Enrollment	<input type="text"/>	(7) License Capacity (from Application)	120
(4) Total Enrollment	<input type="text"/>		

Meal Count Data	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(8) Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) Reduced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10) Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(11) Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average						
(12) Daily Participation	0	0	0	0	0	0

**For-Profit Centers Only**

Total TitleXX / XIX Beneficiaries	Free/Reduced-Price Eligible Children	Eligibility %
(13) <input type="text"/>	(14) <input type="text"/>	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. **Note: Once this button is checked 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



## Claim Procedures for For-Profit Centers - Title XX or Free/Reduced Documentation for Reimbursement

For-profit centers must document, on a monthly basis, their eligibility to participate in the CACFP. For-profit centers must be able to verify that at least **25% of the enrolled children or licensed capacity (whichever is less) are either Title XX beneficiaries OR eligible for free or reduced-price meal reimbursement**. Required documentation is either the monthly Title XX [Family Support Division (FSD)] vendor invoices or current Income Eligibility Forms (IEFs). Independent for-profit Title XX centers and Sponsoring Organizations of these centers must submit the number of enrolled children and the number of children receiving Title XX benefits **OR** eligible for free or reduced-priced meals for each month that CACFP reimbursement is claimed.

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

1. Determine the number of children, including infants, that were enrolled in *and* in attendance at least one day for the claim month. Children in attendance include part-time and drop-in care. All children (and infants) in attendance must be included in the total regardless of whether they were claimed for a meal.
2. Compare this number (total enrolled children by reimbursement category who attended at least one day) to the licensed capacity of the center. Determine which of the two numbers (“total enrollment” or License Capacity) is the smallest. Use the smaller of the two numbers.
3. Determine the number of Family Support Division (FSD, aka Social Services, State vendor, “Title XX”) eligible children **OR** the number of free or reduced eligible children that were enrolled in *and* in attendance at least one day for the claim month. Count the total number of children listed on the vendor billing for the claim month. Verify that each FSD child reported was in attendance at least one day during 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-price eligible children by the total enrollment or license capacity, whichever is less. If this number is greater than or equal to 0.250, you may submit a claim for reimbursement for that month and check the first certification statement in Field (15).
5. If the number is less than 0.250, 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:**

ABC Play School has a licensed capacity of 45 children. Records indicate that 50 children were enrolled and in attendance for at least one day during the month of October. Of those 50 children, 12 were FSD beneficiaries. Since 45 (licensed capacity) is smaller than 50 (enrolled and in attendance), 45 is the number used for the calculation. **12 divided by 45 = 0.26 (26%)**. Since 0.26 (26%) is greater than 0.250 (25%), the center is eligible to submit the October claim.



# Exercise Time!!!



## Completing the Attendance Record, Meal Count Records and Center Claim



**Exercise 3 – Daily Attendance** - Refer to the Daily Attendance Record instructions on page 32.

Using the Attendance Record on page 47, tally the total daily attendance for each day and calculate the total attendance for the month.



**Exercise 4 – Meal Count Record** - Refer to the Meal Count Record instructions on page 37.

Using the Meal Count Record on page 48, calculate the total free (code = X), reduced (code = Y) and paid (code = Z) meals for each meal category (example: B = breakfast; L = lunch, etc) by day and for the week of July 7-11.



**Exercise 5- Center Claim** - Refer to the Instructions for Center Claim on page 40.

Use the numbers from Exercises 3 (attendance) and 4 (meal counts) above and the completed meal counts for weeks 2 through 4 (pages 49-51) to complete the center claim on page 52. Assume that Humpty Dumpty Daycare Center is a not for profit center.

Remember, your center's real claim will be filed online!





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

**Exercise 3 - Daily Attendance Record**

MONTH: July 20XX

**DAILY ATTENDANCE RECORD**

Participant's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Horner, Jack	C	C	C	C			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓		
Lamb, Mary	L	L	L	L			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	
Peep, Little Bo	O	O	O	O				✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	
Piper, Peter	S	S	S	S			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							
Porgie, Georgie	E	E	E	E				✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓							
Simon, Simple	D	D	D	D			✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	
<b>Total Daily Attendance</b>																																	
<b>Total</b>																																	

Enter this number in field (6) of the online claim.

# Exercise 4 - Meal Count Record

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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CHILD AND ADULT CARE FOOD PROGRAM  
**MEAL COUNT**



CENTER Humpty Dumpty Daycare	WEEK OF WEEK 1 July 7-11, 20XX	KEY B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper
---------------------------------	--------------------------------------	--

PARTICIPANT'S NAME	CODE	MONDAY							TUESDAY							WEDNESDAY							THURSDAY							FRIDAY							TOTALS																																	
		DATE 7/7							DATE 7/8							DATE 7/9							DATE 7/10							DATE 7/11																																								
		B	1	L	2	S			B	1	L	2	S			B	1	L	2	S			B	1	L	2	S			B	1	L	2	S			B	1	L	2	S			B	1	L	2	S			B	1	L	2	S															
Horner, Jack	X		√					√		√						√						√		√						√						√		√																																
Lamb, Mary	X		√					√		√						√						√		√						√						√		√																																
Peep, Little Bo	Z							√		√						√						√		√						√						√		√																																
Piper, Peter	Y		√					√		√						√						√		√						√						√		√																																
Porgie, Georgie	Y							√		√						√						√		√						√						√		√																																
Simon, Simple	Z		√					√		√						√							√							√						√		√																																
<b>Total Meals Coded X</b>																																																																						
<b>Total Meals Coded Y</b>																																																																						
<b>Total Meals Coded Z</b>																																																																						



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

**Exercise 5 - Week 2 Meal Count**  
**Record for Center Claim**

CENTER Humpty Dumpty Daycare	WEEK OF WEEK 2	July 14-18, 20XX	KEY B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper
---------------------------------	-------------------	------------------	--

PARTICIPANT'S NAME	CODE	MONDAY 7/14					TUESDAY 7/15					WEDNESDAY 7/16					THURSDAY 7/17					FRIDAY 7/18					TOTALS														
		DATE					DATE					DATE					DATE					DATE					DATE														
		B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S					
Horner, Jack	X			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		4									
Lamb, Mary	X			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		4									
Peep, Little Bo	Z			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		2					2									
Piper, Peter	Y			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		3					3									
Porgie, Georgie	Y								✓	✓				✓	✓				✓	✓				✓	✓							4					4				
Simon, Simple	Z			✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		✓		✓	✓		5					5					5				
<b>Total Meals Coded X</b>				2	2		2		2	2		2		2	2		2		2	2		2		2	2		8					8					0				
<b>Total Meals Coded Y</b>				1	1		1		2	2		1		2	1		2		2	1		2		2	1		3					3					9				
<b>Total Meals Coded Z</b>				2	1		1		2	1		2		2	1		2		2	1		1		2	1		7					7					9				



# Exercise 5 - Week 3 Meal Count Record for Center Claim

CENTER		WEEK OF		KEY																		
Humpty Dumpty Daycare		WEEK 3		July 21-25, 20XX																		
PARTICIPANT'S NAME	CODE	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			TOTALS					
		DATE			DATE			DATE			DATE			DATE			DATE					
		B	1	S	B	1	S	B	1	S	B	1	S	B	1	S	B	1	S			
Horner, Jack	X		✓		✓	✓		✓	✓	✓	✓	✓			✓	✓				3		
Lamb, Mary	X		✓		✓	✓		✓	✓	✓	✓	✓			✓	✓				3		
Peep, Little Bo	Z	✓	✓		✓	✓		✓	✓	✓	✓	✓								3		
Piper, Peter	Y	✓	✓		✓	✓		✓	✓	✓	✓	✓			✓	✓				2		
Porgie, Georgie	Y				✓									✓						4		
Simon, Simple	Z	✓			✓	✓		✓	✓		✓	✓			✓	✓				5		
<b>Total Meals Coded X</b>			2	2	2	2	2	2	2	2	2	2	2				2	2		6		10
<b>Total Meals Coded Y</b>		1	1		1	1	1	1	1	1	1	1	1				2	1	1	6		5
<b>Total Meals Coded Z</b>		2	1	1	2	1	1	2	1	1	2	1	1				1	1	1	8		7



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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CHILD AND ADULT CARE FOOD PROGRAM  
**MEAL COUNT**

**Exercise 5 - Week 4 Meal Count  
Record for Center Claim**

CENTER	WEEK OF	KEY
Humpty Dumpty Daycare	July 28-July 31, 20XX	B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper
	WEEK 4	

PARTICIPANT'S NAME	CODE	MONDAY			TUESDAY			WEDNESDAY			THURSDAY			FRIDAY			TOTALS		
		DATE			DATE			DATE			DATE			DATE					
		B	1	D	B	1	D	B	1	D	B	1	D	B	1	D	B	1	D
		7/28	7/29	7/30	7/31														
Horner, Jack	X		✓	✓	✓	✓					✓	✓				3			
Lamb, Mary	X		✓	✓	✓	✓					✓	✓				3			
Peep, Little Bo	Z		✓	✓	✓	✓					✓	✓				4			
Piper, Peter	Y																		
Porgie, Georgie	Y																		
Simon, Simple	Z		✓	✓	✓	✓					✓	✓				3		2	
Total Meals Coded	X		2	2	2	2	2	2	2	2	2	2	2	2	2	6	8	8	
Total Meals Coded	Y																		
Total Meals Coded	Z		1	1	2	2	2	2	1	2	2	2	2	2	2	7	7	6	

1 Example Private - For Profit Child Care Center - CCC Claim

April 2016

Pending Submission

Original Claim

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

(1) Free Enrollment	<input type="text"/>	(5) Number of Operating Days	<input type="text"/>
(2) Reduced Enrollment	<input type="text"/>	(6) Total Attendance for Month	<input type="text"/>
(3) Paid Enrollment	<input type="text"/>	(7) License Capacity (from Application)	120
(4) Total Enrollment	<input type="text"/>		

Meal Count Data

	(A) Breakfast	(B) AM Snack	(C) Lunch	(D) PM Snack	(E) Supper	(F) Night Snack
(8) Free	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) Reduced	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(10) Paid	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(11) Total Meals	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Average						
(12) Daily Participation	0	0	0	0	0	0

For-Profit Centers Only

Total TitleXX / XIX Beneficiaries	Free/Reduced-Price Eligible Children	Eligibility %
(13) <input type="text"/>	(14) <input type="text"/>	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. **Note: Once this button is checked 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:

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## Financial Management and Non-Profit Documentation

The review of the institution's financial management includes a review of all income to and expenses of the institution, whether it is an independent (single) center or a sponsoring organization of multiple facilities and the purpose is the same: assure costs charged to the non-profit food service are used to meet CACFP meal requirements and that costs claimed for reimbursement under CACFP are allowable, meaning they are necessary and reasonable for the effective and efficient operation of the food service and CACFP. **Institutions must retain required documentation. Failure to maintain these records shall be grounds for the denial of reimbursement.** "Non-profit food service is *defined* as food service operations conducted by the institution principally for the benefit of enrolled participants, from which all of the Program reimbursement funds are used solely for the operations of improvement of such food service."

**Reference:** December 2013 USDA-FNS *Monitoring Handbook for State Agencies*

**OPERATING COSTS** represent *allowable expenses* incurred by the institution for the preparation and service of meals under CACFP. Allowable operating costs include, but are not limited to: *food and non-food supplies (e.g. napkins, utensils); compensation for food service labor cost; and costs for purchases/services.*

**Food Costs:** are expenditures for the food used in all meals under CACFP. **Original itemized food and milk records/receipts** must be maintained to support monthly claims for reimbursement and to document non-profit food service operations. Receipts must be machine generated, dated, itemized, and legible\*. If meals are provided by a caterer or food service management company, the center must maintain original expense documentation of catered meals as well as any incidental food and non-food purchases.

CFNA will examine original food and milk receipts and invoices to determine if the center purchased adequate amounts of food and milk to meet the minimum meal pattern requirements and that the receipts support the menu for the review month. Food items, perishables in particular, must be purchased or delivered on a regular basis due to their limited shelf life. Receipts should verify purchase of menu items prior to the date the menu items are on the daily, dated menu.

Fluid milk is a required meal component at breakfast, lunch and supper meals. Program regulations require that at least the minimum amount of all components be served to allow the meals to be claimed for reimbursement. **Children two years of age and older must be served low-fat (1%) or fat-free (skim) milk.** Per Section 9.8 of the *Child Care Centers Policy & Procedure Manual*, inadequate milk purchase amounts and non-compliant milk purchase types (2% or whole milk for children two and older) will result in meal disallowances at CACFP monitoring reviews. Milk purchase requirements for breakfast, lunch and supper are as follows:

Amount	Servings per Gallon	Age of Participants
4 oz. or 1/2 cup	32 servings	1 through 2 years
6 oz. or 3/4 cup	21 servings	3 through 5 years
8 oz. or 1 cup	16 servings	6 and older

**Food Service Labor Costs** – Centers must document the cost of food service labor needed for the operation of the CACFP. This may include wages, salaries, employee benefits and the share of taxes paid by the independent center necessary to perform the following tasks: menu planning and purchasing; meal preparation, serving, and clean-up of program meals; supervision of day-to-day food service operations, including supervision of children during the meal service; and on-site preparation of daily program meal service records.

**Non-Food Supply Costs** include small kitchen equipment, paper goods such as napkins and straws and cleaning supplies used directly for the food service operation. Itemized receipts must be kept on file as documentation.

**Purchased Services - Indirect Costs** are items such as prorated utilities (shared services), equipment rental, rental of facilities, and minor repairs. Refer to the Sponsor’s Budget tab on the Application/Claims database for indirect expenses approved for your center. Independent centers are required to update the budget every three fiscal years during the CACFP renewal process. Sponsoring Organizations must submit updated budgets annually. CFNA will provide assistance on what records are needed to support these costs.

**ADMINISTRATIVE COSTS** are expenses (*allowable costs*) incurred by an institution in planning, organizing, and managing the food service operation under CACFP. These costs may include labor for management, fringe benefits, traveling, and other costs necessary to manage and implement the Program [FNS Instruction 796-2, Rev. 4 (VII D 2)].



**CACFP-214**, *Documentation of Non-Profit Food Service* form documents monthly food service costs, the amount of labor and indirect costs (if needed) attributable to the food service.

Compare the total amount of food cost expenditures to the CACFP monthly reimbursement. If the food cost expenditures for the month **are greater than** the monthly CACFP reimbursement, **the center does not need to document other operating costs**. If the food costs for the month are less than the monthly CACFP reimbursement, the center must document food service labor costs (+ non-food supplies, if needed) on form CACFP-214.

***NOTE: The total food, non-food and labor cost total typically exceeds the reimbursement and no further action needs to be taken; however, if the food costs + labor costs + non-food costs are less than the monthly CACFP reimbursement, then expendable and non-expendable must be calculated. Expendable food service equipment*** has a durability under two years and costs \$500 or less. ***Non-expendable food service equipment*** has a durability of two years or more with a cost exceeding \$500.

Add total labor cost, total food costs, non-food costs and total indirect costs (if applicable) on CACFP-214 to get the “Grand Total” sum. Compare this amount to the monthly CACFP reimbursement plus income to the program (if applicable).

**Income/Funds:** Sources of funding can vary by organization type, size, and structure. In addition to the reimbursement from CACFP, some institutions fund their operation from tuition fees and fund raising activities while others may have other funding streams generated by activities outside of the CACFP. *Program income* is the gross income generated from activities supported by the CACFP. Income sources includes all monies received from State, Federal, or local government sources, any center funds used to subsidize the food service program, any payments for adult meals, and any other income including loans and donations to the food program. Regardless of the source, all income must be maintained in the non-profit food service account and used for only approved costs. Contact CFNA for guidance.



### **MISCELLANEOUS FOOD PURCHASING INFORMATION:**

**\*CACFP food purchased with a Supplemental Nutrition Assistance Program (SNAP,** formerly called Food Stamps) electronic benefit transfer (EBT) card is not allowed and demonstrates a lack of business integrity. SNAP Regulation program violations consist of having intentionally used, presented, transferred, acquired, received, possessed or trafficked authorization cards. The Family Support Division (Social Services) will be notified when CACFP purchases are made using an EBT card.

**Food Sources** - To claim reimbursement for meals or snacks, centers must supply all of the CACFP meal components and the food must originate from a source in compliance with Missouri Food Code laws. These **Traditional** (approved) food sources include food purchased from food service distributors, supermarket chains, convenience stores, local grocers and other retail stores selling food and non-food items in compliance with Missouri Food Code laws. Some examples of **Non-traditional** (approved) food sources that may be used as part of a reimbursable meal include but are not limited to:

**Center Gardens** – costs associated with growing food that will be used in the CACP, either as part of the meal service or for activities related to nutrition education to food service staff, as allowable. These costs may include seeds, fertilizer, labor, plot rental, etc.; however, the center must maintain documentation of costs incurred. [CACFP 11-2015, March 13, 2015.]

**Food Bank and Food Pantries** – non-profit (faith based) and public centers may be eligible to *purchase* food from approved sources with appropriate documentation. Itemized receipts with the agency price (per pound, for instance), price extension and food name must be maintained. Contact CFNA to ensure food bank/pantry purchases are creditable (reimbursable).

**Farmers Market or Roadside Produce Stands** – is limited to purchase of fresh and not packaged unprepared (whole, uncut) locally grown fruits, vegetables, in-shell nuts and fresh herb sprigs. **Garden donations** of fresh produce grown in gardens other than the center garden may be used as part of a reimbursable meal and include these same items.

Refer to Appendix B in the *Creditable Foods Guide* for additional information prior to purchasing items from approved and unapproved sources at: [www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp) .



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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# Correct Example

## DOCUMENTATION OF NON-PROFIT FOODSERVICE

FACILITY NAME ANN'S ANGELS DAY CARE CENTER							CLAIM MONTH MARCH CLAIM - \$2,450,10	
POSITION TITLE/EMPLOYEE	SALARY PER HOUR	HOURS WORKED PER DAY ON FOOD SERVICE	DAYS WORKED PER MONTH	X	HOURS WORKED PER DAY ON FOOD SERVICE	DAYS WORKED PER MONTH	X	SUB TOTALS
<i>Center director</i>	10.00/hour	1 hour/day = 10.00	20 days/month	X		20 days/month	X	\$200.00
<i>Teacher aid</i>	8.50/hour	2.5 hours/day = 21.25	20 days/month	X		20 days/month	X	425.00
<i>Cook</i>	7.50/hour	6 hours/day = 45.00	20 days/month	X		20 days/month	X	900.00
				X			X	
				X			X	
				X			X	
				X			X	
				X			X	
				X			X	
				X			X	
<b>TOTAL LABOR COST</b>								<b>\$1,525.00</b>

INDIRECT COSTS	AMOUNT	X	PERCENT OF FOODSERVICE USAGE OR PERCENT OF FOODSERVICE SQUARE FOOTAGE	=	SUB TOTALS	GRAND TOTAL SPENT ON CACFP
<i>Waste disposal</i>	\$48.00	X	_____	=	\$48.00	TOTAL FOOD COSTS (MAINTAIN RECEIPTS) \$1,225.00
<i>Utilities</i>	\$240.00	X	15%	=	36.00	TOTAL NON-FOOD COSTS (MAINTAIN RECEIPTS)
		X		=		TOTAL LABOR COSTS \$1,525.00
		X		=		TOTAL INDIRECT COSTS (IF APPLICABLE)
<b>TOTAL INDIRECT COSTS</b>				=	<b>GRAND TOTAL</b>	<b>\$2,750.00</b>



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

**DOCUMENTATION OF NON-PROFIT FOODSERVICE**

FACILITY NAME	CLAIM MONTH								
	POSITION TITLE/EMPLOYEE	SALARY PER HOUR	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				
		X				
		X				
		X				
		X				
		X				
<b>TOTAL INDIRECT COSTS</b>						<b>GRAND TOTAL =</b>

# CACFP Training Requirements

**Documentation of annual CACFP Training is required.** Independent center and sponsor organization (of multi facility) management is responsible for annual program training and must include instruction, appropriate to the level of staff experience and duties, on the following **CACFP required topics:**

- ✓ CACFP meal patterns;
- ✓ Meal count procedures;
- ✓ Recordkeeping requirements;
- ✓ Reimbursement system
- ✓ Claim submission and review procedures; and
- ✓ Adherence with Civil Rights requirements

[7 CFR 226.15(e)(14) and FNS Instruction 113-1, XI]

This training is in addition to the orientation training provided by CFNA. Your training can be formal or informal; however, it must be documented and per [7CFR 226.15(e)(12)] include :

- ✓ Training session date(s);
- ✓ Training location (s);
- ✓ CACFP topic(s) presented; and
- ✓ Names of each staff member trained (legible 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 form is located on page 52 and can be downloaded under Applications & Forms at: <http://health.mo.gov/cacfp>



**Self-Directed On-Line Training Modules:** [www.mocacfp.com](http://www.mocacfp.com)

This website is an on-line education portal for child and adult care providers who take part in the Missouri CACFP. The free, self-directed lessons focus on key topics you need to know in order to submit valid claims for reimbursement and to enhance your knowledge of nutrition and menu planning. All registered users will have access to the full catalog of available lessons which currently includes these training modules:

### **CACFP Orientation Series**

Program Integrity and the Serious Deficiency Process  
Income Eligibility Forms  
Recordkeeping  
Claims for Reimbursement  
Civil Rights  
Meal Patterns  
Serving Creditable Foods in the CACFP  
Infant Feeding  
Adult Day Care Centers  
Management Responsibilities for Sponsoring Organizations

### **Nutrition Series**

Nutrition 101  
Menu Planning  
Food Purchasing – Part I  
Food Purchasing – Part II  
Food Purchasing – Part III  
**Eat Smart Series**  
A Call to Action  
A Healthy Nutrition Environment  
Nutrition Overview



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**ANNUAL CACFP TRAINING DOCUMENTATION**

DATE (MONTH/DAY/YEAR)	TRAINING LENGTH
TRAINING LOCATION	
TRAINER NAME	TITLE / POSITION
<b>Required TOPICS</b> <input type="checkbox"/> Meal Pattern Requirements* <input type="checkbox"/> Recordkeeping Requirements* <input type="checkbox"/> Meal Count Records (point of service)* <input type="checkbox"/> Reimbursement System* <input type="checkbox"/> Claim Submission & Review Procedures* <input type="checkbox"/> Civil Rights Training**	<b>Optional Topics:</b> <input type="checkbox"/> Daily Attendance Records <input type="checkbox"/> Creditable Foods <input type="checkbox"/> Child Nutrition <input type="checkbox"/> Fostering Healthy Eating Habits <input type="checkbox"/> Infant Feeding (if applicable) <input type="checkbox"/> Menus _____ <input type="checkbox"/> Other _____

**Participant Sign-In Log**

Full Name and Position	Center/Location
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

MO 580-1459 (rev 6-15)

CACFP-222

\*REQUIRED TRAINING TOPICS per Federal Regulation 7 CFR 226.15(e)(14). Training must include instruction, appropriate to the level of staff experience and duties, on Program requirements. Attach a copy of the training outline or lesson plan to this form, if applicable.

\*\*Adherence with Civil Rights Requirements per FNS Instruction 113-1, XI



# Civil Rights Compliance & WIC Information

All institutions participating in the CACFP are **REQUIRED** to comply with the following civil rights obligations and to provide WIC Program Information as follows:

- ✓ Annual Beneficiary Data Report - CACFP-226. Complete the racial/ethnic category of enrolled participants in attendance at your center once a year and *determine the child's racial/ethnic category visually using your best judgment.* This form is found in this workbook and is available under Applications & Forms at: <http://health.mo.gov/cacfp>
- ✓ Display the “And Justice for All” poster in a prominent location (visible to the public), available under Publications at: <http://health.mo.gov/cacfp>



- ✓ Display “Building for the Future” Poster in a prominent location and BFTF flyer. This brochure explains the CACFP; both are available under Publications at: <http://health.mo.gov/cacfp>.
- ✓ Annual Civil Rights training for CACFP sponsors and staff. A power point version is available under Training at: <http://health.mo.gov/cacfp> and an on-line version at [www.mocacfp.com](http://www.mocacfp.com).
- ✓ USDA nondiscrimination statement and civil rights complaint information required on Program material directed to the parents/guardians. If the center has a parent handbook or a policy booklet which indicates that the center is participating in the CACFP, the nondiscrimination statement and procedure for filing a complaint (**updated October 14, 2015**) must be included and is available under USDA Nondiscrimination Statement at: [www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp).
- ✓ Discrimination Complaint Filing. USDA prohibits discrimination in Child Nutrition Programs (CNPs) based on: race, color, national origin, age, sex, disability and religion. If you believe you experienced discrimination when participating in a USDA program, you may file a complaint. Civil rights complaint filing information is located USDA Nondiscrimination Statement at: [www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp).
- ✓ Provide program information in the appropriate translation when necessary. In some areas of the state, requests have been made for other language translations of Program information. Thirty three language translations of the parent letter are available at: [http://www.fns.usda.gov/cnd/Care/benefit\\_forms/translations.htm](http://www.fns.usda.gov/cnd/Care/benefit_forms/translations.htm).
- ✓ WIC Program Information. Missouri WIC Informational poster is required to be displayed in a prominent location (visible to the public) in each center.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**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:

<b>Ethnic Category</b> (Evaluate all participants for ethnicity first)	<b>Number of Participants</b>
<b>Hispanic, Latino or Spanish origin</b> – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.	
<b>Racial Category</b> (Evaluate all participants for race. Individuals may be counted in one or more categories)	<b>Number of Participants</b>
<b>American Indian or Alaskan Native</b> – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<b>Asian</b> – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<b>Black, African American or Haitian</b> – A person having origins in any of the black racial groups of Africa.	
<b>Native Hawaiian or Other Pacific Islander</b> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<b>White</b> – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	
<b>Total number of participants evaluated.</b>	
SIGNATURE OF DIRECTOR  ▶	DATE

# CACFP Monitoring Reviews

USDA and the Missouri Department of Health and Senior Services – Bureau of Community Food and Nutrition Assistance (CFNA) requires independent (single) centers and Sponsoring Organizations (SOs) to maintain complete and accurate original CACFP records. DHSS is required to ensure that centers and SOs are accountable for all reimbursement received in compliance with program regulations. Each center and SO will be reviewed by CFNA at least once every three years to conduct a CACFP monitoring review.

Program monitoring reviews may or may not be announced in advance. If announced in advance, the sponsor will receive a letter and the review should be conducted within 45 days from the date of the letter. For unannounced reviews, 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, according to Section for Child Care Regulation (SCCR), “another responsible individual shall be designated to be in charge of the facility” in the absence of the director and records must be kept at the physical location for an independent center (during the hours of operation) or at the location noted on the Management Plan for multi-site SOs.

During monitoring reviews, all Program (original) records must be maintained on location and made available for review within one hour of arrival by state and/or federal officials. Failure to have CACFP records available will result in findings, corrective action and/or overclaims; CFNA may disallow up to 12 months of claims for reimbursement that the center or SO must repay.

Centers must maintain all required original records (not copies) 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.

The CACFP Monitoring Review Checklist on the next page is provided to help centers prepare for the review. For specific Program requirements, refer to Section 9.3 “The Monitoring Visit”, in the CACFP Policy and Procedure Manual under Laws, Regulations & Manuals at: <http://health.mo.gov/cacfp>

## **Technical Assistance Visit**

After your center has been participating in the Child and Adult Care Food Program (CACFP) for a few months, you may schedule a Technical Assistance (TA) Visit. You must have submitted at least one claim in order to qualify for this visit. TA Visits are similar to monitoring reviews, but are conducted as a courtesy to your organization. The purpose of a TA Visit is to review your records and assure that you are following all program regulations and requirements. This visit can help reduce findings and the need for corrective actions.



**CACFP Monitoring Review Checklist for Child Care Centers. Records required within one hour of reviewer's arrival.** Failure to make any/all records available within the required time will result in findings and corrective action. CFNA has the authority to request (and disallow) up to 12 months of claims for reimbursement. **Original records must be retained for 3 fiscal years plus the current year in every independent center or in the location noted in the Management Plan for Sponsoring Organizations (2 or more centers).** CACFP website: [www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp)

- ❑ **Income eligibility forms (IEFs)** (CACFP-205) accurately completed and documented
- ❑ **Daily dated attendance records** (CACFP-213)
- ❑ **Enrollment records** CACFP enrollment form (CACFP-229) or SCCR/CACFP combined enrollment form with original date of enrollment for all children
- ❑ **Daily dated menus** that meet CACFP requirements (CACFP-218, 218A or 218AA)
- ❑ **Daily dated meal count sheets** (CACFP-225 or 225A)
- ❑ **Documentation of Non-Profit Food service** includes verification of **income** to your food program and food service **expenditures** including: food and milk purchase receipts, food service labor documentation and indirect costs (CACFP-214)
- ❑ **Annual CACFP training** documentation (CACFP-222) of all required topics conducted by the center management staff, which includes dates, locations, topics, and names of staff participants
- ❑ **Current sanitation inspection report** conducted by the state or local health department, if applicable
- ❑ **“And Justice for All” and “Building for the Future” posters** placed in a location visible to the public and CACFP information that you provide to parents in a prominent location
- ❑ **Annual Beneficiary Data** report (CACFP-226) completed by visual identification of racial/ethnic category
- ❑ **Commercially processed food documentation:** CN labels and/or manufacturer’s Product Formulation Statement (PFS) documentation to verify the food portion and meal pattern contribution
- ❑ **Catered/vended meal required records:** food service contract, current sanitation inspection, **and production records** for all catered meals (CACFP-223)
- ❑ **Medical food substitution forms** (CACFP-227), if applicable
- ❑ **Current Child Care License**, issued by the Missouri Department of Health & Senior Services, Section for Child Care Regulation (SCCR), if applicable
- ❑ **Infants in care-** individual **Infant and Toddler Feeding and Care Plan** and individual infant **Meal Records**(CACFP 215, 216 & 217)
- ❑ **For-Profit centers** must provide a current contract with Family Support Division (FSD) and vendor invoices for participants who receive Title XX benefits
- ❑ **Sponsoring Organizations** (two or more facilities), documentation of site **Monitoring** visit reports (CACFP-404)

# Appeal Procedure

The request for administrative review (appeal) of adverse action taken by CFNA must be submitted in writing no later than **15 days** after the date the notice of action is received. Actions which may be appealed are those that affect your participation or 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; and
- Any other action of the state agency affecting an institution's participation or its claim for reimbursement.

There are two types of appeals which are conducted before a duly appointed administrative hearing officer:

- Hearing (**in person**); and
- Abbreviated administrative (**written**) review

Instructions on how to appeal are included in all correspondence concerning any actions taken by the CACFP. **The appeal request must state whether the sponsor/center is requesting a hearing or an abbreviated (written) administrative review and must be submitted in writing to the address below.**

Missouri Department of Health and Senior Services  
Community Food and Nutrition Assistance  
P.O. Box 570  
Jefferson City, MO 65102

Fax 573-526-3679

Appeals submitted according to policy are then held by the administrative review official. The official must inform CFNA, the institution's executive director, the chairman of the board of directors, and the Responsible Principals/Responsible Individuals of the administrative review's outcome within 60 days of the CFNA's receipt of the request for an administrative review [7CFR 22.6(k)].

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER. Services provided on a nondiscriminatory basis.

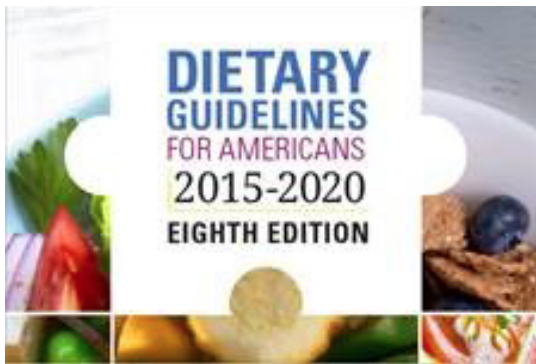
# Meal Compliance & Menu Planning

## Healthy Meals & Nutrition Environment

The first few years of a child's life are critical years for growth and brain development. It is also a time when children begin forming eating and exercise habits that last a lifetime. Nationwide, nearly 75 percent of children from 3 to 6 years of age are in some type of child care, including 56 percent in center-based care. Child care centers and family child care homes serve an important role in helping young children develop good eating and physical activity habits.

Children in care settings may receive half or more of their daily nutritional needs while in care. Since these meals and snacks supply such a major portion of a child's total intake, the food and the environment in which the foods are offered impact children's health, not only today, but in the future as well.

Child care providers have a major responsibility to provide healthy foods in a supportive environment. Mealtimes can be a time for learning about nutrition, hand washing, table manners, conversations and motor skills, as well as an opportunity to try new foods.



The Dietary Guidelines for Americans are jointly issued and updated every 5 years by the Department of Agriculture (USDA) and the Department of Health and Human Services (HHS). They provide an outline for Americans ages two and older on how people can improve their overall eating patterns and consume a healthy, nutritionally adequate diet. The Dietary Guidelines for Americans 2015-2020 have been released and provide five overarching Guidelines that encourage healthy eating patterns, recognize that individuals will need to make shifts in their food and beverage choices to achieve a healthy pattern and acknowledge that ALL segments of our society have a role to play in supporting healthy choices.

The *Dietary Guidelines for Americans (DGA) 2015-2020* Key Recommendations call for Americans to 1) follow a healthy eating pattern across the lifespan 2) focus on variety, nutrient density, and amount 3) limit calories from added sugars and saturated fats and reduce sodium intake 4) shift to healthier food and beverage choices 5) support healthy eating patterns for all. The *Dietary Guidelines'* Key Recommendations for healthy eating patterns should be applied in their entirety, given the interconnected relationship that each dietary component can have with others.

The recommendations in the *Dietary Guidelines* and in *MyPlate* are for children and adults two years of age and older and include limiting saturated fats and *trans* fats, added sugars, and sodium. *MyPlate* is not a special diet for individuals with specific health conditions. Individuals with a chronic health condition should consult with a health care provider to determine what dietary pattern is appropriate for them.

## Missouri Eat Smart and MOve Smart Child Care Programs:



Introduced in 2010, the Missouri *Eat Smart Child Care* Program challenges child care facilities to improve their meal service by following recommended standards that are above the minimum CACFP requirements. The *Guidelines* also include environmental factors that relate to nutrition habits and meal service. Adopting the *Eat Smart* Guidelines in your child care center may: help prevent childhood obesity; show you care about the health of the children in your care; and attract parents who care about the food their children eat while away from home.

The Eat Smart Program information and Guidelines are available at: [www.health.mo.gov/eatsmart](http://www.health.mo.gov/eatsmart) In-person trainings are offered regularly around the state. In addition, On-Line Training Modules are available for the CACFP and the Eat Smart Programs at: [www.mocacfp.com](http://www.mocacfp.com). All registered users will have access to the full catalog of training topics which are listed on page 58 in this workbook.

Obesity continues to be an issue in Missouri and CACFP is on a mission to improve the health of children through physical, mental and social development. The Eat Smart guidelines are a starting point for Missouri to address the eating habits of its young children.

The *MOve Smart Child Care* program was designed to equip child care facilities with the tools to address the physical activity side of healthful habits for its children and provide a structured program to evaluate a center's physical activity environment. The *MOve Smart Child Care* recognition program provides a set of physical activity standards for child care facilities to follow, that will help children reach their full potential in physical growth and development. Further information is available at: [www.health.mo.gov/movesmart](http://www.health.mo.gov/movesmart).

As you work towards becoming a Missouri MOve Smart and Eat Smart child care, take advantage of the technical assistance offered at trainings and by the state office. Choose one or two guidelines to work on at a time and make changes at your own pace. Your center may already be meeting many of the guidelines! When you are ready, apply to be recognized. Be sure to advertise the changes you have made to parents and potential customers.



### Water Availability

Drinking water must be made available to children throughout the day, including at meal times. While water must be made available to children during meal times, it is not part of the reimbursable meals and cannot be served in lieu of milk.

Water can be made available to children in a variety of ways, including simply providing water to a child when it is requested. Contact CFNA for questions pertaining to this requirement [CACFP 20-2011 Child Nutrition Reauthorization 2010: Water Availability in the Child and Adult Care Food Program, May 11, 2011].





## Menu Planning Guidelines

The CACFP Meal Pattern Requirements and *Creditable Foods Guide* resources assure that children participating in the CACFP are served foods that supply the nutrients they need. The *Creditable Foods Guide* is a reference list of foods that can be “credited” to the CACFP meal pattern requirements and is available at: <http://www.health.mo.gov/cacfp>. Child care center menus have a major influence in development of children’s eating habits. It is important that menus help establish patterns for healthy eating. These guidelines may help children to develop healthy eating habits:

1. Select a form for documenting your daily menus. The 3-meal menu template is recommended; this form lists the food components required for each meal and snack (supplement). Five - day and seven - day versions are available under Applications and Forms at: <http://www.health.mo.gov/cacfp>.
2. Choose the type of menu format you will use - 2 to 3 week 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, typically 2, 3, or 4 weeks. Cycle menus provide variety by offering different foods and/or different food combinations each day during the cycle.
3. When there are substitutions from the planned menu, mark through the original menu item and enter the substituted item(s). **The original daily dated menu that notes substitutions must be kept with the monthly records and retained for 3 years plus current year.**
4. Know the cooking abilities of the person(s) preparing the meals. Review the menu and recipes with the cook and provide training as necessary. Select or develop standardized recipes for menu items.
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 hot biscuits on the same menu if there is not adequate oven space to accommodate the menu items concurrently.
6. Include all food components in at least the minimum portion sizes specified on the *Food Chart – Children* and *Four Components in Menu Planning* resources. It is usually easiest to start by planning the main dish or entrée.
7. Plan menus that keep the nutritional needs of young children in focus. Be sure to include a good source of iron and Vitamins A and C.
  - Vitamin C sources include: citrus fruit and juice, broccoli, asparagus, brussels sprouts, cauliflower, snow peas, peppers (green & red), cantaloupe, honeydew melon, mango, papaya, kiwi and strawberries
  - Vitamin A sources include: apricots, cantaloupe, cherries, plums, egg yolk, asparagus, broccoli, carrots, kale, peas and sweet potatoes
  - Iron sources include: asparagus, lima beans, sweet potatoes, squash, vegetable juice, turkey, tuna, apricots, cherries, dried fruit, dried peas, eggs, meat, green beans
8. Limit high fat/sodium meats to no more than one time per week - this includes but not limited to: hot dogs, sausage, lunchmeat (bologna, salami) and processed meats.

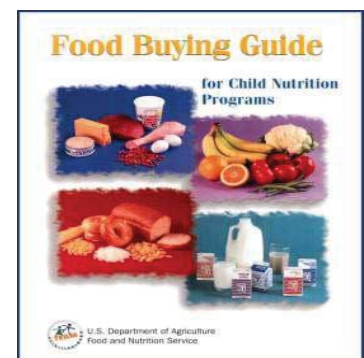
**NOTE: Specific information (CN label) is required to credit commercially processed food items.** Refer to page 79 for additional information and CACFP requirements.

9. Limit sweet type bread items to no more than once per week at breakfast – sweet breads are creditable at breakfast and include but are not limited to: muffins, donuts and sweet rolls.
10. At lunch and supper, the grain/bread component may **not** be served (or credited) as a dessert.
11. Cookies, brownies and other “dessert” grains are creditable only at snacks and served no more than 2 times per week.
12. 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.
13. Make sure that meals look and taste good! Introduce new foods along with familiar foods that children already like.
14. Include foods that are different shapes: round, square, rectangular; and different colors: yellow, orange, red, bright green.
15. Combine foods that have different textures - soft, crunchy, crisp, creamy and smooth and include foods with different tastes - sweet, sour, tart, salty, spicy and mild.
16. Consider the different ethnic and cultural food habits and preferences of the children.
17. **Low fat (1%) or fat free (skim) milk is required at each meal for participants two years of age and older.** Serve breast milk or iron fortified infant formula to infants through 11 months of age.
18. Use fats and oils sparingly in food preparation and limit the use of salt and high sodium foods.



**Standardized Recipes** - 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. *USDA Recipes for Child Care* is available at: [http://teammnutrition.usda.gov/Resources/childcare\\_recipes.html](http://teammnutrition.usda.gov/Resources/childcare_recipes.html)

**The Food Buying Guide (FBG)** – is a USDA resource that helps determine the right amount of food to purchase and the specific meal contribution each food makes towards the meal pattern requirements, as well as information on recipe analysis. A copy of the FBG is available on CD as noted in the Resources section of this workbook and an online “FBG calculator for Child Nutrition Program” is also available at: <http://teammnutrition.usda.gov/Resources/foodbuyingguide.html> .





# Division of Responsibility

Ellyn Satter is a recognized authority on nutrition and feeding of infants and children. In her book *Child of Mine*, she recommends that instead of trying to control and manage your child's eating and weight, we need to think in terms of "optimizing". Optimizing means feeding children in the most helpful and supportive way possible, doing the center's job by providing food and supporting the children, to observe a "division of responsibility in feeding."

## The Division of Responsibility

Child care providers (and parents) are responsible for the *what*, *when*, and *where* of feeding. Children are responsible for the *how much* and *whether* of eating (everything else).

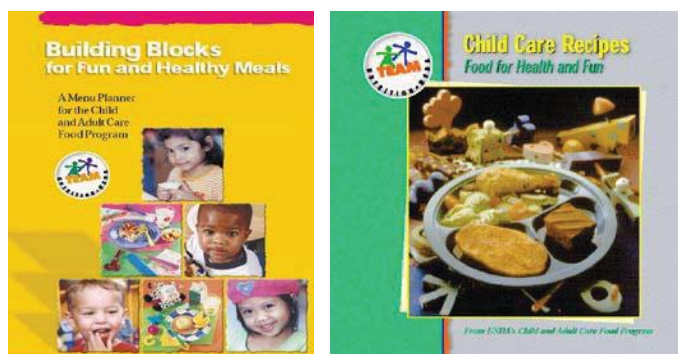
As a child care provider, you **are** responsible for:

- Controlling what foods are offered;
- Making and presenting meals that are tasty and safe to eat;
- Insisting that children show up for meals;
- Teaching children to behave at meals;
- Regulating the meal times; and
- Making meal times pleasant

As a child care provider, you are **not** responsible for:

- How much a child chooses to eat;
- Whether he/she decides to eat at all; or
- How his/her body turns out

Each child knows how much to eat and has within him/her a "genetic blueprint" for growth. Always provide a variety of foods but never force or bribe a child to eat a food. Help children trust their own internal signals of hunger and satisfaction. Allow each child to determine how much to eat, or whether to eat or not. Never make children clean their plates!



The Food Buying Guide for Child Nutrition Programs and online calculator is available at: <http://www.fns.usda.gov/tn/resources/foodbuyingguide.html>. Menu planning references available from the USDA include: Building Blocks for Fun and Healthy Meals - A Menu Planner for the CACFP; Child Care Recipes / Food for Health and Fun; Feeding Infants. These and other resources can be downloaded from FNS online at: <http://www.fns.usda.gov/cnd/care/ChildCare.htm>.

# Family Style Meal Service



Family style meals are a method of service which allows each child in the child care setting (center or home) to serve themselves from common platters of food with assistance from supervising adult(s), as needed. Children learn to self-regulate portion sizes according to their level of hunger. Unlike preset meal service methods (unitized meals), family style meal service can increase children's acceptance of offered foods and their willingness to try new foods. This is because they will see other children choosing certain food items and feel a sense of control over choosing foods and how much to take. The guidelines for family style meal service are in keeping with Ellen Satter's "Division of Responsibility" principles since the child determines if they want to eat and, if so, how much to take and choose to eat.

Meals served in compliance with the following practices are eligible for reimbursement [FNS Instruction 783-9 *Family Style Meal Service in the Child and Adult Care Food Program*]:

- A sufficient amount of prepared food must be placed on each table to provide the full required portions of each of the food components for all (ages of) children at the table and to accommodate the supervising adult(s). **NOTE: Meals for Program and non-Program adults may never be claimed for reimbursement;**
- Every child should initially be offered and encouraged (but never required) to take the full portion of each meal component required for his/her age group; and
- If the child initially refuses a component or does not take the full portion size required for his/her age, the supervising adult is responsible for actively encouraging the child to take a trial portion, or offering a second helping of the food component during the course of the meal. However, *it is ultimately the child's decision on how much or if they will take a meal component*. Never use the acceptance or denial of food as a reward or punishment.



# Four Components in Menu Planning

<p style="text-align: center;"><b>Meat/Meat Alternates (m/ma)</b></p> <p>Includes lean meat, poultry, fish, cheese, egg, cooked dry beans/peas, Nuts and seeds, nut and seed butters, alternate protein products, Yogurt (creditable at lunch, supper and snack only)</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Required at Lunch and Supper as main dish; m/ma may be served as an extra food item at breakfast, but it is not required</li> <li>• Nuts/seeds/nut butters can meet only ½ of m/ma at lunch/supper - an additional m/ma is required. Meets full m/ma requirement at snacks</li> <li>• A combination food served as an entrée (main dish) may be credited as the m/ma plus up to 2 other meal components (3 total) provided <i>each</i> component meets the <i>minimum</i> meal pattern requirement</li> <li>• Lunch meat/cold cuts, hot dogs and sausage products may be served <i>no more than 1 time per week</i></li> <li>• Commercially processed food must have processed food documentation (CN label, product formulation or center product analysis) to be creditable</li> <li>• No more than 2 different m/ma items are creditable at 1 meal</li> </ul>	<p style="text-align: center;"><b>Milk</b></p> <p>Participants 2 years of age &amp; older must be served <b>fat-free (skim) or low-fat (1%) milk</b>, lactose-reduced (1%), lactose-free (skim), 1% or skim buttermilk, or 1% or skim acidified milk. Whole &amp; Reduced fat (2%) may NOT be served to participants two years of age and older.</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Must be pasteurized fluid milk, flavored or unflavored</li> <li>• Is a required component at breakfast, lunch and supper*</li> <li>• Milk may be served as a beverage, on cereal or used for some of both at breakfast and snack</li> <li>• Milk used in cooking may not be credited</li> <li>• Infants birth through 11 months must be provided breast milk or iron-fortified formula</li> <li>• Whole milk is recommended for children 12 months through 23 months but any milk type may be served (2%, 1%, skim, etc.)</li> <li>• Milk may not be served for snacks when juice is served as the second component</li> <li>• *Milk is not a required supper component in adult day care centers</li> </ul>
<p style="text-align: center;"><b>Vegetables/Fruits</b></p> <p>Includes fresh, canned, frozen, dried fruit, juice and vegetables, Juice must be 100% full strength fruit or vegetable juice</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• One serving is required at Breakfast</li> <li>• At least 1/8 cup (2 tablespoons) must be served to meet the minimum creditable portion; an additional fruit/vegetable must be served to meet the total requirement by age</li> <li>• Cooked dry beans/peas may be counted as a vegetable OR a meat alternate, but not as both in the same meal</li> <li>• Juice may count up to ½ of the total requirement for lunch or supper</li> <li>• Juice may not be served at snack meal when milk is served as the second component</li> <li>• Two <i>different</i> fruits and/or vegetables must be served at lunch/supper.</li> <li>• Combinations such as fruit cocktail, mixed vegetables or fruit salad may be credited to meet one of the two required components at lunch or supper</li> </ul>	<p style="text-align: center;"><b>Grains/Breads</b></p> <p>All grains/breads must be whole grain or enriched or made from whole grain or enriched flour or meal, bran or germ. Cereal must be whole grain, enriched or fortified</p> <p><b>Specifics</b></p> <ul style="list-style-type: none"> <li>• Required at Breakfast, Lunch, and Supper</li> <li>• Minimum creditable amount is one quarter (¼) of a serving</li> <li>• Ready – to – eat cereal may be served at breakfast and snack only</li> <li>• Grain-based chips are creditable and may be served up to 2 times a week at lunch and snack only; however puffed snack products (Cheetos, Funyuns, etc.) are NOT creditable</li> <li>• Sweet bread items such as coffee cake, muffins, granola bars, doughnuts or sweet rolls are creditable at breakfast and snack only and can be served <i>no more than 1 time per week at breakfast</i></li> <li>• At lunch and supper, the grains/breads may not be a dessert. Cookies and other dessert grains are creditable only at snacks and <i>no more than 2 times per week</i></li> </ul>



# Food Chart - Children

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

Meal	Food Component	Minimum Serving Size	Minimum Serving Size	Minimum Serving Size
<b>Breakfast</b>	Fluid Milk <sup>1</sup>	Age 1 through 2 4 oz (½ cup)	Age 3 through 5 6 oz (¾ cup)	Age 6 through 12 8 oz (1 cup)
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Grains/Bread	½ slice	½ slice	1 slice
<b>Snack</b> (Serve 2 of 4 components)	Fluid Milk <sup>1</sup>	4 oz (½ cup)	4 oz (½ cup)	8 oz (1 cup)
	Juice or Fruit or Vegetable <sup>2</sup>	½ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
<b>Lunch or Supper</b>	Grains/Bread	½ slice	½ slice	1 slice
	Fluid Milk <sup>1</sup>	4 oz (½ cup)	6 oz (¾ cup)	8 oz (1 cup)
	Meat, Poultry, Cheese, <b>or</b>	1 ounce	1 ½ ounces	2 ounces
	Egg (large), <b>or</b>	½ egg	¾ egg	1 egg
	Cooked Dry Beans, Peas, <b>or</b>	¼ cup	¾ cup	½ cup
	Peanut or other nut or seed butters <sup>3</sup> <b>or</b>	2 Tbsp.	3 Tbsp.	4 Tbsp.
	Nuts and/or Seeds <sup>4</sup>	½ oz = 50%	¾ oz = 50%	1 oz = 50%
Juice or Fruit or Vegetable <sup>5</sup> (must serve at least two different varieties)	¼ cup total	½ cup total	¾ cup total	
Grains/Bread	½ slice	½ slice	1 slice	

<sup>1</sup>For children two years of age and older, milk must be low-fat (1%) or fat free (skim). The American Academy of Pediatrics recommends that children 12 months through 23 months (1 year olds) be served whole milk; however, this is not a requirement.

<sup>2</sup>Juice may not be served if milk is the only other component at snack.

<sup>3</sup>Peanut butter may not be the only meat/meat alternate served for lunch or supper; another meat/meat alternate must be served with peanut butter for the meal to be creditable.

<sup>4</sup>Nuts and seeds may meet only one-half of the total meat/meat alternate serving and must be combined with another meat/meat alternate to fulfill the requirement.

<sup>5</sup>A minimum of 1/8 cup of each must be served.

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If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**6 MEAL MENU TEMPLATE**

NAME OF CENTER/FACILITY \_\_\_\_\_ WEEK OF \_\_\_\_\_ YEAR \_\_\_\_\_

BREAKFAST	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread					
Other Foods					
<b>AM SNACK</b> <i>Serve 2 of 4 components</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread					
Meat or Meat Alternate					
Other Foods					
<b>LUNCH</b>					
Fluid Milk					
2 Servings of Different Fruit and/or Vegetables					
Grains/Bread					
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  
**6 MEAL MENU TEMPLATE**

NAME OF CENTER/FACILITY \_\_\_\_\_ WEEK OF \_\_\_\_\_ YEAR \_\_\_\_\_

PM SNACK <i>Serve 2 of 4 components</i>	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread					
Meat or Meat Alternate					
<i>Other Foods</i>					
<b>SUPPER</b>					
Fluid Milk					
2 Servings of Different Fruit and/or Vegetables					
Grains/Bread					
Meat or Meat Alternate					
<i>Other Foods</i>					
<b>Evening Snack</b> <i>Serve 2 of 4 components</i>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grains/Bread					
Meat or Meat Alternate					
<i>Other Foods</i>					



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**3-MEAL MENU TEMPLATE**

NAME OF CENTER/FACILITY \_\_\_\_\_ WEEK OF \_\_\_\_\_ YEAR \_\_\_\_\_

BREAKFAST	DATE	DATE	DATE	DATE	DATE
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
Other Foods					
<b>LUNCH</b>					
Fluid Milk					
2 Servings of Different Fruit and/or Vegetables					
Grain/Bread					
Meat or Meat Alternate					
Other Foods					
Other Foods					
<b>SNACK AM or PM (Circle) Serve 2 of 4 components</b>					
Fluid Milk					
Juice, Fruit, or Vegetable					
Grain/Bread					
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  
**3-MEAL MENU TEMPLATE**

# Good Example

NAME OF CENTER/FACILITY Love-N-Stuff Day Care I WEEK OF June 1 to June 5 YEAR 20XX

	Monday June 1	Tuesday June 2	Wednesday June 3	Thursday June 4	Friday June 5
<b>BREAKFAST</b>					
Fluid Milk	Skim Milk	Skim Milk	Skim Milk	Skim Milk	Skim Milk
Juice, Fruit, or Vegetable	Applesauce	Sliced Peaches	Orange Sections	Grape Juice	Diced Pears
Grains/Bread Component	Whole Grain Waffle	Oatmeal	Whole Grain Bagel	Cheerios	Biscuit
Other Foods		Raisins	Cream Cheese	Whole Wheat Toast	Egg
<b>LUNCH</b>					
Fluid Milk	Beef Vegetable Soup (USDA recipe) Skim Milk	Skim Milk	Baked Chicken (USDA recipe) Skim Milk	Skim Milk	Skim Milk
2 Servings of Fruit and/or Vegetables	Broccoli	Tater Tots	Green Beans	Baby Carrots	Mixed Vegetables
Grains/Bread Component	Pineapple Chunks	Watermelon Cubes	Peaches	Banana	Fruit Salad
Meat or Meat Alternate	Corn Bread	Hot Dog Bun	Wheat Roll	Whole Grain Bread	Hamburger Bun
Other Foods	Lean Ground Beef	Beef Hot Dog	Chicken Breast	Deli Turkey & Swiss Cheese	Fish Patty (CN)**
<b>SNACK AM or PM (Circle) Serve 2 of 4 Components</b>		Mustard, Ketchup	Ketchup	Mustard, Mayo	Tartar Sauce
Fluid Milk	Cheese Quesadilla	Skim Milk			Skim Milk
Juice, Fruit, or Vegetable			Apple Slices	Pineapple	Banana
Grains/Bread Component	Whole Grain Flour Tortilla	Whole Grain Bread	Graham Crackers		
Meat or Meat Alternate	Colby Cheese	Peanut Butter		Mozzarella Cheese Stick	
Other Foods	Mild Salsa	Jelly			





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**3-MEAL MENU TEMPLATE**

# Good Example

NAME OF CENTER/FACILITY Love-N-Stuff Day Care II WEEK OF June 8 to June 12 YEAR 20XX

BREAKFAST	Monday June 8	Tuesday June 9	Wednesday June 10	Thursday June 11	Friday June 12
Fluid Milk	1% Milk	1% Milk	1% Milk	1% Milk	1% Milk
Juice, Fruit, or Vegetable	Orange Juice	Sliced Peaches	Pineapple Juice	Red Grapes	Cinnamon Applesauce
Grains/Bread Component	Pancakes	Whole Wheat Toast	Cream of Wheat Cereal	English Muffin	Raisin Bran Cereal
Other Foods	Butter, Syrup	Boiled Egg	Cinnamon	Peanut Butter	
<b>LUNCH</b>	Spaghetti with Meat Sauce	Cheese Pizza (HM)		Macaroni & Cheese (HM)	
Fluid Milk	1% Milk	1% Milk	1% Milk	1% Milk	1% Milk
2 Servings of Fruit and/or Vegetables	Peas	Tossed Salad	Mashed Potatoes	Broccoli	Baked Fries
Grains/Bread Component	Pineapple Tidbits	Watermelon Cubes	Spinach	Apricots	Fruit Salad
Meat or Meat Alternate	Whole Wheat Spaghetti	Pizza Crust	Whole Grain Roll	Macaroni	Corndog Breading (CN)
Other Foods	Ground Beef	Cheese	Roast Beef	Cheese	Corndog (CN)**
<b>SNACK AM or PM (Circle) Serve 2 of 4 components</b>	Garlic Bread, Spaghetti Sauce	Salad Dressing, Pizza Sauce	Beef Gravy		Ketchup, Mustard
Fluid Milk			1% Milk	1% Milk	
Juice, Fruit, or Vegetable	Cantaloupe Cubes	Strawberries			Apple Juice
Grains/Bread Component			Animal Crackers	Honey Wheat Bagel	Bread Stick
Meat or Meat Alternate	Mozzarella Cheese Stick	Yogurt			
Other Foods				Strawberry Cream Cheese	Pizza Sauce



# Exercise 6 - Find the Errors

NAME OF CENTER/FACILITY Bad Apple Day Care

WEEK OF June 4-8

YEAR 20XX

BREAKFAST	Monday June 4	Tuesday June 5	Wednesday June 6	Thursday June 7	Friday June 8
Fluid Milk	Milk	Milk	Milk	Milk	Milk
Juice, Fruit, or Vegetable			Juice	Fruit Snacks	Pears
Grains/Bread Component	Toast	French Toast	Oatmeal	Cheerios	Juice
Other Foods	Scrambled Eggs	Syrup, Ham Slice		Bacon	
<b>SNACK AM or PM (Circle)</b> <i>Serve 2 of 4 components</i>					
Fluid Milk		Cheese Cubes			
Juice, Fruit, or Vegetable	Apple Juice			Strawberries	Celery Sticks
Grains/Bread Component	Carrot Sticks	Pretzels	Vanilla Wafers	Biscuit	
Meat or Meat Alternate					Peanut Butter
Other Foods			Pudding		Sherbet
<b>LUNCH</b>					
Fluid Milk	Milk	Milk	Milk	Milk	Milk
2 Servings of Fruit and/or Vegetables	Potato Chips	Pizza Crust	Mashed Potatoes	Ketchup, Pickles	Pineapple Chunks
	Fruit	Banana	Pears	Baked Beans	Baby Carrots
Grains/Bread Component	Bun			Fries	Sandwich Bread
Meat or Meat Alternate	Hot Dog	HM Sausage Pizza	CN Chicken Nuggets	Hamburger	Peanut Butter
Other Foods					Jelly

## **Food Substitutions and Variations**

Regulation and guidance requires program operators to provide reasonable accommodations for children whose disability restricts their diet for all meals and snacks when supported by a medical statement signed by a licensed physician. However, USDA policy memo [CACFP 13-2015, March 30, 2015] expanded the list of acceptable medical professionals who can sign a medical statement for meal accommodations in Child Nutrition Programs (CNPs) and recommend alternate foods for children whose disability restricts their diet to: “State recognized medical authority\*, who is a state licensed health care professional who is authorized to write medical prescriptions under state law”.

**Medical Statement Requirements** – In order to claim a meal that does not conform to the regulatory meal pattern, there must be a medical reason or a special dietary need and a signed statement on file. Use of *CACFP-227 Medical Statement to Request Special Meals and/or Accommodations* form is recommended; however, an equivalent form provided by a medical authority which documents the requirements is acceptable. Refer to the instructions for completing form CACFP-227 (page 117) for additional information.

**Disability** – When a child has a “disability” that affects food(s) the child can consume, the parent and/or guardian must provide a medical statement form signed by a medical authority\*. The medical statement must be kept on file, handled confidentially, and describe:

- The participant’s disability and an explanation of why the disability restricts the participant’s diet;
- The major life activity affected by the disability;
- The food or foods to be omitted from the participant’s diet, and;
- The appropriate food substitutions.

Child care centers participating in the CACFP are required to make substitutions or modifications to the meal pattern when the disability restricts the diet. Substitutions must be made only when supported by a written statement signed by a recognized medical authority.\*

**NOTE:** Reimbursement for meals served with documented food substitutions are claimed at the same reimbursement rate as meals which meet the meal pattern. The center may not charge for the substituted food item – substitutions that exceed program reimbursement are at the center’s expense.

**Reference:** CACFP 10-2013 policy memo (April 26, 2013) – describes disabilities that affect “major life activities” and “major bodily function”.

**Special Dietary Need** – If an institution is serving a child with special dietary needs that are not a disability, the parent/guardian may request substitutions by submitting an accurately completed *Medical Statement to Request Special Meals and/or Accommodations* form signed by a recognized medical authority\* listing the food(s) to be omitted and appropriate substitutions. Substitutions may be made on a case by case basis, at the discretion of the center, for a participant who is unable to consume a food item because of a non-disability medical or other special dietary need.

**Fluid Milk (Non-Dairy) Substitutions** – Milk substitutions that are made due to special dietary needs that are not a disability must be nutritionally equivalent to fluid milk, even when accompanied by a medical statement. The institution *may* make such substitutions at its discretion (not required). A written request for a fluid milk substitute must be made by a medical authority, parent or guardian and *must identify the medical or other special dietary need that restricts the diet of a child*. Prior to this rule, centers were only able to accept a substitution statement signed by a recognized medical authority. Fluid milk substitutes must contain all nutrients in the minimum quantities specified to be considered nutritionally equivalent to fluid cow’s milk:

**Fluid Milk Substitute - Minimum Nutrient Requirements**

<b>Nutrient</b>	<b>Per one (1) cup (8 ounces)</b>
Calcium	276 mg.
Protein	8 gm.
Vitamin A	500 IU.
Vitamin D	100 IU.
Magnesium	24 mg.
Phosphorus	222 mg.
Potassium	349 mg.
Riboflavin	0.44 mg.
Vitamin B-12	1.1 mcg.

**Non-Dairy Beverages that meet USDA Substitution criteria per 8 fluid ounces include:**  
*8<sup>th</sup> Continent* – Original, Vanilla and Light Chocolate Soymilk;  
*Pacific Natural* – All Natural Ultra Original and Vanilla Soymilk;  
*Kikkomon* - Pearl Organic Soymilk Smart Original, Creamy Vanilla and Chocolate;  
*Walmart Great Value* – Original soymilk;  
*Sunrich Naturals* – Original and Vanilla Soymilk; and  
*Silk* – Original Soymilk

**NOTE: CFNA does not endorse the companies or products listed. This list is not all inclusive. Read the nutrition facts panel or contact the manufacturer to ensure that product formulations are current.**

*Any reasonable parent or guardian written request for a non-dairy milk substitution could be accepted at the discretion of the center, as described above, without providing a medical statement.* As an example, if a parent has a child who follows a vegan diet, the parent can submit a written request to the child’s caretaker asking that soy milk be served in lieu of cow’s milk. The written request must identify the medical or other special dietary need that restricts the diet of the child. Non-dairy milk substitutions are at the option and expense of the facility. Other examples that may be considered a reasonable written request would be for religious, cultural or ethical reasons. However, a request which only states that a child “does not like milk” would *not* be a reasonable request for a fluid milk substitute.

**For additional information,** see FNS Instruction 783-2 *Accommodating Children with Special Dietary Needs*, and CACFP 21-2011 *Revised-Child Nutrition Reauthorization 2010: Nutrition Requirements for Fluid Milk and Fluid Milk Substitutions*, September 15, 2011.

## MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR ACCOMMODATIONS

1. SPONSOR Name	2. Site Name, if different from #1.	3. Site Telephone Number	
4. Name of Participant		5. Date of Birth	
6. Name of Parent or Guardian		7. Telephone Number	
<b>8. Check One:</b> <input type="checkbox"/> Participant has a disability or a medical condition and <i>requires</i> a special meal or accommodation. (Refer to instructions.) CACFP, schools and agencies participating in federal nutrition programs must comply with requests for special meals and any adaptive equipment. <b>A licensed physician, physician's assistant, or nurse practitioner must sign this form.</b> <input type="checkbox"/> Participant does not have a disability, but is requesting a special meal or accommodation due to food intolerance(s) or other medical reasons. Food preferences are not an appropriate use of this form. CACFP, schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <b>A licensed physician, physician's assistant, or nurse practitioner must sign this form.</b> <input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a <b>fluid milk substitute</b> that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. CACFP, schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. <b>A licensed physician, physician's assistant, nurse practitioner or parent or guardian may sign this form.</b>			
9. Disability or medical condition requiring a special meal or accommodation:			
10. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:			
11. Diet prescription and/or accommodation: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>			
<b>12. Foods to be omitted and substitutions: <i>(please list specific foods to be omitted and required substitution; attach a sheet with additional information as needed)</i></b>			
<b>A. Foods To Be Omitted</b>		<b>B. Foods to be Substituted</b>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>13. Indicate texture:</b> <input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed			
14. Adaptive Equipment:			
15. Signature of Preparer*	16. Printed Name	17. Telephone Number	18. Date
19. Signature of Medical Authority*	20. Printed Name	21. Telephone Number	22. Date

\* Physician's signature is required for participants with a disability. For participants without a disability, a licensed physician, physician's assistant, or nurse practitioner must sign the form. Parent/legal guardian signature is acceptable for fluid milk substitution for a child with special medical or dietary needs other than a disability. The information on this form should be updated to reflect the current medical and/or nutritional needs of the participant.

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## Mini-List of Non-Creditable Foods

The foods listed below are non-creditable in the CACFP because they **do not** meet the requirement as a component in the meal pattern. Non-creditable foods **cannot** be counted toward meeting the requirements for a reimbursable meal. The alphabetical list is **not all-inclusive**. Use of a product brand name is not an endorsement but is used for clarity. Refer to the *Creditable Foods Guide* and USDA's *Food Buying Guide* for a comprehensive list of creditable and non-creditable food available at: <http://health.mo.gov/cacfp>.

Acorns	Fruit punch	Nut or seed meal/flour
Bacon	Fruit leather, commercial	Oxtails
BBQ sauce	Fruit roll-ups	Pickle relish
Beef Jerky	Fruit Snacks	Pig's feet
Candy	Fruit spreads	Popcorn
Carmel corn	Frozen yogurt	Pop Tart filling
Carob	Fudgsicles	Pork skins
Catsup	Funyuns	Potato chips
Certified raw milk	Gatorade	Potted meats
Cheese, imitation	Gelatin	<b>Powdered</b> cheese
Cheese powder in boxed macaroni & cheese	Goat's milk Half & Half Ham	Pringles
<b>Cheese Products</b>	hocks Hawaiian	Pudding
Chestnuts	Punch Hi-C	Pudding pops
Chili sauce	Home-canned foods	<b>Puffed cheese snacks</b> (ex. Cheetos)
Chitterlings	Home-butchered foods	Reconstituted Non-fat dry milk
Chocolate bars	Hominy	Sherbet or sorbet
Chocolate covered raisins	Honey	Shoe string potatoes
Coconut	Hot chocolate, with water	Sizzalean
Crab, imitation	Ice cream	Soft drinks
Cracker Jacks	Iced tea	Sour cream
Cranberry juice cocktail	Infant dinners, commercial	Soy milk (exceptions-page 75)
Cream	<b>Imitation</b> cheese	Surimi
Cream cheese	Imitation bacon bits	Syrup
Cream soups	Jam, jelly, preserves	Tang
Cream sauces	Jell-O	Tapioca
Custard	Kool-aid	Velveeta cheese <b>product</b>
Dairy Substitutes	Lemonade	Vienna sausage
Dairy whip	Low-iron infant formula	Vitamite
Drinkable yogurt (most)	Marshmallows	Water, bottled
Eggnog, made with raw eggs	Milk, imitation	
Egg substitutes	Molasses	
Evaporated milk	Mustard or mayonnaise	
Fiddle Faddle	Nectar	
Five Alive	Neufchatel cheese	
Food with artificial sweeteners	Non-fat dry milk	
Fruit drinks		



# Commercially Processed Food Documentation

Some centers choose to purchase commercially processed meat/meat alternate products rather than prepare these main dish items on site, commonly called “homemade” or “cooked from scratch”. Some reasons a center may purchase these “convenience” items is due to lack of skilled labor or inadequate kitchen preparation equipment. The quality of commercially processed foods varies greatly from manufacturer to manufacturer and from product to product. Because the meal pattern contribution(s) for commercially processed foods cannot be verified, all child care centers are required to maintain documentation to verify the meal pattern contribution to the Child and Adult Care Food Program.

Fact sheets, food specification sheets and product labels formerly provided a way for food manufacturers to communicate with program operators about how their products “may contribute” to the meal pattern requirements for meals served under the USDA’s Child Nutrition (CN) Programs. Complaints to the Food and Nutrition Service (FNS) about inaccurate or misleading product literature, product labels, and fact sheets have become common.

As a result, USDA released two Policy Memos on March 11, 2015 [CACFP 08-2015 and CACFP 09-2015], listed two types of acceptable documentation approved to verify meal pattern compliance: Child Nutrition (CN) label or manufacturer’s product formulation statement (PFS).

**NOTE:** center product analysis method to document the amount of meat/meat alternate is no longer acceptable.

**1. Documenting CN Labeled Product Requirements** - The Child Nutrition (CN) Labeling Program is administered by USDA’s Food and Nutrition Service (FNS) in cooperation with the following agencies: Agriculture Marketing Service; Food Safety and Inspection Service; and National Marine Fisheries Service. The CN Label is the gold standard for verifying the crediting of menu items and provides a warranty against audit claims when the product is used according to the manufacturer’s instructions.

A CN Label statement clearly identifies the contribution of a product toward the meal pattern requirement(s) - how the purchased product contributes to the meat/meat alternate and any other component(s) (grain/bread and fruit/vegetable, if applicable) in frozen products such as (but not limited to): breaded beef patties, breaded chicken nuggets, breaded fish sticks, pork tenderloin/fritter, pizza, burrito, BBQ rib patty, egg rolls and canned and frozen ravioli.

**A CN labeled product will always contain the following information:**

- The CN logo, which is a distinct border;
- The meal pattern contribution statement;
- A unique 6-digit product identification number\* (assigned by USDA/FNS) appearing in the upper right hand corner of the CN logo;
- The USDA/FNS authorization statement;
- The month and year of final FNS approval\*\*

	CN	020202*
CN	<p>This 5.00 oz. Pizza with Ground Beef and Vegetable Protein Product provides 2.00 oz. equivalent meat/meat alternate, ½ cup serving of vegetable, and 1 ½ servings of grain/bread for the Child Nutrition Meal Pattern Requirements. (Use of this logo and statement authorized by the Food and Nutrition Service, USDA XX-XX**)</p>	CN
	CN	

**Per Policy Memos CACFP 08-2015 and CACFP 09-2015, acceptable and valid documentation for the CN Label includes:**

1. The **original CN Label removed** from the product carton; or
2. A **photocopy of the CN Label** shown attached to the original product carton; or
3. A **photograph of the CN Label** shown attached to the original product carton. (CN Labels that are photocopied or photographed must be visible and legible.)

**NOTE:** If none of the required documentation is available, Program operators may provide the Bill of Lading (invoice) containing the product name **and: a hard (or electronic) copy of the CN Label with a watermark** displaying the product name and CN number provided by the vendor. A CN label with a watermark is used when the CN logo and contribution statement are used on product information other than the actual product carton and is presented as a separate document. Manufacturers may provide schools (not common for CACFP providers) with a CN label with a watermark during the bidding process. (Original CN labels on product cartons will not have a watermark.)

**2. Product Formulation Statement (PFS)** –The Product Formulation Statement (PFS) should only be requested when reviewing a processed product without a CN Label. PFSs are written and provided by individual manufacturers and are not commonly seen in CACFP institutions. 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 an updated sample *Product Formulation Statement template* for a meat/meat alternate (M/MA) product can be used as resources <http://www.fns.usda.gov/cnlabeling/food-manufacturersindustry>. It should be noted that a Product Formulation Statement does not provide any warranty against audit claims. Unlike CN labels, a PFS that claims a meal pattern contribution is not a guarantee of USDA meal pattern compliance and can be disputed during CACFP monitoring reviews.

A **signed PFS on manufacturer’s letterhead** must demonstrate how the processed food contributes to the meal pattern requirements. The PFS should include:

- Weight of raw portion; percent of raw meat or poultry; percent fat of raw meat;
- Percent dry vegetable protein product (VPP), if applicable; percent VPP on an as purchased basis; certification that the VPP meets USDA/FNS requirements
- Product’s total creditable amount of product per portion towards the meal pattern
- Certification statement that PFS is an accurate verification of meal pattern compliance
- Original signature and title of company official and date



**Product Formulation Statement (PFS) – *Approved Example:***

**XYZ Burrito Factory (Manufacturer’s Letterhead)**

Effective Date: August 23, 2015 Product No. 9999

Total weight of precooked product: 4.00

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 formulation 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.**

\_\_\_\_\_ James Smith                      Director of Manufacturing

*↖ This is the important*

**James Smith                      Title**


XYZ Burrito Factory

August 23, 2015

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.

**Center Product Analysis** – This method to document the amount of meat/meat alternate is no longer acceptable. During a CACFP monitoring review, meal disallowances may be made when a center is not in compliance with approved processed food documentation requirements.

**Example of Product Formulation Statement that is Not Acceptable:**

<u>CN COSMIC SMOOTHIES</u>			
Each 4 fl.oz. portion of Cosmic Fruit Juice Smoothie provides the equivalent of 1/2 cup (4 fluid ounces) which equals 1 fruit serving towards the Child Nutrition Meal Pattern Requirements.			
Description	Serving Size	Meal Pattern Contribution	Fruit Servings
Cosmic Strawberry Banana	12 fl. oz.	1.5 cups	3
Cosmic Mango	12 fl. oz.	1.5 cups	3
Cosmic Berry	12 fl. oz.	1.5 cups	3
<p><i>Tom Beel, President</i></p> 			

**Examples of Commercially Processed food items commonly used in centers that require documentation:**



***Breaded Chicken Nuggets***



***Burrito***



***Breaded Fish Sticks***



***Ravioli (canned/frozen)***



***Pizza***

# Recordkeeping Responsibilities

Maintaining accurate records is vital to making sure CACFP reimbursement accurately reflects the center's Program operations. **CACFP forms are available under Applications and Forms and posters are available under Publications at: <http://health.mo.gov/cacfp>**

## **A. RECORD RETENTION**

CACFP **original** records (not photocopies) must be maintained on site (for independent facilities), be accessible during licensed business hours and be available for review within one hour of a state representative's arrival (policy 9.3). Sponsoring Organizations (two or more facilities) must maintain original records during (licensed) business hours at the location identified in the Management Plan and be available for review within one hour of a state representative's arrival (policy 6.3). CFNA reviewer(s) will request CACFP records for one month or more and have the authority to disallow up to 12 months of claims. Program records must be retained for three full fiscal years (October 1 through September 30) after the final claim for the fiscal year was submitted and for longer than three years if audit findings have not been closed [7 CFR 226.10(d)].

## **B. MEAL SERVICE RECORDS**

### **Daily Meal Count Records - (CACFP-225)**

Daily meal count records are **required** and must be recorded at the time of service (point of service) for each meal and/or snack the center is approved to claim for reimbursement.

**Keep active (current month) record(s) on a clipboard or in a binder. File these records with the daily attendance records. File completed records in a binder or envelope labeled with month and year.**

**Daily Menu Records** for each approved Meal Type (Breakfast, Lunch, Snack, Supper Daily dated menus are required to verify that the CACFP meal pattern requirements are in compliance with Regulation. The original menu noting menu substitutions must be retained. (Use of the CACFP-210 and 218 menu forms are recommended but not required).

**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.**

### **Request for Special Meals and/or Accommodations - (CACFP-227)**

Required when food substitutions are necessary and authorized by a medical authority for children with a diagnosed disability and with medical or special dietary needs.

**Keep confidential – place in individual child's file.**

### **Commercially Processed Food Documentation**

If your center uses commercially processed foods (such as chicken nuggets, fish sticks, ravioli, etc.) documentation of meal pattern contribution(s) is required to include: Child Nutrition (CN) labels or manufacturer's Product Formulation Statement (PFS).

**File in folder or notebook.**

**If the center is licensed to care for infants or provides care to INFANTS these forms are required:**

**Individual Infant Meal Record (menu)** - (CACFP-215, 216, and 217)

Keep the active menu on a clipboard or in a folder.

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

**Infant and Toddler Feeding and Care Plan (ITFCP)**

Keep the current ITFCP form on a clipboard or in a folder with the infant's menu.

**File in folder or notebook. This is a dual SCCR/CACFP form.**

**C. PARTICIPANT RECORDS**

**Daily Attendance Records** - (CACFP-213); **Monthly Time In/Time Out Record** (CACFP-224); or **Time In/Time Out Record** - (CACFP-221)

A daily attendance record of each child is **required** for completing reimbursement claims. Keep an active record on a clipboard or in a folder.

**Keep current month attendance on a clipboard(s) or in a binder. File completed monthly records in a manila envelope or folder labeled with the appropriate month and year.**

**Enrollment Records - SCCR/CACFP Enrollment Form** - (MO 580-2994) – SCCR/CACFP [Joint] Child Care Enrollment Form (MO 580-2994). The form must include all requested information and the date of the parent's signature. Although not a Child Care requirement, the CACFP Requirement (shaded) sections must be updated annually. If this form is used, the center is only required to complete one enrollment form. The combined SCCR/CACFP Child Enrollment form is recommended. **File completed forms as directed by SCCR.**

**Enrollment Records - Enrollment Form for Child Care Centers** – (CACFP-229) – If this form is used, the center is required to also complete the SCCR/CACFP [Joint] Enrollment form to satisfy Child Care licensing (2 enrollment forms). CACFP-229 must be updated annually per CACFP requirements. **Keep the current active enrollment in a binder.**

**Income Eligibility Form (IEF) for Child Care Centers (CACFP-205)**

This form is very important as it determines Program eligibility and meal reimbursement rates. Give IEFs to all parents to complete with their enrollment packet and then annually thereafter. Expired IEFs must be replaced with new IEFs annually (once per year). **File completed forms alphabetically by last name in a 3-ring binder. Place blank copies in a folder.**

**Parent Letter** - (page 8 in this workbook & in the Income Eligibility Guidance booklet)

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

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

**Title XX Documentation** - For Profit centers only

Documentation includes Family Support Division (FSD) vendor invoices, a copy of the contract with FSD for vendor children and an enrollment roster with names of vendor children marked.

**File in folder or notebook.**

**D. RECORDS PERTAINING to FINANCIAL MANAGEMENT** – refer to “Financial Management and Non-Profit Documentation for specific requirements

**Operating Costs** – allowable expenses for the preparation and service of meals and include, but are not limited to: *food costs; food service labor costs; costs for certain non-food supplies; and costs for purchased services.*

- **Food Costs** – Food costs are expenditures for the food used in all meals. Original itemized (**in-tact and legible**) food and milk receipts and invoices for food service supply purchases (non-food) must be kept to verify that CACFP funds are used to support the food service. Handwritten receipts are not accepted. **File in folder/envelope labeled with month/year.**
- **Food Service Labor Costs** – independent centers must document

**Documentation of Non-Profit Foodservice** - (CACFP-214)

This form must be completed monthly when total food total less than the CACFP claim. **Place in a folder or envelope labeled with month and year.**

**E. TRAINING RECORDS**

**CACFP Annual Training Documentation** - (CACFP 222) - Documentation of **annual** CACFP training for the center staff is required. Use of the CACFP provided form is not required but training must include CACFP required topics. **File in folder or notebook.**

**F. OTHER REQUIRED RECORDS**

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

Documentation of **annual** completion of this form is required. **File in folder or notebook.**

**The following items must be posted in an area that is visible to the public:**

- “And Justice for All Poster” with current Federal Relay Service contact information
- “Building For The Future Poster“
- WIC poster with Program benefits, contact information and eligibility guidelines
- Current Child Care License **or** License Exempt Letter (DC-100)

**Sanitation and Fire Inspection Records** - **File in folder or notebook.**

**Catered or Vended Meals, if applicable** - sponsor must maintain:

- Food service management company **contract or agreement**,
- Current state or local **health certification** and
- Production Records** (CACFP -223) required and meal delivery records, if applicable.
- Evidence that the contractor was obtained using fair and competitive practices.



**Sponsoring Organizations (SOs)** – are contractors responsible for two or more centers, either under the sponsor’s jurisdiction (affiliated) or not under the corporate umbrella (unaffiliated) are required to maintain:

**Site Visit Monitoring Reports** (CACFP 404) – each SO must monitor every center for Program compliance at least 3 times per year in compliance with regulation.

**Disbursements** - (unaffiliated centers only) - documentation of the dates and amount of reimbursement disbursed to each facility within 5 working days from the CACFP claims processing date.

# Organizing CACFP Records



Let's Get Organized!

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

**DAILY DUTIES** - Complete these records daily and maintain on a clipboard or in a folder. At end of month file **Original Dated** records with monthly records (in a labeled binder or binder):

- Attendance records – separate from meal counts. Sign - in/out records (optional)
- Meal count records – documented at Point of Service (POS). Infant meals (if applicable) count each meal once all of the age appropriate components have been served.
- Menus – verify that each meal served meets CACFP meal pattern requirements
- If licensed to care for infants, Individual Infant Meal Records (menus) and Individual Infant and Toddler Feeding and Care Plan forms

**WEEKLY DUTIES** - Add daily meal counts by Free, Reduced and Paid; keep confidential

**MONTHLY DUTIES** - Retain these **Original Dated (legible and intact)** records:

## **CONSOLIDATE FINANCIAL RECORDS:**

- Machine generated dated and itemized CACFP food and milk receipts; CN Labels; itemized Non-food Program supplies; and Program labor cost documentation of non-profit foodservice

## **PREPARE AND SUBMIT THE CLAIM FOR REIMBURSEMENT:**

- Consolidate and determine total attendance; consolidate meal counts and determine total number of each meal. [For-Profit centers-calculate eligible to claim]. Submit claim via CNPweb by the 10<sup>th</sup> of the month for payment around the 28<sup>th</sup>; or by the 25<sup>th</sup> for payment around the 13<sup>th</sup> of the next month.

**YEARLY DUTIES** - Centers must maintain these **Original Dated** records **yearly** (Fiscal Year is October 1 through September 30):

- Current IEF's and accompanying parent letter updated annually
- Current SCCR/CACFP [Joint] Enrollment or CACFP enrollment forms updated annually
- CACFP training documentation, all required topics covered at least once a year
- Request for Special Meals and/or Accommodations
- Sanitation and fire inspection reports
- For contracted/catered meals, original contract or agreement and annual renewal with Food Service Management Company (FSMC)
- Beneficiary data report (racial/ethnic), completed annually
- Site Visit Monitoring Reports – for Sponsoring Organizations (SOs), 3 per year



**CACFP RECORD RETENTION- Retain for 3 Fiscal Years plus the Current Year**

<b>Enrollment Forms &amp; Income Eligibility Forms (IEFs)</b>	<b>For currently enrolled child</b>	<b>For discharged child</b>
SCCR-CACFP [Joint] Enrollment Forms	Child's individual file	Per SCCR requirements
CACFP Enrollment Forms	3 - ring binder, front, alphabetical order by last name	In the back of binder or in a folder
Income Eligibility Forms (IEFs) (Signed within current 12 months)	3 - ring binder, front, alphabetical order by last name	In the back of binder or in a folder
IEFs (Signed more than 12 months prior)	Consolidated with yearly files	

Daily dated menus	
Daily Dated Attendance Records	<b>MONTHLY:</b> Place in folder or envelope labeled with month and year
Dated Point-Of-Service (POS) Meal Count Records; Infant meals (if applicable) count each meal once all of the age appropriate components have been served.	
Financial Records: Food service expenses; Labor and indirect cost record summarized on the Documentation of Non-Profit Food Service form	
Family Support Division (FSD) vendor invoices (For-Profit Centers only)	

CACFP training documentation	<b>YEARLY:</b> Place in folder or envelope labeled with month and year
Request for Special Meals and/or Accommodations	
CN Labels or Product Formulation Statement (PFS)	
Beneficiary Data Report (Racial/Ethnic documentation)	
Vended/catered meal agreement or contracts and annual contract renewals, if applicable	
Site visit monitoring reports (SOs), if applicable	
Sanitation and safety inspections	
Parent letter, current fiscal year; discard prior year letters	Include in enrollment packet

# Infant Feeding in CACFP

CACFP Regulation requires that centers participating in CACFP **must offer program meals** to all eligible children (birth through 11 months) enrolled in care [7 CFR 226.2]. However, the infant's parent/guardian may decline the offered formula and supply their own expressed breastmilk or a creditable formula for the infant to consume. [CACFP 14-2015, April 10, 2015]. Refer to the *Are these Infant Meals Reimbursable?* chart (page 116) for specific meal claiming scenarios.



## Infant Feeding Requirements

- At least one brand of iron fortified **infant formula** must be on hand at the center (“house formula”) and be offered as a choice. The “house” formula should be one that is commonly used by the majority of infants in care.\*\*
- Every infant must have an individual **Infant and Toddler Feeding and Care Plan** form (BCC-12; MO 580-1918 [8-14]), to document the breastmilk/formula and solid food feeding preferences as the infant progresses through the three age groups.. All infants enrolled in care must have this form on file, signed and dated by parent or guardian and updated as needed. **NOTE:** The BCC-12 form replaces the Infant Feeding Preference (IFP) form.
- Complete a daily individual **infant meal record (menu)** and serve each infant food per the *Food Chart - Infants* according to age group: birth through 3 months (CACFP-215); 4 through 7 months (CACFP-216) and 8 through 11 months (CACFP-217). File infant records with other monthly records.
- Serve infant meals that meet the minimum requirements by age group *Food Chart - Infants*. To claim meals, the center must purchase all solid foods for infants four months of age and older.
- Infants must be **recorded on the daily attendance records, daily meal count records and be claimed for reimbursement the same as for older children** : 2 meals and 1 snack per infant per day OR 2 snacks and 1 meal per infant per day.
- Since infants eat on demand (when hungry), record each meal if it contains all the required meal components. **NOTE:** the meal components do not have to be served as a unit. Foods served at different times may be grouped together to form a reimbursable meal.

\*\*Not required for Head Start programs [CACFP 15-2013 July 26, 2013]

## Infant Feeding Recommendations

- Meals consisting of breastmilk provided by the mother can be claimed for reimbursement :
  - When expressed breastmilk is served by center staff. Center may initially offer less than minimum amount of breastmilk to avoid waste. Offer more as needed; feed on demand.
  - When all other meal components (per the *Food Chart - Infants*) are purchased by the center
- Introduce solid foods of appropriate texture and consistency when each infant is developmentally ready; involve parents in decision of when to start each food and update on the IFP form.
- You may claim meals consisting of parent provided infant formula only if all other meal components (per the Infant Food Chart) are purchased by the center.
- 100% fruit juice is only creditable when served for snack to infants 8 months and older. Fruit juice can only be served when the infant is developmentally ready to drink from a cup and are 6 months or older.





Missouri Department of Health and Senior Services  
 Section for Child Care Regulation and Child and Adult Care Food Program  
**INFANT AND TODDLER FEEDING AND CARE PLAN**

**THIS SECTION TO BE COMPLETED BY CHILD CARE FACILITY:**

The formula provided by this child care facility is: \_\_\_\_\_.

**(Check a box)**  Yes  No This child care facility **is participating** in the Child and Adult Care Food Program (CACFP). In order to claim meals for reimbursement, the center must provide infant cereal and other foods when the child is developmentally ready for them.

**Instructions to Parents** – Please complete for child who is less than 24 months of age. Update information as needed. Use a new form or initial/date changes on this form.

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
--------------	---------------	---------------

**Feeding Information**

Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Formula			
Infant Food			
Table Food			

Who is preparing (mixing) the formula? Check all that apply:  Parent  Caregiver

Does your child have any problems with feedings, such as choking or spitting up?

Yes Explain: \_\_\_\_\_  
 No

Does your child use a pacifier?  Yes  No

**Note:** Pacifiers, if used, cannot be hung around an infant's neck. Pacifier mechanisms or pacifiers that attach to infant clothing cannot be used with sleeping infants.

**Infant Feeding Preference (under 12 months)**

Mark your preference (check all that apply).

- I will provide breast milk for my infant.
- I will nurse my infant at the center at these times: \_\_\_\_\_

The facility's formula may be used to supplement feedings if necessary:  Yes  No

If breast milk is unavailable for a feeding, the facility should: \_\_\_\_\_

- I request that the formula provided by the child care facility be served to my infant.
- I will provide infant formula for my infant. Name of formula: \_\_\_\_\_
- I request that the child care facility provide solid foods for my infant as s/he is ready for them, and after I have discussed it with child care facility staff. **OR**
- I will provide solid foods for my infant.

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Toddler Feeding Preference (12 through 23 months)			
Check all that apply: <input type="checkbox"/> Spoon <input type="checkbox"/> Cup <input type="checkbox"/> Feeds Self <input type="checkbox"/> Feeding Table or Chair			
Type of Food	Feeding Time	Kinds of Food	Amount of Food
Breast Milk			
Milk			
Table Food			
Arrangements for Sleep – Licensing rules require that infants be placed on their back to sleep.			
Time(s) Child Usually Naps		Length of Nap	
Additional Instructions Related to Sleeping:			
<p><b>Note:</b> When, in the opinion of the infant's licensed health care provider, an infant requires alternative sleep positions or special sleeping arrangements that differ from those required by rule, the provider must have on file at the facility written instructions, signed by the infant's licensed health care provider, detailing the alternative sleep positions or special sleeping arrangements for such infant. The caregiver(s) must put the infant to sleep in accordance with such written instructions.</p>			
<input type="checkbox"/> My child is 12 months or older, and I give my permission for my child to sleep on a cot.			
Signature of Parent/Legal Guardian		Date	
Diapering Instructions			
List any lotions and/or ointments, etc. that you have provided and give permission for caregivers to use on your child. _____ For <input type="checkbox"/> Wet <input type="checkbox"/> Bowel Movement <input type="checkbox"/> Rash <input type="checkbox"/> Other			
<input type="checkbox"/> I do not want caregivers to use any lotions, powders, ointments or similar items on my child.			
I will furnish the following baby supplies for my child; clearly labeled with my child's name:			
Special Instructions for Care (e.g., restrictions, allergies, etc.):			
Signature of Parent/Legal Guardian		Date	

# Food Chart – Infants\*

	Birth through 3 months of age	4 through 7 months of age	months of age
<b>Breakfast</b>	Iron-fortified Infant Formula <sup>1</sup> or Breastmilk <sup>2</sup>	4 to 6 fluid ounces 4 to 8 fluid ounces <sup>3</sup>	6 to 8 fluid ounces 6 to 8 fluid ounces <sup>3</sup>
	Iron-fortified Dry Infant Cereal Fruit and/or Vegetable <sup>5</sup> (not juice)	0 to 3 Tbsp (when ready) <sup>4</sup>	2 to 4 Tbsp. 1 to 4 Tbsp.
<b>Snack</b>	Iron-fortified Infant Formula <sup>1</sup> or Breastmilk <sup>2</sup> or Full Strength Fruit Juice (8 months+)	4 to 6 fluid ounces	2 to 4 fluid ounces 2 to 4 fluid ounces
	Whole grain or enriched Crusty bread or Cracker type products		0 to ½ slice (when ready) <sup>4</sup> 0 to 2 (when ready) <sup>4</sup>
<b>Lunch or Supper</b>	Iron-fortified Infant Formula <sup>1</sup> or Breastmilk <sup>2</sup> Fruit and/or Vegetable (not juice) <sup>5</sup>	4 to 6 fluid ounces 0 to 3 Tbsp (when ready) <sup>4</sup>	6 to 8 fluid ounces 1 to 4 Tbsp.
	<b>One or more of the following:</b> Iron-fortified Dry Infant Cereal Meat or Poultry or Fish (8 months+) <sup>6</sup> Egg Yolk Cooked Dry Beans or Peas Cheese Cottage Cheese Cheese food or cheese spread	0 to 3 Tbsp (when ready) <sup>4</sup>	2 to 4 Tbsp. 1 to 4 Tbsp. 1 to 4 Tbsp. 1 to 4 Tbsp. ½ to 2 ounces 1 to 4 ounces (volume) 1 to 4 ounces (weight)

\*Even though the infant meal pattern specifies breakfast, snack, lunch, and supper, these are just guidelines. Infants should be fed on demand and should not, in any way, be restricted to a rigid feeding schedule. Each infant should be fed according to his/her demands. In order for centers to claim CACFP meals, every infant enrolled in care must be served creditable meals documented daily on an age appropriate Individual Infant Meal Record (menu), and maintain an Infant and Toddler Feeding and Care Plan record.

<sup>1</sup>Meals containing iron-fortified infant formula provided by the infant's parent can be claimed for reimbursement. ~~When age appropriate, all other food components must be provided by the center or child care home provider in order to claim for reimbursement.~~  
<sup>2</sup>Meals containing only breastmilk can be claimed for reimbursement. All other food components (per the infant food chart) must be provided by the center or child care home provider.  
<sup>3</sup>A serving of less than the minimum amount of **breastmilk** may be offered for the infant who regularly consumes smaller portions. Additional **breastmilk** must be offered if the infant is still hungry.  
<sup>4</sup>Foods listed as "0" tablespoons let you know that the food is offered when developmentally appropriate for the infant and in conjunction with the parent designated Infant Feeding Preference form and medical authority recommendation.  
<sup>5</sup>100% fruit juice does not fulfill the fruit/vegetable requirement at breakfast, lunch or supper; juice is only creditable when served for snack to infants 8 months and older.  
<sup>6</sup>Hot dogs, cornedogs, chicken nuggets, yogurt, sausages and other foods are NOT creditable for infants. Commercial fish sticks and other commercial breaded or battered seafood products or canned, fresh or frozen fish with bones are NOT creditable for infants.

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).



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

0 THROUGH 3 MONTHS

**INDIVIDUAL INFANT MEAL RECORD**

INFANT'S NAME	MEALS CLAIMED <input type="checkbox"/> Breakfast	Lunch <input type="checkbox"/> Snack <input type="checkbox"/> Supper <input type="checkbox"/>	DATE OF BIRTH
CENTER/PROVIDER	BREASTMILK <input type="checkbox"/> YES <input type="checkbox"/> NO		CLAIM MONTH/YEAR
<b>CLAIM ONLY APPROVED MEALS</b>			

	DATE		DATE		DATE		DATE	
	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME
	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME	AMOUNT EATEN	TIME
<b>REQUIREMENTS</b>								
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula								
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula								
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula								
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula								
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula								
4-6 Oz. Breastmilk <b>or</b> Iron Fortified Infant Formula								



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**INDIVIDUAL INFANT MEAL RECORD**

# 4 THROUGH 7 MONTHS

INFANT'S NAME	AGE (MONTHS)	DATE OF BIRTH
CENTER/PROVIDER	BREASTMILK <input type="checkbox"/> YES <input type="checkbox"/> NO	MONTH/YEAR
<b>CLAIM ONLY APPROVED MEALS</b>		
DATE	DATE	DATE

<b>REQUIREMENTS</b>		
<b>Circle or list specific foods consumed by this infant</b>		
<b>BREAKFAST</b>		
Breastmilk or Iron Fortified Infant	4-8 fl. oz.	Breastmilk Formula Rice cereal Barley Oatmeal Mixed cereal Breastmilk Formula
Iron Fortified Dry Infant Cereal (when ready)	0-3 Tbsp.	Breastmilk Formula Rice cereal Barley Oatmeal Mixed cereal Breastmilk Formula
<b>AM SNACK</b>		
Breastmilk or Iron Fortified Infant	4-6 fl. oz.	Breastmilk Formula Prunes Apricots Carrots Grn. Beans Peas Potatoes Sweet pot. Apples Bananas Peaches Pears Other: Breastmilk Formula
<b>LUNCH</b>		
Breastmilk or Iron Fortified Infant Formula	4-8 fl. oz.	Breastmilk Formula Rice cereal Barley Oatmeal Mixed cer. Apples Bananas Peaches Pears Other: Breastmilk Formula
Iron Fortified Infant Cereal (when ready)	0-3 Tbsp.	Breastmilk Formula Rice cereal Barley Oatmeal Mixed cer. Apples Bananas Peaches Pears Other: Breastmilk Formula
Fruit and/or Vegetable (not juice) (when ready)	0-3 Tbsp.	Prunes Apricots Carrots Grn. Beans Peas Potatoes Sweet pot. Squash Spinach Mixed veg Other: Breastmilk Formula
<b>PM SNACK</b>		
Breastmilk or Iron Fortified Infant	4-6 fl. oz.	Breastmilk Formula Prunes Apricots Carrots Grn. Beans Peas Potatoes Sweet pot. Apples Bananas Peaches Pears Other: Breastmilk Formula
<b>SUPPER</b>		
Breastmilk or Iron Fortified Infant Formula	4-8 fl. oz.	Breastmilk Formula Rice cereal Barley Oatmeal Mixed cer. Apples Bananas Peaches Pears Other: Breastmilk Formula
Iron Fortified Infant Cereal (when ready)	0-3 Tbsp.	Breastmilk Formula Rice cereal Barley Oatmeal Mixed cer. Apples Bananas Peaches Pears Other: Breastmilk Formula
Fruit or Vegetable (not juice) (when ready)	0-3 Tbsp.	Prunes Apricots Carrots Grn. Beans Peas Potatoes Sweet pot. Squash Spinach Mixed veg Other: Breastmilk Formula



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INDIVIDUAL INFANT MEAL RECORD**

**8 THROUGH 11 MONTHS**

INFANT'S NAME		AGE (MONTHS)		DATE OF BIRTH	
CENTER/PROVIDER		BREASTMILK <input type="checkbox"/> YES <input type="checkbox"/> NO		FORMULA TYPE MONTH/YEAR	
<b>CLAIM ONLY APPROVED MEALS</b>					
<b>List specific foods consumed by this infant. Foods from child menu may be used if infant is developmentally ready</b>					
REQUIREMENTS		8-11 MO	Date	Date	Date
<b>BREAKFAST</b>					
Iron Fortified Infant Formula or Breastmilk		6-8 fl. oz.			
Iron Fortified Infant Cereal		2-4 Tbsp.			
Fruit and/or Vegetable (not juice)		1-4 Tbsp.			
<b>AM SNACK</b>					
Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice		2-4 fl. oz.			
Crusty Bread (optional)		0-1/2 slice			
Crackers (optional)		0-2			
<b>LUNCH</b>					
Iron Fortified Infant Formula or Breastmilk		6-8 fl. oz.			
Iron Fortified Infant Cereal and/or Meat, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese or Cottage Cheese, Cheese Food or Spread		2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz. 1-4 oz.			
Fruit and/or Vegetable (not juice)		1-4 Tbsp.			
<b>PM SNACK</b>					
Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice		2-4 fl. oz.			
Crusty Bread (optional)		0-1/2 slice			
Crackers (optional)		0-2			
<b>SUPPER</b>					
Iron Fortified Infant Formula or Breastmilk		6-8 fl. oz.			
Iron Fortified Infant Cereal and/or Meat, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese or Cottage Cheese, Cheese Food or Spread		2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz. 1-4 oz.			
Fruit and/or Vegetable (not juice)		1-4 Tbsp.			



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**INDIVIDUAL INFANT MEAL RECORD**

# Good Example 8 THROUGH 11 MONTHS

INFANT'S NAME Ima Toocute	AGE (MONTHS) 11 months	DATE OF BIRTH 7/11/15
CENTER/PROVIDER Luv-N-Stuff Day Care	BREASTMILK <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MONTH/YEAR June 2016
FORMULA TYPE Enfamil		

**CLAIM ONLY APPROVED MEALS**

List specific foods consumed by this infant. Foods from child menu may be used if infant is developmentally ready

REQUIREMENTS	8-11 MO	Date 6/6	Date 6/7	Date 6/8	Date 6/9	Date 6/10
<b>BREAKFAST</b>						
Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.	Breastmilk Rice Cereal	Breastmilk Oatmeal Cereal Applesauce	Breastmilk Barley Cereal Chopped Canned Pears	Breastmilk Rice Cereal Chopped Canned Apricots	Breastmilk Oatmeal Cereal Banana
Iron Fortified Infant Cereal	2-4 Tbsp.	Chopped Canned Peaches				
Fruit and/or Vegetable (not juice)	1-4 Tbsp.					
<b>AM SNACK</b>						
Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.					
Crusty Bread (optional)	0-1/2 slice					
Crackers (optional)	0-2					
<b>LUNCH</b>						
Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.	Breastmilk Chopped Ham	Breastmilk Chopped Chicken Breast Green Beans Mashed Potatoes	Breastmilk American Cheese Strips Diced Canned Plums Chopped Peeled Apples	Breastmilk Chopped Hamburger Cooked Carrots Refried Beans	Breastmilk Hard Boiled Egg Yolk Green Beans Chopped Canned Pears
Iron Fortified Infant Cereal and/or Meat, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese or Cottage Cheese, Cheese Food or Spread	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz. 1-4 oz.	Chopped Ham Diced Cooked Sweet Potato Peas				
Fruit and/or Vegetable (not juice)	1-4 Tbsp.					
<b>PM SNACK</b>						
Iron Fortified Infant Formula or Breastmilk or Full Strength Fruit Juice	2-4 fl. oz.	Apple Juice	Breastmilk	Breastmilk	Grape Juice	Breastmilk
Crusty Bread (optional)	0-1/2 slice					
Crackers (optional)	0-2	Saltines, Low Salt	Toast Strips	Graham Cracker	Biscuit	Animal Crackers
<b>SUPPER</b>						
Iron Fortified Infant Formula or Breastmilk	6-8 fl. oz.					
Iron Fortified Infant Cereal and/or Meat, Poultry, Egg Yolk, or Cooked Dry Beans or Peas or Cheese or Cottage Cheese, Cheese Food or Spread	2-4 Tbsp. 1-4 Tbsp. 1-4 Tbsp. 1/2 - 2 oz. 1-4 oz.					
Fruit and/or Vegetable (not juice)	1-4 Tbsp.					



## Meal Preparation & Contracting for Food Services

The best system of meal preparation in a given situation will depend upon such factors as the type of menu desired, the availability of food service equipment, space and personnel, and the budget of the organization.

Institutions participating in the CACFP who plan to purchase meals served to program participants from outside sources must follow proper procedures in purchasing these services. Institutions that will expend \$150,000 or more per year on CACFP meals must follow a *formal competitive bid process* to obtain meals located in Sub-paragraph A of the “*Contracting for Food Services*” document at:

[http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/pdf/Contracting\\_Food\\_Svc.pdf](http://health.mo.gov/living/wellness/nutrition/foodprograms/cacfp/pdf/Contracting_Food_Svc.pdf).

Institutions that will expend less than \$150,000 or more per year on CACFP meals must follow an *informal competitive bid process* to obtain meals located in Sub-paragraph B of the “*Contracting for Food Services*”. Both the formal and informal bid processes are described in Chapter 11- Procurement in the Policy and Procedure Manual for Child Care Centers.

The *non-competitive* is used by institutions who obtain their meals through a public or private school participating in the National School Lunch or Breakfast Program(s) and institutions who receive meal services obtained through a competitive process by another department of the same organization (sub-paragraph C). The following list includes the types of food service systems

### **MEAL PREPARATION SYSTEMS and Contract Types:**

1. **On Site:** On Site preparation, commonly called “self prep”, is the most commonly used food service system. The meals are prepared at the same physical location (kitchen) where they are to be served. This is usually the most economical method when the center has a kitchen, sufficient food preparation equipment, and available staff. *The institution will follow the basic recordkeeping requirements of the CACFP.*

All or part of the food may be prepared on site and the remainder purchased by the institution from an outside source, such as a school, hospital, or commercial vendor or farmers market. The FNS Instruction 796-2, Rev. 4 provides guidance for funding food grown by and used in the child care center’s meals. This option offers education opportunities and may decrease food costs.

**Central Kitchen:** meals are prepared in a kitchen at one of the institution’s physical locations by the institution’s employee(s) and delivered to another one of the institution’s physical locations. *The institution will follow the basic recordkeeping requirements of the CACFP plus daily meal delivery tickets, where applicable.* Contact CFNA for specific requirements for your circumstances.

2. **Purchasing from a School:** Meals may be purchased from *public or private non-profit school* that participates in the National School Lunch Program (NSLP), either in bulk or as individual packaged units. An independent center that receives meals



from a school must enter into a written **agreement** with that school/district. An example of this type of agreement is when a school provides meals to a Head Start center.

This annual agreement must contain the basic provisions of the Program requirements (*non-competitive* bid process). Use the prototype Non-Competitive Process “*Sample Agreement*” 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 NSLP or School Breakfast Programs. Signing an agreement with a school to provide meals does not relieve the independent center of its Program responsibilities for monitoring and recordkeeping. Additional recordkeeping is required when an institution obtains meals from a school [7 CFR 226.19(a)(b)(7)].

Organizations who receive meal services obtained through a competitive process by another department of the same organization, such as a university child care center whose meal services are provided by the campus dining hall or campus student union, may also use a *non-competitive* process to obtain their meals. Such organizations may sign an *agreement* with the food service caterer contracted by the organization to provide meals for the entire organization. This type of situation is common in large organizations such as hospitals, nursing homes, schools, governmental entities and universities, where food services are centralized. As long as the meals provided to the centralized food service were obtained in a competitive manner through a formal bid process, those same services may be used by the CACFP organization. Use the sample agreement provided by DHSS-CFNA when obtaining meals in this manner.

3. **Purchasing From a Food Service Management Company:** Food service management companies are organizations that prepare and deliver meals. An independent center that purchases meals from a food service management company (FSMC) must enter into a written contract with the company. The bid prototypes and CACFP guidance on meeting procurement standards are located on the CACFP website. Signing a contract with a FSMC does not relieve the center of its program responsibilities for monitoring and recordkeeping. Regulations require that a copy of the contract be submitted to CFNA before the beginning of program operations under the contract; and all bids totaling \$150,000 or more shall be submitted for State agency approval before the institution accepts and signs any contract. In addition, all bids shall be submitted to the State agency for approval before accepting a bid which exceeds the lowest bid. CFNA shall respond to any request for approval within 10 working days of receipt [7 CFR 226.21(a) and (c)].
4. **Purchasing from a Commercial Vendor:** Commercial vendors are public organizations (hospitals, college cafeterias, etc.), private commercial enterprises (caterers), or individuals that provide non-food items or individual food items but not complete meals. An independent center that purchases from a commercial vendor must enter into a written contract with the vendor following the guidelines for the formal or informal bid competitive process, depending on annual meal expenditures.



**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 - refer to Sections 5.9 and 5.10 (independent center) or Section 6.16 and 6.17 (sponsoring organization) in the Policy and Procedure Manual for Child Care Centers

**In addition to the records required under an Agreement**, meals obtained from a **commercial vendor/caterer** to institutions must provide the following documentation to the CACFP contractor on a daily, a weekly, or no less than a monthly basis:

- 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 CACFP requirements. The MDHSS-BCFNA will not intervene in contract disputes.



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 reviews in the following instances when:

- There is no or inadequate processed food documentation (such as CN labels)
- There are no production records or
- 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  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**PRODUCTION RECORD - BREAKFAST**

DATE \_\_\_\_\_

(1) MENU  VEGETABLE/FRUIT   GRAINS/BREAD   MILK	(2) NUMBER PLANNED FOR	AGE 1 & 2 YO  _____	AGE 3, 4, & 5 YO  _____	AGE 6 – 12 + ADULT  _____
	AMOUNT NEEDED (7) = NO. OF SERVINGS NEEDED DIVIDED BY SERVINGS PER PURCHASE UNIT.			

COMPONENT REQUIREMENTS	AGE	(3) FOOD ITEMS USED FACTOR	(4) NO. OF SERVINGS NEEDED	(5) PURCHASE UNIT	(6) SERVINGS PER PURCHASE UNIT	(7) AMOUNT NEEDED	(8) AMOUNT USED
VEGETABLES AND/OR FRUITS	1-2	_____ x 1 = _____ +	¼ c.				
	3-5	_____ x 2 = _____ +					
	6-12	_____ x 2 = _____ +=					
GRAINS/ BREAD	1-2	_____ x 1 = _____ +	½ sl.				
	3-5	_____ x 1 = _____ +					
	6-12	_____ x 2 = _____ +=					
FLUID MILK	1-2	_____ x 1 = _____ +	½ c.				
	3-5	_____ x 1.5 = _____ +					
	6-12	_____ x 2 = _____ +=					
OTHER							



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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 CHILD AND ADULT CARE FOOD PROGRAM  
**PRODUCTION RECORD – LUNCH/SUPPER**

DATE \_\_\_\_\_

(1) MENU  MEAT/MEAT ALTERNATE  VEGETABLE/FRUIT  GRAINS/BREAD  MILK  OTHER	(2) NUMBER PLANNED FOR	AGE 1 & 2 YO  _____	AGE 3, 4, & 5 YO  _____	AGE 6 – 12 + ADULT  _____
	AMOUNT NEEDED (7) = NO. OF SERVINGS NEEDED DIVIDED BY SERVINGS PER PURCHASE UNIT.			

COMPONENT REQUIREMENTS	AGE	(3) FOOD ITEMS USED FACTOR	(4) NO. OF SERVINGS NEEDED	(5) PURCHASE UNIT	(6) SERVINGS PER PURCHASE UNIT	(7) AMOUNT NEEDED	(8) AMOUNT USED
MEAT/MEAT ALTERNATE	1-2	_____ x 1 = _____ +	1 oz.				
	3-5	_____ x 1.5 = _____ +					
	6-12	_____ x 2 = _____ +=					
VEGETABLES AND/OR FRUITS  Two or more.	1-2	_____ x 1 = _____ +	¼ c.				
	3-5	_____ x 2 = _____ +					
	6-12	_____ x 3 = _____ +=					
GRAINS/ BREAD	1-2	_____ x 1 = _____ +	½ sl.				
	3-5	_____ x 1 = _____ +					
	6-12	_____ x 2 = _____ +=					
FLUID MILK		Use "No. of Servings" from Meat/Meat Alternate	½ c.				



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
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**PRODUCTION RECORD - SNACKS**

DATE \_\_\_\_\_

A.M. SNACK – MENU	AGE 1-6 _____ 6-12 _____ include adults	MILK AND BREAD X 1 = _____ X 2 = _____	MEAT X .5 = _____ X 1 = _____	FRUIT/VEGETABLE X 2 = _____ X 3 = _____
<b>TOTALS</b>				
P.M. SNACK – MENU	1-6 _____ 6-12 _____ include adults	X 1 = _____ X 2 = _____	X .5 = _____ X 1 = _____	X 2 = _____ X 3 = _____
<b>TOTALS</b>				

CHOOSE ANY TWO OF THE FOUR COMPONENTS FOR EACH SNACK	NO. OF SERVINGS NEEDED (1)	PURCHASE UNIT	SERVINGS PER PURCHASE	AMOUNT NEEDED (2)	AMOUNT USED
Milk – ½ cup		A.M.			
		P.M.			
Grains/Bread – ½ slice		A.M.			
		P.M.			
Meat/Meat Alternate – 1 ounce		A.M.			
		P.M.			
Fruit or Vegetable – ¼ cup		A.M.			
		P.M.			

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 \$150,000

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	
VENDOR 1				Breakfast			
				Lunch			
				Snack			
				Supper			
VENDOR 2				Breakfast			
				Lunch			
				Snack			
				Supper			
VENDOR 3				Breakfast			
				Lunch			
				Snack			
				Supper			







# Child Care Resources

The Internet has a vast amount of information that can assist child care providers with their foodservice operation and with education of staff and children. Below are some resource recommendations:



## **Missouri Department of Health and Senior Services CACFP**

<http://health.mo.gov/cacfp>

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

## **The College of Human Environmental Sciences Outreach and Extension of the University of Missouri-Columbia**

<http://outreach.missouri.edu/hes/food.htm>

- Food & Fitness at Missouri Families
- Food Safety
- Nutriteach – teacher resources;
- Food & Nutrition Guides
- Healthy Start preschool curriculum,

## **Building Blocks for Fun and Healthy Meals**

<http://www.fns.usda.gov/tn/building-blocks-fun-and-healthy-meals>

## **Choose My Plate**

<http://www.choosemyplate.gov> Replaces MyPyramid. Choose a healthier plate and balance it with exercise. The site describes how to balance calories; tips on how to maximize the nutrition you get from your meals with interactive tools; and, links to the most current Dietary Guidelines and to the Choose My Plate site with activities and downloadable handouts.

## **Code of Federal Regulations – CACFP related**

<http://www.fns.usda.gov/sites/default/files/CFR226.pdf>

## **Care Connection Child Care Lessons**

<http://www.nfsmi.org/ResourceOverview.aspx?ID=199>

## **Dietary Guidelines for Americans**

<http://www.health.gov/dietaryguidelines/> are the cornerstone for Federal nutrition policy and nutrition education activities.

## **Feeding Infants: A Guide for Use in the Child Nutrition Programs**

<http://www.fns.usda.gov/tn/feeding-infants-guide-use-child-nutrition-programs>

## **Food and Nutrition Services Online**

<http://www.fns.usda.gov> Access CACFP information by clicking on ‘Child and Adult Care Food Program’ under “programs”. Check “resources” for a link to a wide variety of publications.

## **Food Buying Guide for Child Nutrition Programs**

<http://www.fns.usda.gov/tn/resources/foodbuyingguide.html>

### **Fruits and Veggies Matter**

<http://www.cdc.gov/nutrition/everyone/fruitsvegetables/index.html> Learn about different kinds of fruits and vegetables, why they are important, and how to include more of them in your menus.

### **Healthy Meals**

<http://fnic.nal.usda.gov> USDA's National Agriculture Library; Information on recipes, menu planning, infant feeding, special diets, food safety and more.

### **Let's Move Child Care**

<http://healthykidshealthyfuture.org/welcome.html> Providers can access free on-line tools and resources pertaining to nutrition, physical activity and screen time.

### **Media-Smart Youth: Eat, Think, and Be Active**

<http://www.nichd.nih.gov/msy> An interactive after-school education program for young people ages 11 to 13. It is designed to help teach them about the complex media world around them, and how it can affect their health--especially in the areas of nutrition and physical activity.

### **Menu Magic for Children**

<http://www.fns.usda.gov/tn/menu-magic-children>

### **National Farm to School Network**

[www.farmtoschool.org](http://www.farmtoschool.org) Search resources training presentations, speaker notes, handouts and evaluation tools; share farm to school information in communities in the US.

### **National Food Service Management Institute**

[www.nfsmi.org](http://www.nfsmi.org) or <http://nfsmi.org/Templates/TemplateDivision.aspx?qs=cEIEPTc> order or download CACFP and other foodservice resources or request training presentations; all are free.

### **National CACFP Sponsors Organization**

<http://www.cacfp.org/resources/tools-sponsoring-organizations>

### **Team Nutrition**

<http://www.fns.usda.gov/tn/resource-library> **Recipes for Child Care;**

Each recipe contributes to a reimbursable meal served to children in the CACFP. Written for 25 and 50 servings, the recipes can easily be adjusted to serve larger or smaller groups.

### **Team Nutrition Wellness Resources** [http://healthymeals.nal.usda.gov/cacfp-wellness-resources-](http://healthymeals.nal.usda.gov/cacfp-wellness-resources-child-care-providers)

[child-care-providers](http://healthymeals.nal.usda.gov/cacfp-wellness-resources-child-care-providers). This Web site is dedicated to helping CACFP providers find the resources they need to meet recommendations in these areas.

### **24 Carrot Press**

<http://nutritionforkids.com> Highlights their books, teaching kits or other resources, organized by topic. Provides news, articles, tips, recipes and *more*, including their FREE Feeding Kids Newsletter.

### **US Government's official web portal**

<http://www.nutrition.gov> Provides consumers easy online access to government information on food and human nutrition.

## Choking Prevention

**Young children, especially ages 2 to 3, are at risk of choking on food and remain at risk until they can chew and swallow better by about age 4. Since these children receive the same variety of foods as the rest of the children in your care, prepare in forms that are easy to chew and swallow.**

### **Foods that may cause choking:**

#### **Firm, smooth, or slippery foods that slide down the throat before chewing, like:**

- Hot dog rounds
- Hard candy
- Large pieces of fruit
- Granola
- Peanuts
- Whole grapes
- Cherries with pits

#### **Small, dry, or hard foods that are difficult to chew and easy to swallow whole, like:**

- Popcorn
- Small pieces of raw carrot, celery or other hard vegetables
- Nuts, seeds and peanuts
- Pretzels
- Potato and corn chips

#### **Sticky or tough foods that do not break apart easily and are hard to remove from the airway, like:**

- Spoonfuls or chunks of peanut butter or other nut/seed butters
- Raisins and other dried fruit
- Chunks of meat
- Chewing gum
- Marshmallows
- Fish with bones

#### **Prepare foods so that they are easy to chew:**

- Cut food into small pieces or thin slices.
- Cut round foods, like hot dogs, lengthwise into thin strips.
- Remove all bones from fish, chicken and meat.
- Cook food, such as carrots or celery, until slightly soft; then cut into sticks.
- Remove seeds and pits from fruit.
- Spread peanut butter thinly.

#### **Watch children during meals and snacks to make sure they:**

- Sit quietly. (Most choking in children occurs when they are not sitting down while eating.)
- Eat slowly.
- Chew food well before swallowing.
- Eat small portions and take only one bite at a time.
- Finish swallowing before leaving the table.

#### **Always watch or sit with children during meals and snacks!**

Adapted from *Building Blocks for Fun and Healthy Meals*, USDA, Team Nutrition, FNS-305. Spring 2000 available at: <http://www.fns.usda.gov/tn/building-blocks-fun-and-healthy-meals>

# CACFP Sponsoring Organization Reviews

## Sponsoring Organization Additional Review Requirement

A sponsoring organization (SO) is a CACFP contractor responsible for two or more centers. The monitoring recordkeeping requirement *does not* apply to independent (single) centers. Each facility under the SO's jurisdiction must be monitored for CACFP compliance. The SO must document all reviews and retain in the sponsor location identified in the Management Plan.

### **SOs must conduct three monitoring review visits for each facility every year:**

- At least two of the three reviews must be unannounced; however, MDHSS recommends that all monitoring visits be unannounced.
- At least one unannounced monitoring visit must be conducted during a meal service.
- If a center operates in the evening and/or on weekends or holidays, one review must be conducted each year on weekends, holidays or during the supper meal when claiming meals under these conditions.
- No more than six months may elapse between monitoring visits.
- The SO must review all *new centers* within the first four weeks of Program operation.
- All monitoring visits must be documented on form CACFP-404.
- The sponsor must follow-up with centers noted as having problems during monitoring visits.
- The follow-up visit must be conducted not less than one week after the initial finding and the visit must be documented.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**SPONSORED CENTERS SITE VISIT REPORT – REVIEW BY SPONSOR**

# MULTI-FACILITY SPONSORS ONLY

SECTION I GENERAL INFORMATION							
Name of center			Date		Announced _____ Unannounced _____		
SO Reviewer			Time of arrival		Time of departure		
License number		License expiration date		Center hours of operation			
SECTION II MEAL OBSERVATION			COMMENTS				
Meal Observed							
Meat/Meat <span style="float:right">Alt</span>							
Fruit/Vegetable _____							
Fruit/Vegetable _____							
Grains/Bread _____							
Milk (1% or Skim OR Disallowances _____)							
Other _____							
			Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS
Did meal meet requirements?							
Did serving sizes appear adequate?							
Was food served at appropriate temperature? (hot foods 135 degrees+ & cold food at 41 degrees or less)							
Did children wash hands before eating?							
Was meal served at time stated on application?							
Was meal count recorded at point of service?							
Are meal substitutions recorded on menus?							
Are preserved, processed and higher fat meats limited to one serving/week?							
Are sweets limited to no more than two times/week?							
Do menus offer a variety of colors, flavors, textures, shapes, temperatures, familiar and new foods?							
SECTION III SANITATION			Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS
Is food properly labeled, dated, and covered in refrigeration and dry storage areas?							Report any imminent health/safety threats to local sanitarian, Child Care Regulation or CA/N hotline 800-392-3738
Is food stored at least 6" off floor in dry storage area?							
Are refrigerator & freezer units clean & operating properly?							
Are dishes and tables properly washed and sanitized?							
Are cleaning supplies stored away from food and out of the reach of children?							
Did food preparer maintain good personal hygiene and wash hands prior to meal preparation and service?							
Did the kitchen and all equipment appear clean?							



SECTION IV RECORDS				Yes	No	Previous Finding Yes/No	Corrected Yes/No	COMMENTS	
Current CACFP enrollment records for all participants								<b>MULTI-FACILITY SPONSORS ONLY</b>	
Enrollment records are updated annually									
Daily attendance records									
Accurate meal count records									
Daily dated menus									
All food purchase receipts									
Verification of 25% Title XX or Free/Reduced (if center is for profit)									
SECTION V INFANT MEALS				Yes	No	Previous Finding Yes/No	Corrected Yes/No	N/A	COMMENTS
Is there an Infant and Toddler Feeding and Care Plan form for each infant (Birth-11 months)?									
Is there an accurate Infant Meal Record (menu) for each infant?									
Are all required infant meal components offered by the center?									
SECTION VI CIVIL RIGHTS									
INDICATE THE RACIAL/ETHNIC MAKEUP OF THE CENTER'S ATTENDANCE AT THE TIME OF THIS REVIEW.				Black or African American	White	American Indian or Alaska Native	Asian	Native Hawaiian or other Pacific Islander	
Within the above racial categories, indicate how many are of Hispanic or Latino ethnicity. _____								<b>Yes</b>	<b>No</b>
Is the poster "And Justice For All" posted in a conspicuous place?									
Are all meals served equally to all participants regardless of race, color, sex, age, disability and national origin?									
SECTION VII FINDINGS									
<b>LAST REVIEW:</b> List any required changes from the last review and describe corrective action taken to address:									
Have previous Findings been corrected? _____									
Date of last review by sponsor _____ Who did review? _____									
<b>THIS REVIEW:</b> Good management practices observed:									
<b>Findings &amp; Recommendations:</b>									
<b>Corrective Action Plan required to address changes?</b>									

SPONSOR REVIEWER SIGNATURE	TITLE	DATE
CENTER SIGNATURE	TITLE	DATE

**MULTI-FACILITY SPONSORS ONLY**

Name of Center \_\_\_\_\_

**5 DAY RECONCILIATION OF ATTENDANCE / ENROLLMENT / MEAL COUNT VERIFICATION\***

PARTICIPANT'S NAME (FROM MEAL COUNT)	ENROLLMENT DATE	MEALS CLAIMED PER ENROLLMENT RECORD	DAYS IN ATTENDANCE PER ENROLLMENT	ENROLLED AND IN ATTENDANCE WHEN CLAIMED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

DATES REVIEWED	MEAL TYPE REVIEWED	TOTAL # FROM MEAL COUNT	Are meal counts on these 5 days consistent with meal count on day of review?
1.			YES_____ NO_____
2.			
3.			Are meal counts on these 5 days consistent with claim average?
4.			YES_____ NO_____
5.			

\*RANDOM VERIFICATION THAT PARTICIPANTS LISTED WERE ENROLLED AND IN ATTENDANCE WHEN MEALS ARE CLAIMED. MUST REVIEW AT LEAST 10% OF ENROLLMENT (OR AT LEAST 5 PARTICIPANTS IF LESS THAN 50 ENROLLED)

If meal counts do not match attendance, how is problem reconciled? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CACFP Orientation Exercise Keys



**Exercise 1** on pages 23-23 – Problems with the IEF on page 23 include:

- No last names of children. Use children’s legal names only.
- Signature in part 4 is not a name listed as a household member. The use of any kind of nicknames is not allowed and can cause a lot of confusion for auditors and other staff.
- Child (Isabella) is listed in two places (Part 1 and Part 2).
- The last 4 digits of the social security number not listed. Adult signing IEF must list last 4 digits of the SSN OR indicate that they don’t have a SSN 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 \$2,950.
- Category should be free, not reduced. Family of 5 can make up to \$3,081 per month and still be claimed as free\*.
- Center staff did not sign and date the IEF.

\*NOTE: Income determination was made using the July 1, 2016 - June 30, 2017 Income Eligibility Guidelines.



**Exercise 2** on pages 24-25 – The IEF is correctly completed on page 118.

The SNAP (formerly called Food Stamps) case number is technically eight digits long - FS0012345678FSP001. The only part that needs to be documented is the 8 digit DCN as underlined in this example. The rest of the letters and numbers are the same in all SNAP case numbers. The case number is the same for all members of the household.

Since the “SNAP Case Number” is indicated in the Part 1 column. Part 2 of the IEF does not need to be completed, even though Ashley Smith reported some income.

Part 4 – last 4 digits of Ashely Smith’s social security number is not required since this IEF is based on the SNAP case number but all other information must be fully completed.

“For Center Use Only” Check “SNAP (Food Stamp)” box; mark the “Free” ‘eligibility determination’ box; sign and date the IEF.





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

*Answer Key*  
*Exercise 2*  
*SNAP Benefits*

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

**PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER**

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER
Emily Jones		10/31/14	12345678	
Ethan Smith		8/19/16	12345678	

**PART 2 HOUSEHOLD AND INCOME INFORMATION**

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

**PART 3 RACIAL ETHNIC 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 ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 FAMILY MEMBER <i>Ashley Smith</i>	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY) XXX - XX - _ _ _ _	DATE 9/11/2016
PRINTED NAME OF ADULT Ashley Smith	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of 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 the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are 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 SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance 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**

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):					SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Eligibility Determination:  Free  Reduced  Paid

SIGNATURE OF CENTER REPRESENTATIVE <i>Ima Director</i>	DATE 9/11/2016
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE  
 CHILD AND ADULT CARE FOOD PROGRAM  
**MEAL COUNT CONSOLIDATION**

**Exercise 5 - Consolidated Meal Count  
 for July Center Claim - Answer Key**

CENTER	Humpty Dumpty Daycare	JULY 20XX
<b>KEY</b>		
B-Breakfast, 1-A.M.Snack, L-Lunch, 2-P.M. Snack, S-Supper		

PARTICIPANT'S NAME	CODE	Week 1 - Exercise 4					Week 2					Week 3					Week 4					TOTALS				
		DATE 7/7-7/11					DATE 7/14-7/18					DATE 7/21-7/25					DATE 7/28-7/31									
		B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S	B	1	L	2	S
Horner, Jack	X	5	4	3		4	5	3		3	3	5	5		3	4	4		3	4	4		15	18	15	
Lamb, Mary	X	5	5	4		4	5	3		3	5	5	5		3	4	4		3	4	4		15	19	16	
Peep, Little Bo	Z	3	3	3		2	4	4		3	4	4	4		3	4	4		4	4	4		12	15	15	
Piper, Peter	Y	4	3	2		3	5	3		2	5	4	4		4	4	4		4	4	4		9	13	9	
Porgie, Georgie	Y	4	4	3			4	4			4	4	4			4	4			4	4		8	8	7	
Simon, Simple	Z	4	4	3		5	5			5	3	3	2		5	3	2		3	3	2		17	15	5	
<b>Total Meals Coded X</b>		10	9	7		8	10	6		6	10	1			6	10	1		6	8	8		30	37	31	
<b>Total Meals Coded Y</b>		8	7	5		3	9	7		6	5	4			6	5	4		0	0	0		17	21	16	
<b>Total Meals Coded Z</b>		7	7	6		7	9	4		8	7	4			8	7	4		7	7	6		29	30	20	



# Exercise 5 - July Center Claim - Answer Key

**5CACFP**

Missouri Department of Health & Senior Services

Center Claim

1 Example Private - For Profit Child Care

**1 Example Private - For Profit Child Care  
Center - CCC Claim**

**July 2016**

Pending Submission

Original Claim

↓ Bottom of Form

**Center Operating and Enrollment Data (Must reflect the claiming period)**

(1) Free Enrollment	2	(5) Number of Operating Days	19
(2) Reduced Enrollment	2	(6) Total Attendance for Month	96
(3) Paid Enrollment	2	(7) License Capacity (from Application)	120
(4) Total Enrollment	6		

	(A)	(B)	(C)	(D)	(E)	(F)
Meal Type	Breakfast	AM Snack	Lunch	PM Snack	Supper	Night Snack
(8) Free	30		37	31		
(9) Reduced	17		21	16		
(10) Paid	29		30	20		
(11) Total Meals	76		88	67		
Average						
(12) Daily Participation	4	0	4.63	3.53	0	0

**For-Profit Centers Only**

Total TitleXX / XIX Beneficiaries	Free/Reduced-Price Eligible Children	Eligibility %
(13) <input style="width: 50px;" type="text"/>	(14) <input style="width: 50px;" type="text"/>	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. **Note: Once this button is checked 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

**Bad Apple Daycare Menu**

Exercise 6 – Problems with the menu include:

1. **Monday Breakfast**- Menu is not creditable since the fruit/vegetable component is missing. Scrambled eggs may be served as an ‘other’ item at breakfast.
2. **Monday Snack** – Menu is not creditable since apple juice and carrot sticks are both fruit/vegetable components. You need a second food item from another component.
3. **Monday Lunch** – Menu is not creditable since the second fruit/vegetable is missing. Potato chips are not creditable. Also, the type of fruit served should be specified.
4. **Tuesday Breakfast** – Menu is not creditable since the fruit/vegetable component is missing. Ham slice may be served as an ‘other’ item at breakfast.
5. **Tuesday Snack** – Menu **is** creditable; however, cheese cubes are not creditable as fluid milk and must be listed under meat/meat alternate component.
6. **Tuesday Lunch** – Menu is not creditable since the meal needs a second fruit/vegetable component. Pizza crust is a bread/grain component.
7. **Wednesday Breakfast** – Menu **is** creditable; however, the type of juice served must be specified.
8. **Wednesday Snack** – Menu is not creditable since pudding is not creditable. Another component must be served.
9. **Wednesday Lunch** – Menu *may* be creditable if the CN label or manufacturer’s product statement credits the breading on the chicken nugget as a grain/bread in addition to the meat/meat alternate contribution. Menu items are same color and texture.
10. **Thursday Breakfast** – Menu is not creditable since fruit snacks are not a creditable fruit/vegetable component. Bacon can be served as an ‘other’ item but it is not creditable at all.
11. **Thursday Snack** – Menu **is** creditable.
12. **Thursday Lunch** – Menu is not creditable since the bread/grain component is missing. Baked beans and fries should be listed as the two fruit/vegetable components. Ketchup and pickles are not vegetables; they should be listed as an ‘other’ item.
13. **Friday Breakfast** – Menu is not creditable since the bread/grain component is missing. Two fruit/vegetable items are listed.
14. **Friday Snack** – Menu **is** creditable. Sherbet can be served as ‘other’ item but it is not creditable at all.
15. **Friday Lunch** – Menu is not creditable since an additional meat/meat alternate item must be served with nuts, seeds and nut butters at lunch and supper.

Another menu error – two high fat meats (hotdog & sausage on pizza) were served more than the once a week maximum requirement.

Milk is required at every breakfast and lunch; however, you need to note (footnote) or specify the milk type at meals. **Note:** only low-fat/1% or fat-free/skim milk is approved for children two years and older.

<b>*Are These Infant Meals Reimbursable?</b>	<u>Infant Birth through 3 months</u>	<u>Infant 4 through 7 months - drinking only formula or breast milk &amp; NOT developmentally ready for solid foods.</u>	<u>Infant 4 through 7 months - developmentally ready for solid foods</u>	<u>Infant 8 through 11 months - drinking only formula or breast milk &amp; NOT developmentally ready for solid foods</u>	<u>Infant 8 through 11 months - developmentally ready for solid foods</u>
Infant receives <u>center purchased</u> iron-fortified infant formula (all ages) & <u>center purchased</u> all baby food (4 mos)	Yes	Yes	Yes	Yes, but must have MSSM on file when infant cannot eat solid foods	Yes
Infant receives <u>center purchased</u> iron-fortified infant formula and <u>parent provided</u> solid food	Yes	Yes	No	Yes, but must have MSSM on file when infant cannot eat solid foods	No
Infant receives <u>parent provided</u> iron-fortified infant formula or breast milk and <u>center purchased</u> solid baby food	Yes	Yes	Yes	Yes, but must have MSSM on file when infant cannot eat solid foods	Yes
Infant receives <u>parent provided</u> <u>low-iron</u> infant formula or <u>whole milk</u> & <u>center purchased</u> all solid foods	Yes, but must have MFSR on file for low-iron formula or whole milk	Yes, but must have MSSM on file for low-iron formula or whole milk	Yes, but must have MSSM on file for low-iron formula or whole milk	Yes, but must have MSSM on file for low-iron formula and infant cannot eat solid foods	Yes, but must have MSSM on file for low-iron formula or whole milk
Infant receives <u>parent provided</u> <u>low-iron</u> fortified infant formula or <u>whole milk</u> and <u>parent provided</u> all solid baby foods	Yes, but must have <b>MSSM</b> on file for low-iron formula or whole milk	Yes, but must have MSSM on file for low-iron formula or whole milk	No	Yes, but must have MSSM on file since infant cannot eat solid baby foods	No
Mother breast feeds infant <u>in the center and provides all</u> own solid foods	No, since the center is not providing the <u>service</u> of feeding the infants	No	No	No	No
Mother breast feeds infant <u>in the center &amp; center purchased</u> all solid baby foods	No, since the center is not providing the <u>service</u> of feeding the infants	No	Yes	Yes, but must have MSSM on file when infant cannot eat solid foods	Yes

Form BCC-12 Infant & Toddler Feeding & Care Plan; BCC-12 & Infant meal record (menu) must be current & retained.

\***MSSM**=Medical Statement Special Meals is CACFP-227 form called *Medical Statement to Request Special Meals and/or Accommodations*



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
COMMUNITY FOOD and NUTRITION ASSISTANCE  
CHILD and ADULT CARE FOOD PROGRAM  
**INSTRUCTIONS for COMPLETING CACFP-227**

**REQUEST for SPECIAL MEALS AND/OR ACCOMMODATIONS**

1. **Center/School/Agency:** Print the name of the center, school or agency that is providing the form to the parent/guardian.
2. **Site:** Print the name of the site where meals will be served (e.g., child care center, school site community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the participant Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person requesting the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **Disability or Medical Condition Requiring a Special Meal or Accommodation:** Describe the medical condition that requires a special meal or accommodation (e.g., juvenile diabetes, peanut allergy, etc.)
10. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition affects disability. For example: "Allergy to peanuts causes a life-threatening reaction affecting the respiratory system."
11. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
12. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
13. **A. Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude fluid milk."  
**B. Foods to Be Substituted:** List specific foods to include in the diet. For example, "calcium fortified juice."
14. **Adaptive Equipment:** Describe specific equipment required to assist the participant with dining. (Examples may include a "sippy" cup, a large handled spoon, wheel-chair accessible furniture, etc.)
15. **Signature of Preparer:** Signature of person completing form.
16. **Printed Name:** Print name of person completing form.
17. **Telephone Number:** Telephone number of person completing form.
18. **Date:** Date preparer signed form.
19. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
20. **Printed Name:** Print name of medical authority.
21. **Telephone Number:** Telephone number of medical authority.
22. **Date:** Date medical authority signed form.

The American with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual.

**(For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act Amendments Act of 2008)**

**Information regarding the ADAAA, which expanded the definition of disability, can be found at:**  
**<http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf>**

For more information, refer to the subject information in the Program specific Policy and Procedure Manual at:  
[www.health.mo.gov/cacfp](http://www.health.mo.gov/cacfp)



## CACFP Creditable Infant Formulas

CACFP regulations require that to be eligible for reimbursement infant formula served must be iron-fortified [7 CFR 226.60(b)(2)]. The Food and Drug Administration (FDA) defines iron-fortified infant formula as a product “which contains 1 milligram or more of iron in a quantity of product that supplies 100 kilocalories when prepared in accordance with label directions for infant consumption” [21 CFR 107.10(b)(4)(i)]. The number of milligrams (mg) of iron per 100 kilocalories (calories) of formula can be found on the nutrition facts label of infant formulas.

Formulas classified as Exempt Infant Formulas by FDA may be served as a part of a reimbursable meal if the substitution is supported with a medical statement signed by a licensed physician or a State recognized medical authority. The statement must be submitted and kept on file by the center. For more information see SP 32-2015, SFSP 15-2015, CACFP 13-2015, *Statements Supporting Accommodations for Children with Disabilities in the Child Nutrition Programs*, available at <http://www.fns.usda.gov/statements-supporting-accommodations-children-disabilities-cnp>. Information on FDA Exempt Infant Formula is available at: <http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/InfantFormula/ucm106456.htm>.

FNS no longer maintains a list of *Iron-Fortified Infant Formulas That Do Not Require a Medical Statement* due to the continuous development of new or re-formulated infant formula products making an accurate all-inclusive list impractical. The following criteria may be used to determine whether or not a formula is eligible for reimbursement without a medical statement:

- Ensure the formula is not an FDA Exempt Infant Formula. An exempt infant formula is labeled for use by infants who have inborn errors of metabolism or low birth weight, or who otherwise have unusual medical or dietary problems, defined in 21 CFR 107.3;
- Look for “Infant Formula with Iron” or a similar statement on the front of the formula package. All iron-fortified infant formulas must have this type of statement on the package; and
- Use the nutrition facts label as a guide to ensure that the formula is iron-fortified. To be considered iron-fortified an infant formula must have 1 milligram (mg) of iron or more per 1 kilocalories (calories) of formula when prepared in accordance with label directions.

All infant formulas sold in the U.S. must meet the nutrient specifications outlined by FDA in 21 CFR 107 ([http://www.ecfr.gov/cgi-bin/text-idx?SID=2a91008e62ae08b74da67854fab47f37&tpl=/ecfrbrowse/Title21/21tab\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?SID=2a91008e62ae08b74da67854fab47f37&tpl=/ecfrbrowse/Title21/21tab_02.tpl)) and in Section 412 of the Food, Drug, and Cosmetic Act (<http://www.gpo.gov/fdsys/pkg/USCODE-2010-title21/pdf/USCODE-2010-title21-chap9-subchapIV-sec350a.pdf>). If a formula is purchased outside of the United States, it is likely that the formula is not regulated by the FDA, and therefore, it may not meet the FDA’s definition of iron-fortified and may not be creditable under the CACFP [CACFP 14-2015, April 10, 2015].