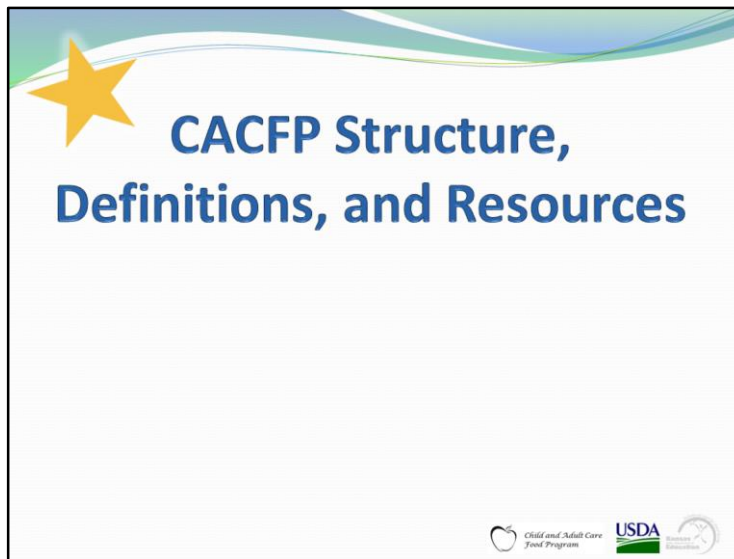


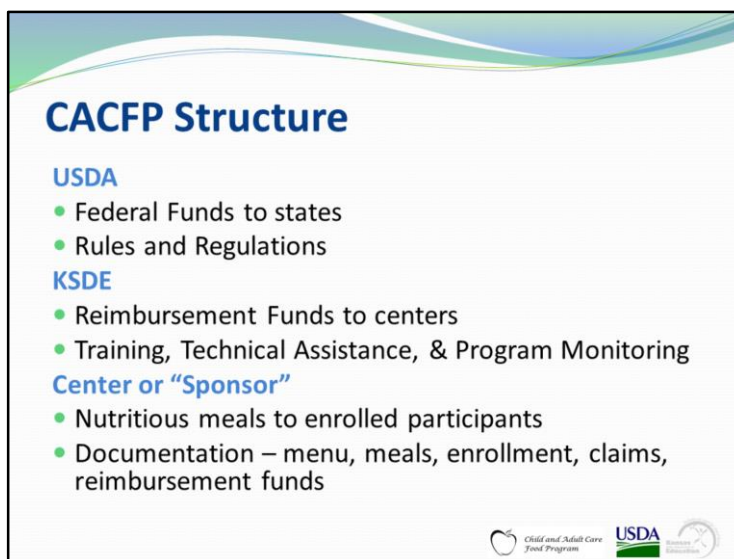
Welcome to Introduction to CACFP! Thank for taking time to join us today! We are excited you are interested in becoming a Sponsor of the Child and Adult Care Food Program (CACFP) in Kansas so that you can be reimbursed for providing quality nutritious and safe meals to children. Completion of this training is required to participate in CACFP.

Objectives

- Learn program structure and definitions
- Become familiar with CACFP resources
- Understand basic requirements for recordkeeping and documentation
- Learn the process for compiling and submitting a claim for reimbursement
- Identify meal planning and documentation requirements
- Recognize civil rights and training requirements







The Child and Adult Care Food Program also known as the CACFP is administered at the federal level by the United States Department of Agriculture (USDA). USDA sets the rules and regulations for the CACFP and provide federal funds to the states.

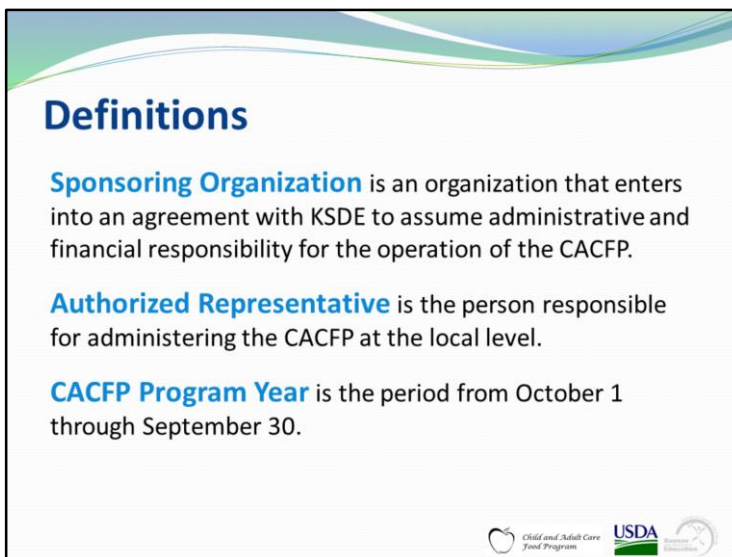
In Kansas the CACFP is administered by the Kansas State Department of Education (KSDE). KSDE provides reimbursement funds to centers. KSDE provides training, technical assistance and monitors the CACFP programs.

The center or “Sponsor” provides nutritious meals to enrolled participants and keeps detailed records documenting: attendance, menus, meals, participant enrollment, and tracking how reimbursement funds are spent.

Please note that the CACFP program requires:

- Detailed daily record keeping
- Being organized each month
- Being responsive and timely with submitting needed information monthly and yearly

If you or your organization do not keep detailed records, this may not be the program for you.






Definitions

Sponsoring Organization is an organization that enters into an agreement with KSDE to assume administrative and financial responsibility for the operation of the CACFP.

Authorized Representative is the person responsible for administering the CACFP at the local level.

CACFP Program Year is the period from October 1 through September 30.

The Sponsoring Organization or Sponsor can be a single center or it could be a business which has several centers (such as La Petite, etc.)

The Authorized Representative (AR) is the person responsible for administering the CACFP at the local level. The AR receives all correspondence from KSDE, disseminates information timely to the right persons, prepares and signs reports & claims, compiles renewal documents, documents financial accountability, attends training and provides CACFP training to center staff. The AR is not required to do everything but they are responsible for making sure items are done.



The CACFP encompasses a number of different types of programs. The different center programs types are:



- Adult Day Care
- Child Care Center
- Head Start
- Outside School Hours Care Center
- Emergency Shelter
- At-Risk Afterschool Meals Program

The At-Risk Afterschool Meals Program is an approved site that is located within the boundary of a school that has 50% or greater free and reduced priced participation and provides care for school age children after their school day has ended.

Resources

- Administrative Handbook
- Crediting Foods
- Meal Documentation Guide
- Infant Feeding Guide
- Child Nutrition & Wellness Website

www.kn-eat.org, CACFP, Guidance

The Administrative Handbook is the resource containing the program regulations and guidelines for the program.

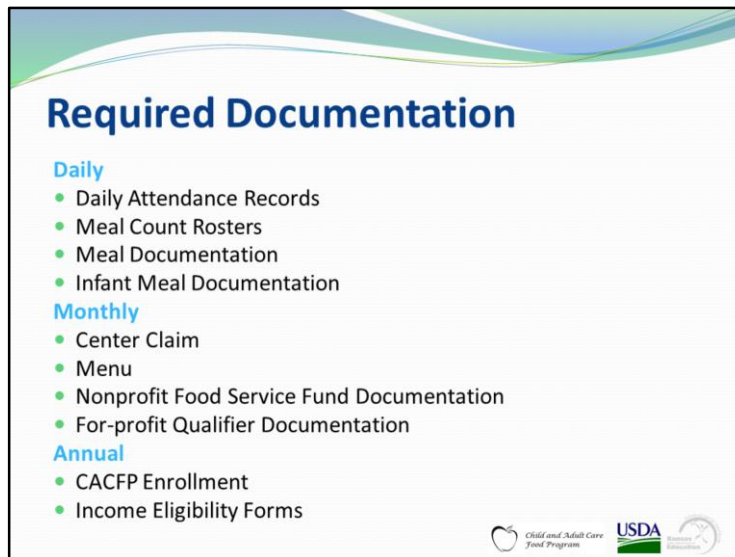
Crediting Foods is the resource for planning CACFP menus.

Meal Documentation Guide is a resource for planning CACFP menus and documenting meals prepared by the center. A separate class, CACFP Jump Start – Meals Done Right, will go into more detail using both the Crediting Foods book and the Meal Documentation Guide.

Infant Feeding Guide is the resource for feeding and claiming infant meals. A separate class, CACFP Jump Start – Infant section, will go into more detail on the infant program.

All of these resources are available on the Child Nutrition & Wellness website, www.kn-eat.org, CACFP, Guidance.



A presentation slide titled "Required Documentation" with a decorative wavy header in shades of green and blue. The slide lists required documentation in three categories: Daily, Monthly, and Annual. At the bottom right, there are logos for the Child and Adult Care Food Program, USDA, and a circular seal.

Required Documentation

Daily




- Daily Attendance Records
- Meal Count Rosters
- Meal Documentation
- Infant Meal Documentation

Monthly

- Center Claim
- Menu
- Nonprofit Food Service Fund Documentation
- For-profit Qualifier Documentation

Annual

- CACFP Enrollment
- Income Eligibility Forms

There are a number of records that must be kept for the CACFP. Each record will be discussed as part of this training.



Enrollment Requirements

<p>Child Care</p> <ul style="list-style-type: none"> ▪ Date of Birth ▪ Regular Times ▪ Days of Care ▪ Meals Served While in Care ▪ Ethnic & Racial Classification ▪ Parent Signature & Date ▪ Annually 	<p>Adult Care</p> <ul style="list-style-type: none"> ▪ Participant Name ▪ Date of Birth ▪ Ethnic & Racial Classification ▪ Participant/parent/guardian signature & date <p>At-Risk Afterschool Meals Program</p> <ul style="list-style-type: none"> ▪ Ethnic & Race Classifications
--	--

Confidential

Child and Adult Care Food Program USDA

Children participating in the CACFP must have a current and complete enrollment form on file. The enrollment form must be completed **annually** by the parent/guardian, not staff. Each element of enrollment must be completed: Child's name and date of birth, regular times and days of care, meals served while in care, and parents must sign and date the form.

The ethnic and racial classification section must also be completed. However, this is optional for parents to complete. If the parent chooses not to provide the ethnic and racial classification, then the center staff must complete the classification to the best of their ability and initial the enrollment form with the date to show they made the classification.

Children who have an incomplete or expired enrollment are not eligible to be counted in the income category counts or have their meals claimed for reimbursement.

Adult participants are required to only provide the participant's name and date of birth, and be signed and dated by the participant or parent or guardian.

At-Risk Afterschool Meals Programs are only required to collect the ethnic and race classification of their participants annually, and no enrollment form is required.

Information contained in either the Enrollment Form or the Enrollment and Income Eligibility Form is confidential and protected by the National School Lunch Act. Sponsors must protect this information and keep it confidential.



Ethnic & Race Classifications

Ethnicity
H = Hispanic or Latino
N = Not Hispanic or Latino

Race
W = White
B = Black or African American
I = American Indian or Alaskan Native
A = Asian
P = Native Hawaiian or Other Pacific Islander

Administration Handbook, Form 6-E

Child and Adult Care Food Program USDA

Ethnicity must be determined first. Hispanic or Latino means a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The next step is to classify the race of participant. A participant can be in one or more race classifications. The different race classifications are defined as follows:

White is a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

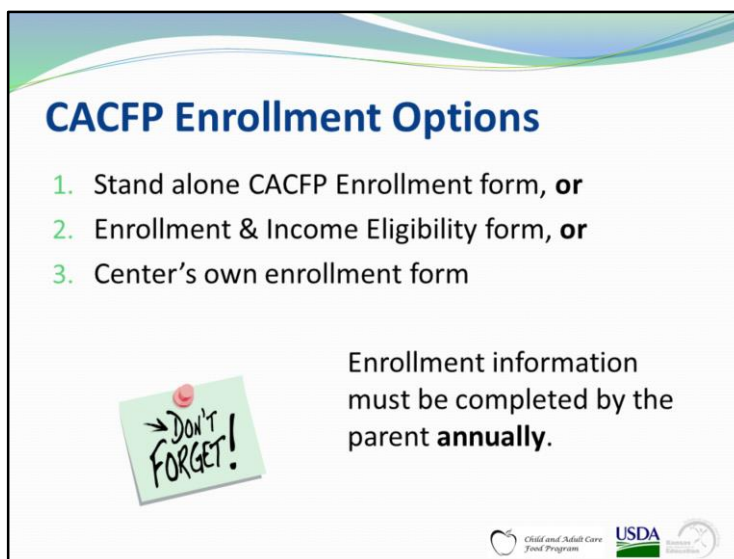
Black or African American is a person having origins in any of the black racial groups of Africa.

American Indian or Alaskan Native is 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.

Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

The definition of each of these classifications can be found in the Administrative Handbook Form 6-E Ethnic and Race Classifications.





CACFP Enrollment Options

1. Stand alone CACFP Enrollment form, **or**
2. Enrollment & Income Eligibility form, **or**
3. Center's own enrollment form

Enrollment information must be completed by the parent **annually**.



CACFP enrollment can be collected in three different ways.

The stand alone CACFP Enrollment Form is used by centers that do not collect income forms, such as Head Start programs and all paid centers.

The Enrollment & Income Eligibility Form is used by most sponsors since the enrollment is included on the income form.

Sponsors can create their own enrollment form that contains all of the required enrollment elements. If a sponsor chooses to create their own enrollment form it must be submitted to KSDE for approval each year.

Sponsors need to choose **one way** to collect CACFP enrollment.
Parent/guardians do not complete both types of forms.

Important note regarding enrollment: Forms must be completed by the **parent** not the staff and the forms must be completed **annually**.

Area Eligible Programs do not require the enrollment information.

Stand Alone Child CACFP Enrollment Form

- Head Start Centers
- 100% Paid Centers

CACFP ENROLLMENT FORM

Note to Parents/Guardians: Your child(ren) is enrolled for care at a child care center that participates in the Child and Adult Care Food Program (CACFP). By participating in this program, the center is serving a variety of nutritious foods to your child(ren) and receiving reimbursement to assist with food costs. To meet program requirements, the center is required to have parents complete enrollment information annually for each child enrolled for care. This form will be placed in our files and treated as confidential information.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care				Ethnic/Race*	
		Arrival Time	Leave Time	M	T	W	T	F	S	S	Br	Ln	Dn	Sn	Ethnicity	Race

*ETHNICITY (Select one and enter in chart above): H=Hispanic or Latino or N=Not Hispanic or Latino
 *RACE (Select one or more and enter in chart above): W=White, B=Black or African American, P=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or Other Pacific Islander

Name and Address: _____ Signature: _____

Print Name _____ Signature of Parent or Guardian _____ Today's Date _____

This is a sample of the Stand Alone Child CACFP Enrollment Form that is used by Head Start or 100% paid centers. A copy of this form is available in the Handouts & Activities Booklet. This form is also available in Spanish in the Administrative Handbook.

The Stand Alone Enrollment Form can be used when a parent/guardian refuses to fill out the Enrollment & Income Eligibility Form. In this case the participant with the completed enrollment form would be counted in the paid category.

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Part 1 – Participant Enrollment

Child Care Form

- Enrollment Elements
- Ethnic/Racial Information
- Foster Child

Adult Care Form

- Enrollment Elements
- Ethnic/Racial Information

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is a foster child (legal responsibility of a foster care agency or the court), please check the box.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care							Ethnicity/Race*		Foster Child		
		Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A	M	L	P	D	E	V	Ethnicity		Race	
																						<input type="checkbox"/>
																						<input type="checkbox"/>
																						<input type="checkbox"/>
																						<input type="checkbox"/>

*Ethnicity (select one): H=Hispanic or Latino or N=Not Hispanic or Latino
*Race (select one or more): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or other Pacific Islander

Part 1 contains the enrollment information. All columns must be completed in order to count for enrollment purposes.

Before copying, “gray-out” the meal types that are not served, such as supper and evening snack.

On the far right are the columns for ethnicity and race. Parents are not required to complete these columns. However, if the parent does not complete the information, then the center must. A staff member from the center makes a visual observation, completes both columns, initials and dates the form.

A school age child may be indicated on two lines – one line for the schedule when school is in session and the second line for the schedule when school is NOT in session.

If the child is a foster child (legal responsibility of the state) the parent will check the ‘Foster Child’ box on the right. If a child is the legal responsibility of the state they are eligible in the free category. Foster children can be listed on the same Enrollment & Income Eligibility Form as other foster family children. The biological/adopted children of the family can be included in the same form.

Adult centers are not required to collect all the enrollment data. Adult participants must list the participant’s date of birth and then provide their ethnic/racial information in Part 1.

At-Risk Afterschool Meals Programs do not require the Enrollment & Income Eligibility Form.

Part 2 – Households Receiving Benefits

<p>List Program Name</p> <ul style="list-style-type: none"> • FAP (Food Assistance Program) • TAF (Temporary Assistance for Families) • FDPIR (Food Distribution Program on Indian Reservations) • SSI (Supplemental Security Income) - Adult programs only • Medicaid - Adult programs only 	<p>List Case Number</p> <ul style="list-style-type: none"> • FAP/TAF case number (8 digits beginning with 01 or 02)
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Part 2. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR): Complete Parts 1, 2 and 4.

Program Name: _____ Case No. _____

A parent can provide the program they receive assistance from (food assistance, temporary assistance to families, etc.) and case number for any of the programs listed on the slide. By providing the case number, the family automatically qualifies for the free category and does not have to list the family's income in a later section of the form.

A valid case number for the Food Assistance Program or TAF is 8 digits. It is NOT the 16-digits on the VISION card. A VISION card could include multiple programs from the Department for Children and Families (DCF) (previously SRS) and does not guarantee that the family receives food assistance. The 8-digit number must begin with 01 or 02. An 8-digit number beginning with 00 is for child care subsidies, not Food Assistance or TAF. Child care subsidies is **not** an automatic qualifier in the CACFP.

If a parent does not know their Food Assistance case number, the parent should contact their DCF office or social worker. The case number is on a letter that the parent received when they started receiving food assistance benefits. If the parent cannot obtain the case number, the family can complete the income section of the form to determine if they qualify for free meals.

Adult program qualifiers include the Food Assistance Program, Temporary Assistance to Families, Food Distribution Program on Indian Reservations, and also Supplemental Security Income and Medicaid.

Part 3A – Exceed Income



Weekly Income X 52 ♦ Every 2 Weeks Income X 26

Twice a Month Income X 24 ♦ Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	Each Additional Family Member
Annual Income:	\$21,775	\$29,471	\$37,167	\$44,863	\$52,559	\$60,255	\$67,951	+ \$7,696

Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES: Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on reverse side), check this box ☐

Part 3A - The parent/guardian will look at the chart on the front page of the form and determine if their total annual household income is within the income guidelines or over the income guidelines. If it is over the income guidelines then they can check the box under part 3A. If the income is within the income guidelines they will complete part 3B.

Part 3B – All Other Households

- Name of each household member
- Income for each household member
- Last 4 digits of the Social Security Number of person signing the form

Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a FAP, TAF or FDIPIR case number: Complete Parts 1, 3B and 4.

GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed)
 W=Weekly E=Every 2 weeks M=Twice monthly L=Monthly Y=Yearly

List the Names of All Household Members not listed in Part 1 (Example: Jane Smith)	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		Check if zero income
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
1	\$100	W	\$100	W	\$100	W			<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>
5									<input type="checkbox"/>
6									<input type="checkbox"/>

Social Security Number of Household Member who signs form: XXX-XX-XXXX
 Last four digits of Social Security Number: XXX-XX-XXXX

If you do not have a Social Security Number, check this box: ☐

Privacy Not Statement: The Federal Child Nutrition Information Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you sign on behalf of a foster child or you file a food assistance program (FAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FAP) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the CACFP.

Part 3B is where all household income is to be reported. All household members will be listed along with any income they receive. If a child listed in part 1 does not have any income, they do not need to be listed in part 3B. All other household members must be listed with their income. If they do not have any income, then the box for zero income must be checked.

Please note that if a child listed in part 1 receives income, they also need to be listed in part 3B with their income included in the total household income.

Forms that have income listed in Section 3B must contain the last four digits of the social security number of the person completing and signing the form. If they do not have a social security number they must mark the box stating no social security number. This is the only section that requires the social security number.

Part 4 - Signature

Required

- Parent/Guardian signature
- Date of signature

Recommended

- Contact Information

Part 4. SIGNATURE AND CONTACT INFORMATION:
I certify that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.

Signature of Parent or Guardian _____ Date _____

Print Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Daytime Telephone _____
 Employer(s) _____

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Child and Adult Care Food Program USDA

Part 4 must be completed by everyone – a signature is required. It is applicable to enrollment information, foster children, assistance programs, and those supplying household income.

The contact information section is recommended, but is optional for parent/guardian to complete.

The parent or guardian signs and dates the form and provides the contact information.

All information on this form is confidential, and it must be kept private and not disclosed to anyone.



Income Category Determination

- Sponsor must determine the form
 - Complete the blanks/boxes
 - Sign and date

FOR CENTER USE ONLY

____ FAPITAF/FDPIR HOUSEHOLD
 ____ Homeless Documentation from school, emergency shelter, or agency
 ____ ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____

Sponsor's Determining Signature _____ Date _____
 Sponsor's Confirming Signature _____ Date _____

HOUSEHOLD CATEGORY: ☐ Free
☐ Reduced Price
☐ Paid

Foster Child – Free Category
 List name of foster child(ren): _____

Child and Adult Care Food Program USDA

After the parent completes the form, it is time for the Sponsor to make a **determination**. This means the sponsor decides what category – free, reduced, or paid – the family's income qualifies for, based on the guidelines. The Sponsor's Official, usually the center director, completes the blanks and then signs and dates the form to make it valid.

A determination is good for one year. It is effective back to the first day of the month and expires 12 months later. For example, if a form was determined on July 20, it is effective July 1, of this year and expires one year later on June 30 of next year.

Income Eligibility Guidelines			
Household Size	Annual Income		
	Free	Reduced Price	Paid
1	0 - 15,301	15,302 - 21,775	21,776+
2	0 - 20,709	20,710 - 29,471	29,472+
3	0 - 26,117	26,118 - 37,167	37,168+
4	0 - 31,525	31,526 - 44,863	44,864+
5	0 - 36,933	36,934 - 52,559	52,560+
6	0 - 42,341	42,342 - 60,255	60,256+
7	0 - 47,749	47,750 - 67,951	67,952+
8	0 - 53,157	53,158 - 75,647	75,648+
9	0 - 58,565	58,566 - 83,343	83,344+
10	0 - 63,973	63,974 - 91,039	91,040+
Each Additional Family Member	+5,408	+7,696	

USDA updates the income eligibility guidelines for nutrition programs each year. The guidelines go into effect July 1st and are good for one year expiring on June 30th the following year. A copy of the current Income Guidelines is in the Handouts & Activities packet.

Use the Income Eligibility Guidelines to determine the household's income eligibility. All income must be converted to annual income: weekly income is taken times 52; biweekly or every 2 weeks income is taken times 26; bimonthly or twice a month income is taken times 24; and monthly income is taken times 12.

To determine total household income, calculate each household members' annual income, and then total all annual income for a total household income. Next, count all members of the household to determine household size. Using the chart find the household size in column one then go across the columns and find the range that the total household income falls under. For example, a household of three with an income of \$34,000 would be in the reduced price category.

Enrollment and Income Eligibility Guidance

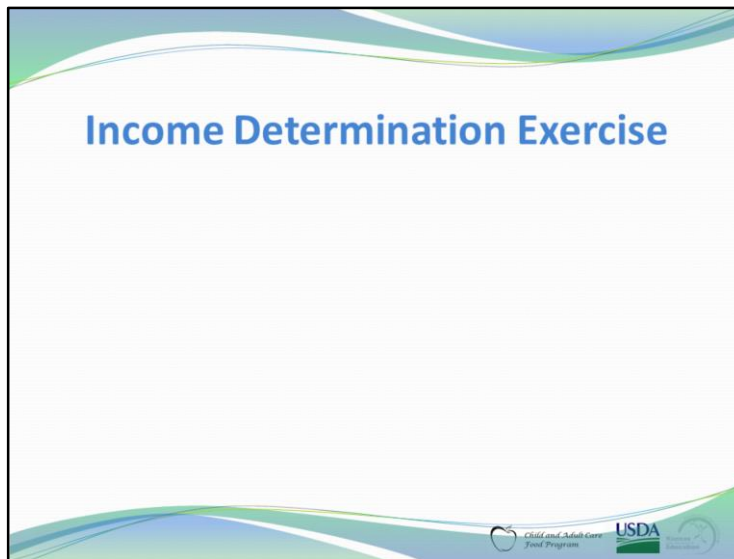
2016 Enrollment and Income Eligibility Guidance

Participants are *only* eligible for the free or reduced price meal category when a completed income form has been approved. Forms cannot be approved until all required information is completed.

Abbreviations: FAP Food Assistance Program
 FDPIR Food Distribution Program on Indian Reservations
 DCF Department for Children and Families
 SSN Social Security Number
 TAF Temporary Assistance to Families
 E-IEF Enrollment & Income Eligibility Form
 SSI Supplemental Security Income

ERROR or SITUATION	ACTION REQUIRED
A. Child Enrollment (Part 1)	
1. Child's Date of Birth has been left blank.	Application cannot be determined until it is complete. The form must be returned to the parent/guardian to complete the child's date of birth.
2. Times of Care has been left blank.	Application cannot be determined until it is complete. The form must be returned to the parent/guardian to complete the regular times of care, arrival times and departure times.
3. Regular Days of Care has been left blank.	Application cannot be determined until it is complete. The form must be returned to the parent/guardian to complete the regular days the child will be in care.
4. Meals Served During Care has been left blank.	Application cannot be determined until it is complete. The form must be returned to the parent/guardian to complete the meals served to the child during their time in care.
5. Ethnic/Race classifications have been left blank.	The parent/guardian has the option of completing this information or not. If they choose to not provide the information the center staff MUST complete the information to the best of their ability and mark the form in the space above this section with their initials and the date classification was made.
6. Parent listed drop in for the child's enrollment information.	Application cannot be determined until it is complete. The form must be returned to the parent/guardian to complete all components of enrollment: child's date of birth, times child may be in care, days the child may be in care, and meals that may be served while the child is in care. Parents should mark the form for any possible time, days, and meals that the child might be in care.

Locate in the Handouts & Activities Booklet the Enrollment and Income Eligibility Guidance. This tool will provide guidance in completing the income eligibility determinations.



Turn to the “Income Eligibility Guidelines” and “Enrollment and Income Eligibility Guidance” in the Handouts & Activities Booklet. Use these guidelines to make the eligibility determination on the Enrollment & Income Eligibility Form exercise forms. Child care centers will complete Child IEF Examples 1-4 and adult care centers will complete Adult IEF Examples 1-2.

Tyler Banks, Example 1

- JR Banks – income \$900-\$950, 2 weeks
 $\$950 \times 26 = \$24,700$
- Jamie Banks – income \$475, 2 x month
 $\$475 \times 24 = \$11,400$
- Total income – $\$24,700 + \$11,400 = \$36,100$
- Box marked for No Social Security Number

FOR CENTER USE ONLY	
FAPITAF/DFPIR HOUSEHOLD	
Homeless Documentation from school, emergency shelter, or agency	
X	ANNUAL INCOME: <u>\$36,100</u>
	HOUSEHOLD SIZE: <u>3</u>
Signature	Date of Signature
Sponsor's Determining Signature	Date
HOUSEHOLD CATEGORY: <input type="checkbox"/> Free <input checked="" type="checkbox"/> Reduced Price <input type="checkbox"/> Paid	
Foster Child - Free Category List name of foster child(ren):	

Answer key: Tyler Banks, Example 1.

Income is reported for JR Banks as a range of \$900 - \$950 every two weeks. When a range is given, the highest value must be used. JR's annual income is \$24,700.

Jamie has reported income of \$475 two times a month, so Jamie's annual income is \$11,400. To calculate the annual household income add JR and Jamie's income for a total annual income of \$36,100.



The social security requirement is met because the box for no SSN is marked.

Mark the annual income and list the total \$36,100 and the household size of three. Look at the Income Eligibility Guidelines and for a household of three with annual income of \$36,100 the family is eligible in the reduced price category. Mark the "Reduced Price" box and then sign and date the form.

Elkins Family, Example 2

- Valid Food Assistance Case Number
- Form Valid for 1 year

FOR CENTER USE ONLY	
<p><input checked="" type="checkbox"/> FAP/TAF/FDPIR HOUSEHOLD</p> <p>_____ Homeless Documentation from school, emergency shelter, or agency</p> <p>_____ ANNUAL INCOME: _____</p> <p>_____ HOUSEHOLD SIZE: _____</p> <p style="text-align: center;"><i>Signature</i> <i>Date of signature</i></p> <p>Sponsor's Determining Signature Date</p>	<p>HOUSEHOLD CATEGORY: <input checked="" type="checkbox"/> Free</p> <p style="padding-left: 20px;"><input type="checkbox"/> Reduced Price</p> <p style="padding-left: 20px;"><input type="checkbox"/> Paid</p> <p>Foster Child – Free Category</p> <p>List name of foster child(ren): _____</p>

Answer key: Elkins Family, Example 2.

The food assistance case number reported is eight (8) digits and begins with 01, so it is a valid case number. The determining official will mark the FAP/TAF/FDPIR Household, check the free category, then sign and date the form.

The determination is valid for one year from the beginning of the month the form was signed by the determining official. For example, if the form is signed by the determining official on October 16th, the form is eligible beginning October 1, 2014 and will expire September 30, 2015.

Valdez/Jackson, Example 3

- Foster Children – Grace & Caleb Jackson
- Maria Garcia – \$875 week
 $\$875 \times 52 = \$45,500$
- Andrew Valdez – \$750 month
 $750 \times 12 = \$9,000$
- No Income – Jesus Garcia & Juan Valdez
- Last 4 digits of SSN
- Annual Income – $\$45,500 + \$9,000 = \$54,500$

FAPITAF/IDPIR HOUSEHOLD		FOR CENTER USE ONLY	
Homeless Documentation from school, emergency shelter, or agency		HOUSEHOLD CATEGORY: <input type="checkbox"/> Free	
X ANNUAL INCOME: <u>\$54,500</u>		<input checked="" type="checkbox"/> Reduced Price	
HOUSEHOLD SIZE: <u>7</u> Include foster children		<input type="checkbox"/> Paid	
Foster Child – Free Category		List name of foster child(ren):	
Signature: _____ Date of Signature: _____		Caleb Jackson & Grace Jackson	
Sponsor's Determining Signature _____ Date _____			

Answer key: Valdez/Jackson, Exercise 3.

The Jackson children, Grace and Caleb are foster children. The determining official will write Grace and Caleb Jackson's names under the Foster Child – Free Category. These children are categorically eligible for free meals.

The determining official will have to use the information provided on the form to make the determination for Haley Valdez. Maria Garcia has reported income \$875 a week for an annual income of \$45,500. Andrew has reported income of \$750 per month for an annual income of \$9,000. The total household annual income is \$54,500. The total household size is 7, Grace and Caleb are included in the household count.

The income reported on the form is valid since Maria provided the last 4 digits of her social security number.

Mark the annual income and list the total \$54,500 and the household size of seven, including the foster children. Look at the Income Eligibility Guidelines for a household of seven with annual income of \$54,500. The family is eligible in the reduced price category. Mark the "reduced price" box and then sign and date the form. Do note that while Haley Valdez was determined to qualify for reduced price meals, the foster children will still remain free.

David Walton, Example 4

- Incomplete Enrollment – missing date of birth and meals served
- Invalid Food Assistance Case Number

Part 1. CHILD ENROLLMENT: Complete the information below for all children in care. If the child is a foster child (legal responsibility of a foster care agency or the court), please check the box.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care				Ethnicity/ Race*		Foster Child		
		Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A	P	M	E	E		Ethnicity	Race
Walton, David		7	5	X	X	X	X	X	X								N	B	<input type="checkbox"/>
																			<input type="checkbox"/>
																			<input type="checkbox"/>
																			<input type="checkbox"/>

*Ethnicity (select one): H-Hispanic or Latino, or N-Not Hispanic or Latino
 *Race (select one or more): W-White, B-Black or African American, I-American Indian or Alaskan Native, A-Asian, or P-Native Hawaiian or other Pacific Islander

Part 2. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDIR): Complete Parts 1, 2 and 4.

Program Name: food assistance Case No: 00198754 invalid case number

Answer key: David Walton, Example 4.



The form is invalid due to an incomplete enrollment. The Date of Birth and Meals Served During Care sections are blank. Parent/guardian must complete **all** elements of enrollment; child's name, child's date of birth, times of care, days of care, meals served while in care, and the ethnic/race classification. The center would need to ask the parent to complete the form in its entirety before the determination could be made.

A case number was listed for food assistance, however it begins with a 00 not 01 or 02 so the number is invalid. Case numbers beginning with 00 are child care assistance case numbers. Child care assistance participants are not categorically eligible for free CACFP meals.

Austin Fisher, Adult Example 1

• Valid Medicaid Number – 001-00108765

FOR CENTER USE ONLY	
<input checked="" type="checkbox"/> FAP/TAF/FDPIR/SSI/MEDICAID HOUSEHOLD ANNUAL INCOME: _____ HOUSEHOLD SIZE: _____ <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> <i>Signature</i> Sponsor's Determining Signature </div> <div style="text-align: center;"> <i>Date of Signature</i> Date </div> </div>	HOUSEHOLD CATEGORY: <div style="display: flex; flex-direction: column; gap: 5px;"> <input checked="" type="checkbox"/> Free <input type="checkbox"/> Reduced Price <input type="checkbox"/> Paid </div>

Answer key: Austin Fisher, Adult Example 1.

Austin has a valid Medicaid number. Mark the FAP/TAF/FDPIR/SSI/Medicaid Household, check the free category, sign and date the form.

Dylan Jones, Adult Example 2

- Brenda Jones – \$1,249 month
 $\$1,249 \times 12 = \$14,998$
- Last 4 digits of SSN

FOR CENTER USE ONLY	
FAP/TAFFDPIR/SSI/MEDICAID HOUSEHOLD	
<p>X ANNUAL INCOME <u>\$14,998</u></p> <p>HOUSEHOLD SIZE <u>2</u></p> <p><i>Signature</i> _____ <i>Date of Signature</i> _____</p> <p style="font-size: x-small;">Sponsor's Determining Signature Date</p>	<p>HOUSEHOLD CATEGORY:</p> <p><input checked="" type="checkbox"/> Free</p> <p><input type="checkbox"/> Reduced Price</p> <p><input type="checkbox"/> Paid</p>


Answer key: Dylan Jones, Adult Example 2.

Income was reported by Brenda Jones of \$1,249 per month for an annual income of \$14,998. The total household size is 2, Dylan the participant and Brenda.

Mark the annual income listed \$14,998 and household size of two. Look at the Income Guidelines and for a household of two with annual income of \$14,998. The family is eligible in the free category, mark the “free” box and then sign and date the form.

Provide Forms in Translation

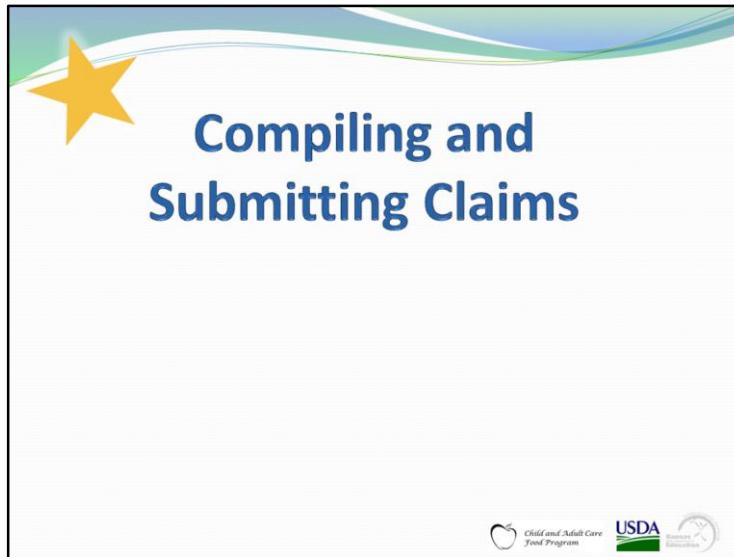
- KSDE provides Spanish translations.
- USDA has 33 language translations that are acceptable but different from the Kansas forms.
 - Go to www.kn-eat.org, Child and Adult Care Food Programs, Resources, USDA CACFP, How to Manage CACFP, Meal Benefit Forms
- Sponsors are required to provide applications in translation.

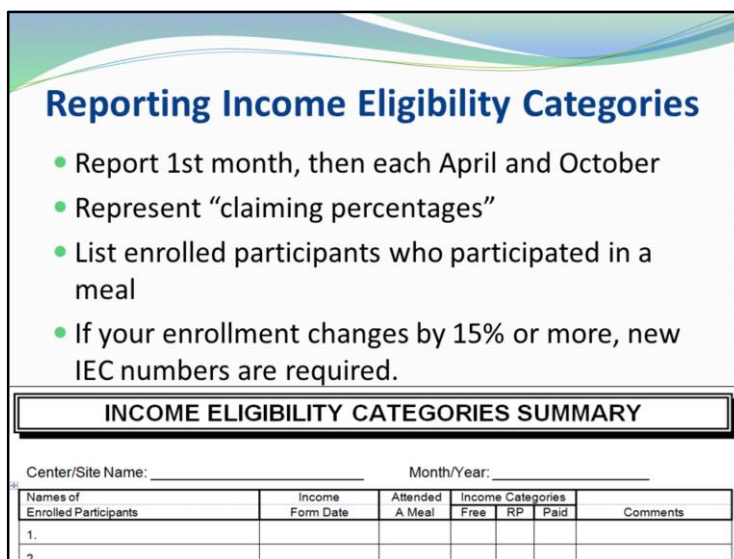


Many households in Kansas do not speak English. The Sponsor is required to provide translations or translators to assist with completing the Enrollment & Income Eligibility Form. KSDE provides Spanish translations of the CACFP Enrollment Form and Enrollment & Income Eligibility Form. These Spanish translations look very similar to KSDE's English forms, which makes it easier for the determining official.

USDA also has available translations of the USDA version of the Meal Benefit Form in 33 different languages. The USDA forms are acceptable, but are quite different from the Kansas forms.

If you use a USDA translation, also obtain USDA's English version so that the determining official will be able to interpret the information being reported by the household.





Reporting Income Eligibility Categories

- Report 1st month, then each April and October
- Represent “claiming percentages”
- List enrolled participants who participated in a meal
- If your enrollment changes by 15% or more, new IEC numbers are required.

INCOME ELIGIBILITY CATEGORIES SUMMARY

Center/Site Name: _____ Month/Year: _____

Names of Enrolled Participants	Income Form Date	Attended A Meal	Income Categories			Comments
			Free	RP	Paid	
1.						
2.						

The Income Eligibility Category Summary Form is in the Handouts & Activities Booklet. This form must be completed for each site for months that income category numbers are reported on the claim. Report the income category numbers for the first month of participation and then each April and October. The income category numbers reported are calculated into “claiming percentages” on which reimbursement is based.

To complete the form, list the site name and the month/year of the claim month. Then list the name of each enrolled participant who participated in at least one meal during the claim month. The date the Enrollment/Income Eligibility Form (E/IEF) was determined for the participant will be entered as the income form date. Place a check mark under “attended a meal” if the participant ate at least one meal during the claim month. The income categories will be taken from the E/IEF determined forms. If there are comments to remember about a participant, note these in the comments section. Once all participants’ information has been entered, total each income category column. These totals will be the numbers that will be recorded on the claim. Note: children who participate only in the Area Eligible Program would not be listed on the Income Eligibility Categories Summary.

If you have a computer system that can generate a similar form, it may be used. The Income Eligibility Category Summary will be kept on file with the original copies of the E/IEF’s.

If enrollment changes by 15% or more, new income category counts must be submitted on your claim, and a new Income Eligibility Category Summary for this claim month must be submitted.

Daily Attendance and Meal Count

- Participant's complete name
- Daily attendance recorded
- "Point of Service" meal counts
- Claim no more than 2 meals/1 snack, or 1 meal/2 snacks per participant per day

Daily Attendance and Meal Count Roster
 Child and Adult Care Food Program

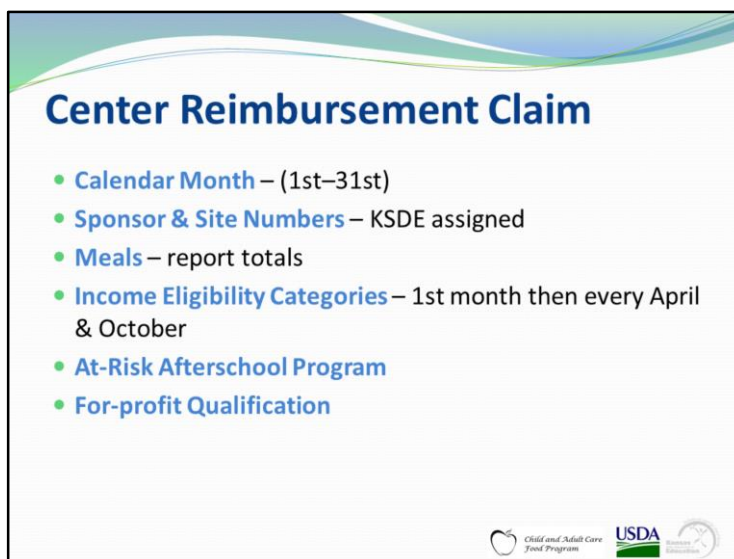
Week of: _____
Classroom: _____

	Name	Monday				Tuesday				Wednesday				Thursday				Friday			
		A	BR	LU	PM	A	BR	LU	PM	A	BR	LU	PM	A	BR	LU	PM	A	BR	LU	PM
1																					
2																					
3																					
4																					
5																					
6																					

Centers are required to take daily attendance and "point of service" meal counts. "Point of service" meal counts means that the meal count is taken **during** the meal service.

Examples of Daily Attendance and Meal Count Rosters are available in the Handouts & Activities Booklet. The example shown here is for three meals/eating times: breakfast, lunch and PM snack. To complete this form, the staff list all of the participants' full names and mark the A column each day that each participant was in attendance. Then during each meal service they mark who participated for that meal. At the end of the day each column count is totaled. At the end of the week the daily totals are added to get a total weekly count for the following: attendance, breakfast, lunch, and snack.

In CACFP, reimbursement may be claimed for only two meals and one snack, or one meal and two snacks per participant per day. Even if more than three meals each day are being served, three per participant is the maximum that may be claimed. CACFP claims are for a calendar month. If a month ends midway through a week, the center would need to start a new form for the next month's attendance and meals.



A copy of the Center Reimbursement Claim and Claim Instructions are in the Handouts & Activities Booklet.

- Reimbursement claims are for a calendar month, from the first day of the month through the last day of the month.
- The sponsor number and site numbers will be assigned by KSDE and sent with the approval packet.
- Meals are to be consolidated for the center and the totals reported by meal type on the claim.
- Income eligibility category numbers must be reported for your first claim and then only in April and October.
- Area Eligible Program meals are reported separately from the regular center meals.
- For-profit centers will document their qualification to participate on each month's claim. The for-profit qualification will be covered in more detail later in the class.

Claim Submission

KN-CLAIM

Meal Type	Breakfast	All Snacks	Lunch	PM Snacks	Supper	Evening Snacks
(1) Total Meals						
(2) Free	0	0	0	0	0	0
(3) Reduced	0	0	0	0	0	0
(4) Paid	0	0	0	0	0	0

Claim Information (Must reflect the claiming month)

(5) Number of Days Served:

(6) Average Daily Participation:

(7) License Capacity (from site application):

Center Income Eligibility Categories (reported in October and April)

(8) Number of Free:

(9) Number of Reduced:

(10) Number of Paid:

For Profit Centers Only

(11) Total Enrollment:

USDA Thrift (total sales or Medicaid Title XIX (total sales))	Free/Reduced-Priced Children	Eligibility %
(12) <input type="text"/>	(13) <input type="text"/>	(14) <input type="text"/>

Note: Once this button is checked and the claim has been submitted, the claim can only be modified by a state agency representative.

(15) This organization certifies that 25% of the enrollment or licensed capacity (whichever is less) of this center are 50% Free, 50% Reduced Price, or Free/Reduced Price children. In addition, I certify that to the best of my knowledge and belief, this claim is true and correct in all respects, that records are available to support this claim, that it is in accordance with the terms of existing agreements, and that payment therefore has not been received.



(16) This organization certifies that the center does not meet the 25% eligibility and that this claim will not be submitted.

Claim Submission

- Mail
- Internet

Deadlines

- File within 60 calendar days
- Revision within 90 calendar days




Reimbursement claims can be submitted to KSDE two ways: by mail or by internet. The recommended way to submit is by the internet through our KN-CLAIM web-based claiming system.

Claims submitted and in approved status by Monday will be processed on Tuesday and payment will be made on Friday.

Claims must be filed within sixty (60) calendar days from the last day of the claim month to be paid. If there is an error on a claim, a revised claim can be submitted. Claim revisions for an “under” claim, meaning additional money is due to the center, must be filed within ninety (90) calendar days from the last day of the claim month. Claim revisions for an “over” claim, meaning the center owes KSDE money, may be filed at any time.

Qualifying For-Profit Center Claim

- A For-Profit child care center is required to have 25% or more of its enrolled participants or license capacity (whichever is less):
 - eligible for free or reduced price meals, or
 - receiving child care subsidies
- A For-Profit adult center must meet the 25% requirement with participants receiving
 - Medicaid
- Qualifying information is reported on the claim by
 - Submitting a list of qualifying participants to KSDE
 - Filing a copy of the list with their monthly claim
- For-Profit qualifying list – Administrative Handbook, Forms 12 D, E, & F

A For-Profit center must qualify to participate in the CACFP each month. To qualify, a child care center is required to have 25% or more of its enrolled participants or license capacity (whichever is less), be eligible for free or reduced price meals, or be receiving child care subsidies. Adult care centers must meet the 25% requirement with participants receiving Medicaid.

Centers report their qualifying information on the claim. Centers are also required to submit a list of qualifying participants to KSDE along with their claim. A copy of the list will need to be kept on file with the sponsor's claim.



The For-Profit monthly qualifying numbers are separate from a Center's claiming percentages.

Samples of the For-Profit qualifying list can be found in the Administrative Handbook, Forms 12 D, E, & F.

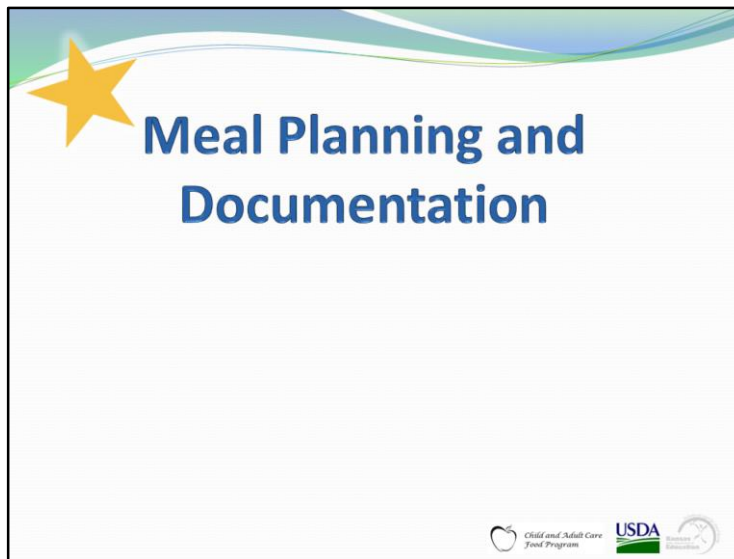
Reimbursement Rates (Rates Per Meal)

	Paid	Reduced Price	Free
Breakfast	\$0.29	\$1.36	\$1.66
Lunches/Suppers*	\$0.52	\$2.90	\$3.30
Snacks	\$0.07	\$0.42	\$0.84

*Kansas receives Cash-in-Lieu of commodities.

Sponsors of the CACFP will receive reimbursement for each meal served that meets CACFP meal pattern requirements and proper documentation is on file. Rates vary based on whether a participant falls into the paid, reduced price or free category and is also based on the meal that is served. Sponsors of the CACFP can claim up to two meals and one snack or 1 meal and two snacks each day.



Meal Pattern

Components

- Fluid Milk
- Meat/Meat Alternate
- Fruit/Vegetable
- Bread/Grain

Child & Adult Care Meal Pattern

BREAKFAST

Age:	1-2	3-5	6-12	Adults
Fluid milk	1/2 cup	1/2 cup	1 cup	1 cup
Fruit or fruit or vegetable	1/2 cup	1/2 cup	1/2 cup	1/2 cup
Grains/bread	1/2 slice (1/2 serving)	1/2 slice (1/2 serving)	1 slice (1 serving)	2 servings (2 slices)
or cold dry cereal	1/2 cup (1/2 oz.)	1/2 cup (1/2 oz.)	1/2 cup (1 oz.)	1 1/2 cup (2 oz.)
or cooked cereal	1/2 cup	1/2 cup	1/2 cup	1 cup

SNACK

Select two of the following four components.
Juice may not be served when milk is served as the only other component.

Age:	1-2	3-5	6-12	Adults
Fluid milk	1/2 cup	1/2 cup	1 cup	1 cup
Fruit or fruit or vegetable	1/2 cup	1/2 cup	1/2 cup	1/2 cup
Meat or meat alternate	1/2 oz.	1/2 oz.	1 oz.	1 oz.
or 2 oz. (1/2 cup)	2 oz. (1/2 cup)	4 oz. (1/2 cup)	4 oz. (1/2 cup)	4 oz. (1/2 cup)
Grains/bread	1/2 slice (1/2 serving)	1/2 slice (1/2 serving)	1 slice (1 serving)	1 slice (1 serving)

LUNCH/SUPPER

Age:	1-2	3-5	6-12	Adults
Fluid milk	1/2 cup	1/2 cup	1 cup	1 cup (Lunch only)
Meat for poultry or fish for cheese or meat alternate	1 oz.	1 1/2 oz.	2 oz.	2 oz.
Vegetables	1/2 cup (Total)	1/2 cup (Total)	1/2 cup (Total)	1 cup (Total)
Grains/bread	1/2 slice (1/2 serving)	1/2 slice (1/2 serving)	1 slice (1 serving)	2 slices (2 servings)

1. Pasture and low-fat milk are to be served to CACFP participants who are 2 years and older (1%, 2%, or 3%). Fluid milk served to participants who are 1 year old (12 months thru 23 months) may be any fat content.
2. An equivalent serving of an acceptable bread product such as cornbread, biscuits, rolls, muffins, etc. made of enriched flour or whole grain, or a serving of cooked rice or whole grain rice or macaroni or pasta products.
3. Either volume (cup or ounce) or, whichever is less.
4. Serve 2 or more ounces of fruit and/or vegetables. Full-strength fruit or vegetable juice may be counted to meet not more than one-half of this requirement.
5. Either portion as served.

A copy of the Child and Adult Care Meal Pattern is available in the Handouts & Activities booklet. The meal pattern is based upon meal components: milk, fruit/vegetable, bread/grain, and meat/meat alternate. The required components must be served in at least the minimum quantity for each age group.

Breakfast must contain three (3) meal components: milk, fruit/vegetable, and bread/grain. Lunch and supper must contain five (5) components: milk, two (2) sources of fruit/vegetable, bread/grain, and meat/meat alternate. Snacks must contain two (2) different components, that is, two of the four meal components.

A copy of the Infant Meal Pattern Meal Requirements is also available in the Handouts & Activities booklet. This is the meal pattern to follow for serving infants (birth to 1).

Creditable Milk

- Infants (up to age 1)
 - Breast Milk
 - Iron Fortified Infant Formula
- Toddlers (1 year olds)
 - Any fat content
 - Recommend Whole Milk
- Participants age 2 and older
 - Fat-Free (skim)
 - Low-Fat (1/2% or 1%)

NOTE: If 2% or Whole milk served to 2 and older
– Meal is **NOT** reimbursable




Milk served in the CACFP program must meet these requirements:

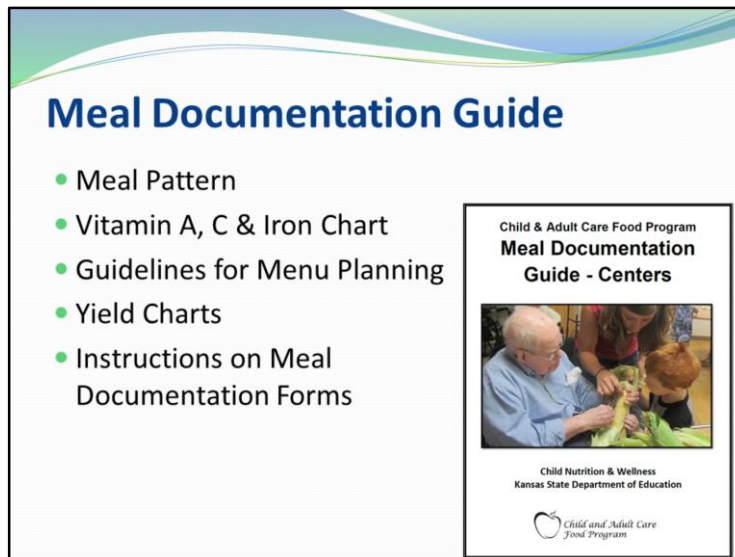
Infants – must receive breast milk or iron fortified infant formula until they turn one (1) year.

Toddlers can be served any fat content of milk. However whole milk is recommended until they turn two (2) years.

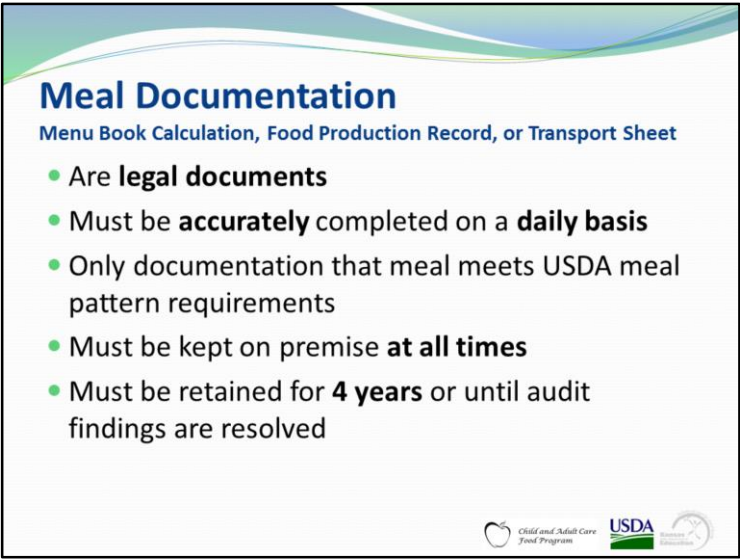
All participants age two (2) and older must have a fat-free (skim) or low-fat (1/2% or 1%) milk. Please note that if 2% or whole milk is served to participants age two (2) and older the meal is **NOT** eligible for reimbursement.



The Crediting Foods book is a resource that is used in menu planning, to determine if a food item is creditable in the CACFP. This book is organized by food component. For each food component chapter, there is an introduction to the component, followed by a food chart that shows if the food item is creditable or not for that component. At the end of the chapter is a question and answer section.




The Menu Documentation Guide provides information on the Meal Pattern, Vitamin and Iron chart, guidelines for menu planning, yield charts for determining number of servings, and instructions on how to complete the Menu Book Calculation pages, Food Production Record, and Transport Sheets.



Meal Documentation

Menu Book Calculation, Food Production Record, or Transport Sheet

- Are **legal documents**
- Must be **accurately** completed on a **daily basis**
- Only documentation that meal meets USDA meal pattern requirements
- Must be kept on premise **at all times**
- Must be retained for **4 years** or until audit findings are resolved




KSDE offers several formats for meal documentation: Menu Book Calculation, Food Production Record, or Transportation Sheets. Each center will choose which type of record to record meals. Each option is discussed below.

Meal documentation records are **legal documents** which **must be accurately completed on a daily basis**. These completed forms are the **ONLY** documentation that the meal being served meets the USDA meal pattern requirements.

All kitchens must complete a record of meal documentation. This record must be kept on the premises **at all times, for 4 years or until audit findings are resolved**. These records must be available at any time for inspection by Child Nutrition & Wellness, Kansas State Department of Education or USDA.

Meal documentation training is conducted at the CACFP Jump Start for Centers.

Meal Documentation Records


- www.kn-eat.org, CACFP, Guidance, Meal Documentation

Meal Documentation
All documents open in a new window

All centers must keep documentation of the daily planned menus and quantities of food prepared for each meal and/or snack claimed for reimbursement. All meal and/or snacks must be documented appropriately and documentation must be available on site for review.

One of the following must be used:

- Menu Book forms – for self-preparation
- Food Production record – for self-preparation
- Transport sheet – for meals transported from a preparation site or for vended meals
- Other – tools developed by the sponsor must have KSDE approval for use



- Menu Book Guide
- Menu Book Calculation Forms
- Sample Menu Book Documentation
- Food Production Record Workbook
(Individual pages can be printed from the tabs along the bottom of the document.)
- Transport Sheet
- Meal Documentation Presentation - September 2014


KSDE has made all meal documentation record forms available on the CACFP website. www.kn-eat.org, CACFP, Guidance, Meal Documentation.

Sponsors need to go to the website to access the type of meal documentation record the center will be using: Menu Book Calculation, Food Production Record, or Transport Sheet. Then the forms need to be downloaded or printed. If the forms are printed it is recommended that the pages are kept in a 3-ring binder.



If a sponsor is not able to access the records from our website, contact KSDE for a copy.

Menu Book Calculation

Meal Components	MONDAY		TUESDAY	
	Quantities Prepared	Portions Served No. of Participants/Staff 45 / 18	Quantities Prepared	Portions Served No. of Participants/Staff 45 / 18
Meat/Meat Alt	Ground Beef 7 lbs. x 7.8 =	54.6	Chicken, purchased fully cooked 5 lbs. x 10.8 =	54
Fruit/Vegetables (2 servings)	Instant Potatoes 1.5 lbs. x 12.5 = C =	18.75 c.	Hardened Beans 1 - #10 can x 12 c. =	12 c.
	Broccoli 5 lbs. x 2.5 c. =	12.5 c. 21.25 c. = 5	Peas 2 - #10 cans x 12 c. =	24 c. 24 c. = 5
		42.5 - 14 c.		72 - 14 c.
Bread/Dairy	Whole Wheat Roll 1 each	50	Tortilla 1 each	45
Milk	2.5 gal. x 21 =	52.5 - 14 c.	2.5 gal. x 21 =	52.5 - 14 c.
Other	Tomato sauce 1/2 cup		Enchilada Sauce	



- Record the number served
- Record food items served
- Record the quantity prepared
- Calculate number of servings available

The first option for meal documentation is the Menu Book Calculation Page. A blank Menu Book Calculation Pages and sample Menu Book Calculation Pages are available in the Handouts & Activities booklet.

To document meals on the menu book calculation page:

- Record the number of participants and staff served
- Record the food item(s) that is being served for the required meal components
- Record the quantities prepared of each food item
- Calculate how many servings that quantity provides

Since this is an introductory class, for now, record the number of participants/staff served, the food item(s) served, and the quantity prepared. For example, at breakfast you would list: ground beef 7 pounds; instant potatoes 1 ½ pounds, broccoli 5 pounds, whole wheat roll 1 each, and milk - 2 ½ gallons.

An additional resource is the Calculation Guide. This handy tool contains most of the yield chart information that is provided in the Menu Book Guide.

Food Production Record

- Record food item served
- Record serving size
- Record quantity prepared
- Record number of planned servings
- Record actual number served
- Record recipe used
- Record temperature

MEAL PATTERN (1)	FOOD ITEMS USED (2)	SERVING SIZE (3)	QUANTITIES PREPARED (4)	PLANNED SERVINGS (5) # SERVED (6)
LUNCH - Must serve all 5 components				
1. Fluid Milk	1. Milk	3/4 cup	1. 4 gal 1% low fat	80
2. Meat/Meat Alternate	2. Hamburger	1 1/2 oz.	2. 10 lbs 90% lean, ground beef	
3. Fruit/Vegetable	3. Peaches	1/4 cup	3. 3 #10 cans sliced	
4. Fruit/Vegetable	4. Mashed Potatoes	1/4 cup	4. 10 lbs fresh	70
5. Bread/Grain	5. Dinner Roll	1/2	5. 4 - 12 oz. pkg whole grain	
Other foods:				

The next type of meal documentation record is the Food Production Record. A blank Food Production Record and a Sample Food Production Record are available in the Handouts & Activities booklet. The sample lists the instructions on how to complete the Food Production Record.

The Food Production Record is completed by recording the:

- Food items used to meet each of the meal components
- Serving size of each food item
- Amount of food that needs to be prepared
- Number of servings planned for
- Number of participants and staff actually served
- Recipes used
- Temperatures

The Food Production Record Workbook located on the website has the following records available:

- Breakfast/AM Snack/Lunch/PM Snack
- Breakfast/Lunch/PM Snack
- Supper/Eve. Snack
- AM Snack/PM Snack
- Breakfast/AM Snack/PM Snack
- Lunch or Supper
- Lunch/AM Snack/PM Snack
- Breakfast/PM Snack

If you choose to complete the Food Production Record, select the record that matches the type of meal service you are providing.




Transport Sheet

Vendor

- Record menu items sent
- Record serving size of each item
- Record the total amount sent of each item
- Record the temperature of the food and time taken

Center

- Check to see all food received
- Record the temperature of the food and time taken
- File the form

The third type of meal documentation record is the Transport Sheet. Transport Sheets are used when the center is purchasing meals from a vendor instead of preparing them. A copy of the Transport Sheet is available in the Handouts & Activities booklet.

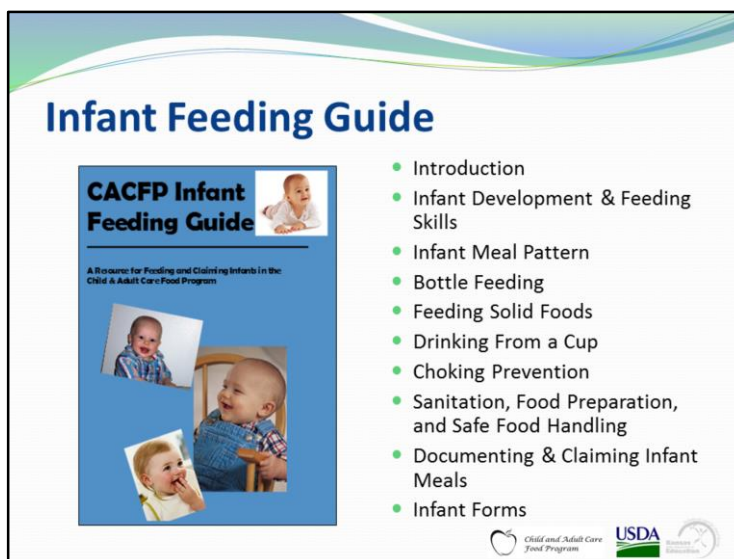
The vendor providing the meal(s) will complete the Transport Sheet and send this record along with the meals to the center.

The vendor will record:

- Menu items sent
- Serving sizes of each menu item
- Total amount of each item sent
- Temperature of the food when it is packed in the kitchen for transporting
- Time the temperature was recorded
- Provide any special notes to the center
- Sign the form

The center will check the food as it is received to ensure that all food items were sent. The center will record:

- Temperature of the food when it is being dished up at the center
- Time the temperature was taken
- Document any special notes that were communicated with the vendor regarding this meal
- Sign form
- File the form



The CACFP Infant Feeding Guide is the resource for feeding and claiming infants in the CACFP. An child in the CACFP is considered an infant from birth until they reach the age of 1-year-old.

KSDE provides an on-line class “Feeding Infants in the CACFP” that covers the requirements for caring for infants in the CACFP. This class can be taken through the KS-Train system. A copy of the KS-Train Online Course Registration is available in the Handouts & Activities booklet.

Also included in the Handouts and Activities booklet is a copy of the Infant Meal Pattern.

Infants Records

CACFP INFANT MEAL OFFER FORM

Facility or Provider Name: _____

Use facility/provider formula offered _____

Please note: This form must be completed for each infant enrolled in care. Review this form whenever the mother discusses introducing the formula or provider changes the brand of formula provided. The parent/signer must discuss the use of formula or the infant is ready to begin semi-solid foods. Remember the use of formula is optional. The facility or provider cannot be required to provide a medical statement, and each child is not allowed under 1 year of age without a medical statement.

Infant Name: _____ Date of Birth: _____

(Check one of the options below for formula; please mark one below company):

_____ I accept the above named formula for my infant.

_____ I decline the above named formula for my infant and I will provide the formula.

_____ I decline the above named formula for my infant and I will provide breast milk.

_____ I accept the above named formula to supplement breast milk.

_____ I decline the above named formula to supplement breast milk and I will provide the formula.

Parent's Signature: _____ Date: _____

(Check one of the options below for infant starting on semi-solid foods):

My infant is developmentally ready to be served semi-solid foods, starting at _____ (age or date to begin)

_____ I accept the semi-solid foods for my infant.

_____ I decline the semi-solid foods for my infant and I will provide the semi-solid foods for my infant.

Parent's Signature: _____ Date: _____

CHILD AND ADULT CARE FOOD PROGRAM
DAILY INFANT MEAL RECORD

Date: _____

NAMES Birth through 3 months	PF BM CF	BREAKFAST	AM SNACK	LUNCH	PM SNACK
		Formula or Breast Milk 6-8 oz	Formula or Breast Milk 4-6 oz	Formula or Breast Milk 4-6 oz	Formula or Breast Milk 4-6 oz

NAMES 4 through 7 months	PF BM CF	BREAKFAST	AM SNACK	LUNCH
		Formula or Breast Milk 6-8 oz	Formula or Breast Milk 4-6 oz	Formula or Breast Milk 4-6 oz

NAMES 8 through 11 months	PF BM CF	BREAKFAST	AM SNACK	LUNCH
		Formula or Breast Milk 6-8 oz	Formula or Breast Milk 4-6 oz	Formula or Breast Milk 4-6 oz

* Acceptable infant formula
 - Infant can be breast fed, but not breast milk only
 - Infant can be breast fed, but not breast milk only
 - Infant can be breast fed, but not breast milk only


Daily Totals: count only those meals
 Breakfast: _____ AM Snack: _____ Lunch: _____

Child care centers participating in CACFP are required to offer CACFP meals to all infants in care. The center will select an approved formula they will provide. The center will list the formula they will provide on the CACFP Infant Meal Offer Form. A copy of this form is in the Handouts & Activities Booklet. Parents of infants must complete an Infant Offer Form to accept or decline the offer of the specified formula. Once the infant has started solids, the parent will accept or decline the offer of the appropriate solids. If the parent accepts the offer of either formula or solids, it is the center's responsibility to provide these foods.

Centers will document infant meals served on the Infant Meal Record showing that the meal meets the minimum requirements for the age of the infant. Copies of the Infant Meal Records are in the Handouts & Activities Booklet.

Additional infant resources are also available in the Handouts & Activities Booklet.

- Choosing a Creditable Iron-Fortified Infant Formula
- Claiming Infant Meals Flow Chart



Nonprofit CACFP Fund

- Clear accounting of CACFP reimbursement and expenditures is required.
- CACFP reimbursement is **only** for the food service program or to improve food service operations.
- Typical expenses: food, non-food items, and CACFP wages.

CACFP Ledger for Food Service Fund

Month/Year:
Instructions for completing the form are on the back.

Date	To/From	Description	Food Service Costs		Wages		Food Reimbursement
			Food	Non-Food	Food Service	CACFP Admin	

The money that is received from the CACFP must be spent on items that improve the CACFP food service operation for CACFP participants.

Keep a ledger or an electronic accounting system to account for the reimbursement money received from the CACFP. The CACFP reimbursement is income. The CACFP money spent for food, non-food items, and cook's wages are expenditures. Non-food items would be: paper plates, napkins, cups, etc. Items such as diapers, baby wipes and gas, would not be included since they do not support the food program.

A ledger is to be completed each month. The amounts reported on the ledger must be supported by receipts that are kept on file.

A copy of the for CACFP Ledger for Food Service Fund is in the Handouts & Activities Booklet.

[illegible]

Sponsors that have more than one site must monitor each site. Sponsors will conduct reviews at each of their sites at least three (3) times each program year. Two of the reviews must be unannounced, and at least one of the unannounced reviews must contain a meal observation. The sponsor will complete the Center Site Review Form during the monitoring visit. A copy of the form is in the Handouts & Activities Booklet.

By completing and signing the Center Site Review form, the sponsor is certifying that the site is completing all the requirements of the program listed on the form. Any areas of non-compliance must be followed up, and that documentation reflected in future visits and Corrective Action Plan.

For each review, Sponsors must also complete a reconciliation of records for five (5) days, which is located at the bottom of the Center Site Review form. The Sponsor will record the center's license capacity and total enrollment, the total daily attendance for five (5) consecutive days, and then record the total meal counts by meal type for those five (5) days. The Sponsor compares the number of enrollments with the total daily attendance recorded to see if there is a discrepancy. The Sponsor then compares the daily attendance numbers for each day with the number of meals claimed by meal type to see if there is a discrepancy. If a discrepancy is found then the Sponsor will check the "Yes" box and put the site on a Corrective Action Plan.



It is important to keep CACFP records organized. If records are missing it could require the sponsor to pay back reimbursement that was received.


Organize all the income information together by filing the Income Eligibility Category List with the Enrollment & Income Eligibility Forms. It is best to organize these alphabetically.

Organize all the monthly records in a file for each calendar month. All CACFP records must be kept on file for 4 years.

Communication

Monthly Update

- Via email
- Posted on website
www.kn-eat.org, CACFP
- Provide program guidance
- CACFP Nutrition Newsletter
- Training announcements



Child Nutrition & Wellness
KSDE 101
 101 DE OF Avenue Topeka, KS 66612-1001 785-266-6000 17171 www.knsde.org

September 26, 2012

Distributed to CACFP Authorized Representatives and Home Sponsors via Listserve
 As posted to www.kn-eat.org Child and Adult Care Food Program, Updates from KSDE

CACFP NUTRITION NEWS
 The October 2012 edition of the CACFP NUTRITION NEWS is now available on-line at www.kn-eat.org. Child and Adult Care Food Program, Newsletters. Be sure to access the newsletter for important updates and information. This issue contains information about Kansas FoodDay and tips for a healthy Halloween celebration.

PROGRAM RENEWAL 2013
 Deadlines for finalizing 2013 program renewal will be established as soon as full access to KNS CLAIM sponsor and/or applications have been received. Your continued patience and cooperation are sincerely appreciated as we work to restore KNS CLAIM. Paper documents that have been completed for renewal can be sent to Child Nutrition & Wellness or your consultant KSDE. Paper documents include as appropriate: Change of Authorized Representative form, Certification, and Verification of Training.

REGISTER FOR FALL WORKSHOPS – Register now for Persons and Garden City
 Enjoy a day of More Than Mugs and Happy Healthy Holidays. Discover for yourself fun activities that will fascinate your children. October 9th Persons and October 18th Garden City still have openings. Nationally recognized trainers will present. KSDE will provide an update. Registration is required. Registration form is available at www.kn-eat.org. Child and Adult Care Food Program, Training.

TRAINING 2012-2013
Food Safety Basics – Each sponsor will be required to have at least one person trained in Food Safety each 3 years. Food Safety Basics classes are the first step to complete this requirement. The 3 hour classes are offered in over 20 locations throughout the state during the fall, spring, and summer. Classes are free. Each attendee receives a certificate that the sponsor will submit for renewal to document the requirement has been met. Information is available at www.kn-eat.org. CACFP Training. Home Sponsors will receive updated training and Food Safety First information presented to providers.

CACFP Administrative Workshop – Each sponsor will be required to send at least one person to CACFP Administrative Workshop annually. Workshops will be taught by consultants at various locations throughout the state in the summer.

CACFP JUMPSTART for Centers – The training required for new CACFP sponsors and encouraged for sponsors with new staff to review issues will coordinate the CACFP Integrity, Menu book, and online training. The next Jumpstart for Centers will be on October 10 in Kansas City. Registration information at www.kn-eat.org. Child and Adult Care Food Program, Training.

The Monthly Update is the monthly communication from KSDE to CACFP sponsors. The update is sent via email, so it is important that your correct email address is used on the Sponsor Application in KN-Claim. The monthly updates are also on our website at www.kn-eat.org, CACFP.

The update contains a link to the monthly CACFP Nutrition Newsletter and training opportunities for the coming month. The update also contains important information regarding the implementation of the CACFP.

Centers must read and follow the guidance provided in the monthly updates.





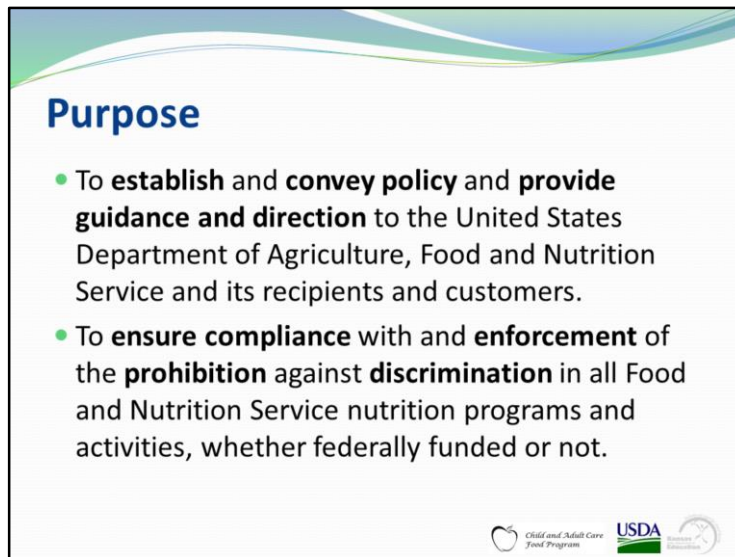
Civil Rights Training Overview

- Purpose
- Training requirements
- What is discrimination
- Protected classes
- Collections and use of data
- Public notification systems
- Long and short statements
- Complaint procedures
- Compliance review and resolution
- Requirements for reasonable accommodations for those with disabilities and language assistance
- Conflict resolution
- Customer service




This slide shows a list of Civil Rights topics to be covered in this section.

The information conveyed in this training is required Civil Rights training information, for USDA Child Nutrition Food Program sponsors, staff and volunteers.



Purpose

- To **establish** and **convey policy** and **provide guidance and direction** to the United States Department of Agriculture, Food and Nutrition Service and its recipients and customers.
- To **ensure compliance** with and **enforcement** of the **prohibition** against **discrimination** in all Food and Nutrition Service nutrition programs and activities, whether federally funded or not.

The purpose is to provide annual training for sponsors of USDA funded Child Nutrition Programs.

Civil Rights training ensures compliance, enforcement and prohibition of discrimination in Child Nutrition programs.

But WHY???

- Ensures that program recipients are being treated without discrimination while participating in Child Nutrition Programs.



Civil Rights requirements allow USDA to ensure that programs provide equal access. Civil Rights data ensures that all program participants are treated equally based on the six protected classes.



Training is required so that people involved in all levels of administration of programs that receive Federal financial assistance understand civil rights related laws, regulations, procedures, and directives. Persons responsible for reviewing Civil Rights compliance must receive training to assist them in performing their review responsibilities. This training may be carried out as part of ongoing technical assistance.

State agencies are responsible for training Child Nutrition Program sponsors. Sponsors are responsible for training their staff, which includes “frontline staff”. Frontline staff is all staff that interact with program applicants or participants and those who supervise “frontline staff”. Training must occur before the staff assumes their duties in Child Nutrition Programs, and annually thereafter. Sponsors must document the training with an agenda and sign in sheet for all participants. The training agenda must include the following minimum training requirements:

- Collection and use of data
- Effective public notification systems
- Complaint procedures
- Compliance review techniques
- Resolution of noncompliance
- Requirements for reasonable accommodation of persons with disabilities
- Requirements for language assistance
- Conflict resolution
- Customer service

A copy of the Annual Civil Rights Training Certification is available in the Handouts & Activity booklet. Sponsor can use this form to have staff sign when they complete their Civil Rights training.



Civil Rights Training Certification

- Train all staff annually
- Document training
- Certify all staff trained
- Keep records on file
- Upload as part of annual certification

ANNUAL CIVIL RIGHTS TRAINING CERTIFICATION

Sponsor # _____ Sponsor Name _____

The following persons have completed the annual Civil Rights training:

Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____
Signature _____	Date _____	Signature _____	Date _____

() By checking this box I am certifying that all staff has completed the annual Civil Rights training requirement of the CACFP for the Program Year: _____

CACFP Authorized Representative Name (s): _____ CACFP JRF Signature _____ Date _____

Keep on file with CACFP documentation.
(Use reverse side for additional signatures)

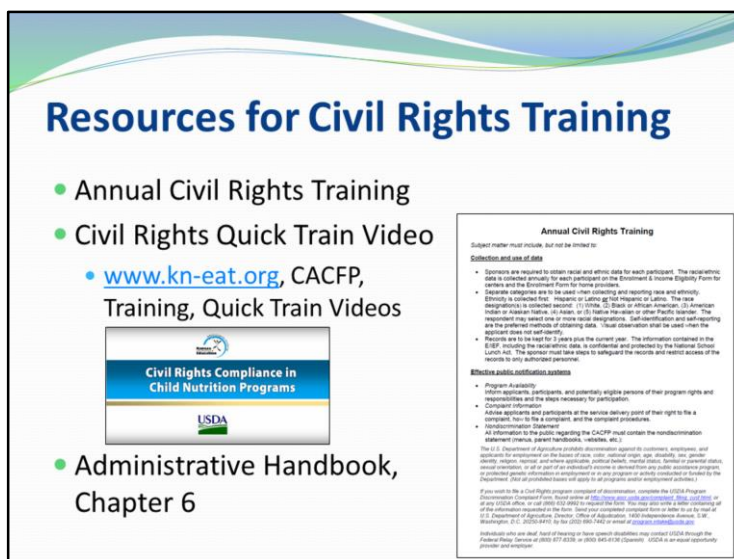
5/2015 Child Nutrition & Wellness, KSDE Form 6D

Annual Civil Rights training must be conducted for all CACFP staff for each program year.

The annual Civil Rights training must be documented to show that the sponsors have trained all staff on Civil Rights for each program year. The Annual Civil Rights Training Certification, Form 6D is available in the document section of the Administrative Handbook. This is a tool that can be used to document and track Civil Rights training. Sponsors can use this tool to have their staff sign and date when they have completed their Civil Rights training.

Sponsors must keep the documentation on file and will upload a copy of the certification into KN-Claim as part of annual certification.

Next we will discuss different resources that can be used to conduct the annual Civil Rights training.



One resource is a written summary titled Annual Civil Rights Training. A copy of the Annual Civil Rights Training is available in the Handouts & Activities booklet.

Training conducted using this tool may be delivered to a group, or Sponsors can give this to their staff to read individually. This resource is also available in Spanish and can be found in the Administrative Handbook, Form 6D.

The Civil Rights Quick Train Video can be found at www.kn-eat.org, CACFP, Training, Quick Train Videos. This video can be shown to staff during a staff meeting to complete the civil rights training requirement. New staff could be shown the training video one on one.

The Administrative Handbook, Chapter 6 reviews Civil Rights and would be an excellent source to use if developing your own Civil Rights training or could be given for individual review in the same manner as the Annual Civil Rights Training tool.

Staff would sign and date the certification when they have completed the training.

What is Discrimination?



- **Denied** benefits or services that others receive
- **Delayed** receiving benefits or services that others receive
- Treated **Differently** than others to their disadvantage





Preventing discrimination is a key component of Civil Rights training. Discrimination complaints are defined as: Any complaint filed by persons (non-employee), organizations or companies who, based on being a member of a protected class, allege discrimination in a program or activity conducted or assisted. Discrimination occurs when participants are... **Denied** benefits or services that others receive, **Delayed** receiving benefits or services that others receive or being treated **Differently** than others to their disadvantage.

What is Discrimination?

- **Refusing** enrollment based on disability
- Failure to provide **reasonable accommodation**
- Serving meals at a **time, place, or in a manner** that is discriminatory
- Failing to provide **non-English** materials







A few examples of potential discrimination may be: refusing a person's enrollment in your program based on disability, failure to provide **reasonable accommodation** to disabled individuals, serving meals at **a time, place, or in a manner** that is discriminatory or failing to provide materials that give non-English speaking persons **full and equal opportunity** to receive benefits.

Child Nutrition programs **often** take place in low income neighborhoods, where due to economic disadvantage (disparity), children and parents have extraneous circumstances to overcome in regard to their food security. Civil Rights are in place to protect children and families from being discriminated against while participating in USDA funded food programs.

Protected Classes

- Race
- Color
- National Origin
- Age
- Sex
- Disability



The illustration shows a central red heart held by several hands of different colors (brown, orange, yellow, green, blue, pink). The background is a colorful, abstract pattern. The hands are positioned around the heart, symbolizing unity and care.

Child and Adult Care Food Program USDA

The protected classes recognized in USDA funded Child Nutrition Programs include:

- Race
- Color
- National Origin
- Age
- Sex
- Disability

Collection and Use of Data

- Required to obtain data by race and ethnic category
- Systems for collecting actual ethnic and racial data may be program specific
- Annual reporting on the ethnic and racial data



Sponsors are required to report **race and ethnicity** of all program participants **annually**. The preferred method of data collection, according to Food and Nutrition Service, is self-identity. For example, a parent checks an ethnicity or race box on their enrollment form. In the case that the no self-identification is made, a visual identification should be documented.

Please remember you cannot ask a child his/her race or ethnicity.

State agencies require annual reporting on the ethnic and racial data of participants during the annual application process. Each child nutrition program area has data collection procedures specific to their program.

Collection and Use of Data: Ethnic Categories

- Not Hispanic or Latino
- Hispanic or Latino
 - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.



Sponsors may develop a system of data collection specific for their individual organization. **Data documentation must be kept for three (3) years plus the current year. When obtaining data, both race and ethnicity need to be recorded for each participant. Ethnicity refers to the question.... Is a person Hispanic or Latino or Not Hispanic or Latino? Participants can choose from either category.**

Collection and Use of Data:
Racial Categories

- **Black or African American** - origins in any of the black racial groups of Africa
- **White** - origins in any of the original peoples of Europe, the Middles East, or North America
- **Asian** - origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** - origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **American Indian or Alaskan Native** - origins in any of the original peoples of North America (including Central America), and maintains tribal affiliation or community attachment.



Race refers to specific country of origin of the program participant. Racial categories include:


- **Black or African American** – A person having origins in any of the black racial groups of Africa.
- **White** – A person having origins in any of the original peoples of Europe, the Middles East, or North America.
- **Asian** – A person having origins in any of the peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North America (including Central America), and maintains tribal affiliation or community attachment.

Please make sure that all program participants are documented by both **Ethnicity and Race**. Data is used to help determine areas of potential need and help prevent any discrimination of the participant or a group of participants.

Public Notification Systems

Basic Elements


- **Program availability**
 Each agency or other sub-recipient must take action to inform potentially eligible persons of their program rights.
- **Complaint information**
 Applicants and participants must be advised at the service delivery point of their right to file a complaint, and the complaint process.
- **Nondiscrimination Statement**
 Prominently display the "And Justice for All" poster. Use size 11 x 17 inch poster.




Building for the Future



This facility receives Federal cash assistance to serve healthy meals to participants. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's Child and Adult Care Food Program



Questions? Concerns?
 Call USDA toll free: **1-866-USDA-CND**
 (1-866-873-2263)
 Visit USDA's website: www.fns.usda.gov/cacfp




Sponsors are required to make public their program availability. This ensures that qualified participants are aware of the program. This can be accomplished by posting the "Building for the Future Poster" in a prominent public place. This poster is available in the Administrative Handbook in both English and Spanish. Sponsors also need to inform families that they are participating in the CACFP. This can be accomplished by providing the family a copy of the "Building for the Future Letter" in their enrollment packet. A copy of the "Building for the Future Letter" is in the Handouts and Activity booklet.

Non-discrimination posters must be displayed in a **prominent public place** such as a lobby, cafeteria or as a best practice, both. Please make sure you are displaying the correct non-discrimination poster. The correct poster has a date of **12/99 in the bottom right corner**.

Public Notification Systems

Methods




- **Inform** potentially eligible applicants **about the program (outreach)**
- Provide **information in alternative formats** available for those with disabilities, i.e. braille
- **Include non discrimination statement on all** informational material provided to the public
- Convey **equal opportunity message in all pictures** that are used to provide program information
- **Prominently display the “And Justice for All” poster**



Happy Feet Child Care

Offering quality child care!!!
 Healthy meals and snacks
 Field trips

USDA is an equal opportunity provider and employer

Compliance with Public Notification Systems includes providing information in other formats for those with disabilities. An example of this may be providing large print or braille menus for those who are visually impaired. Non-discrimination statements must be included on all media mentioning USDA funded Child Nutrition programs, including menus, flyers, internet pages and other food related program announcements. Equal opportunity must be conveyed when using photographs. Include a good representation of various ages, races, genders, etc. This slide shows an example of a flyer mentioning a sponsors' food program with the non-discrimination statement included at the bottom.

Long Statement English:
Use on all documents more than one page or one sheet of paper



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

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

This institution is an equal opportunity provider.

This is the full length non-discrimination statement. The first paragraph of the statement includes more protected classes than are recognized by Child Nutrition Programs. Make sure when the long statement is used that the entire statement is on the document.

You can access the non-discrimination statement on the CACFP website from the gray menu on the right side of the screen.

Long Statement Spanish




De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.


Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: 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; o
- (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

This slide shows an example of the long non-discrimination statement in Spanish. It is important to use the Spanish version in Spanish-speaking communities.




Short Statement:
Use on all documents that are only one page or one sheet of paper.

English

- This institution is an equal opportunity provider.

Spanish




- Esta institución es un proveedor que ofrece igualdad de oportunidades.



This slide is an example of the non-discrimination “short statement” in English and Spanish for any document **one page or one sheet of paper** (including front and back).

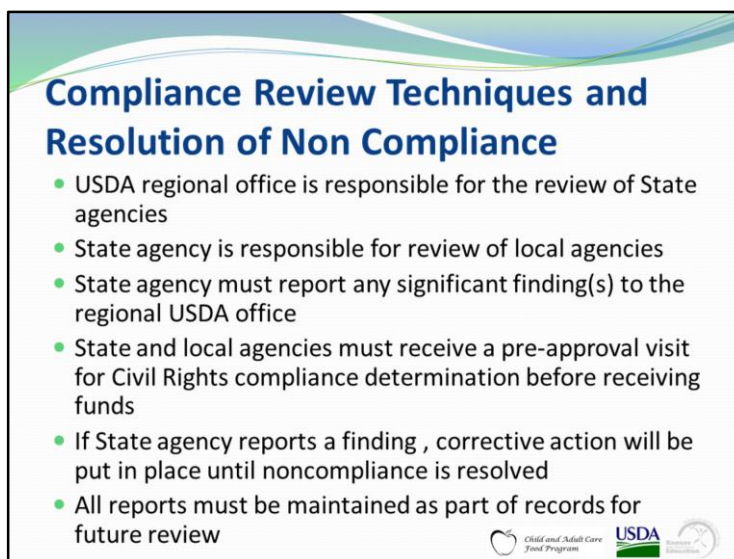
Complaint Procedure

- **Right to File**
Any person alleging discrimination based on a protected class has the right to file a complaint within 180 days of the discriminatory action.
- **Acceptance**
All complaints, written or verbal, must be forwarded to the State Agency within 3 days. Anonymous complaints will be handled as any other complaints.
- **Verbal**
If a person makes a verbal complaint via phone or in person and refuses or is not inclined to place allegations in writing, the person to whom the allegations are made must write up the complaint, making an attempt to collect specific information.



USDA has set a procedure for discrimination complaints based on instructions in FNS113. Sponsors are also required to make Civil Rights complaint information available upon request. When documenting a Civil Rights complaint, the following information should be included:

- Name, address, and telephone number of the complainant,
- Specific location delivering the service,
- Nature of the incident that led to the complainant to feel discrimination was a factor,
- The basis on which the complainant believes that discrimination exists,
- Names, phone numbers and titles and business or personal addresses of persons who may have knowledge of the discriminatory action,
- Date(s) the action occurred.




Compliance Review Techniques and Resolution of Non Compliance

- USDA regional office is responsible for the review of State agencies
- State agency is responsible for review of local agencies
- State agency must report any significant finding(s) to the regional USDA office
- State and local agencies must receive a pre-approval visit for Civil Rights compliance determination before receiving funds
- If State agency reports a finding , corrective action will be put in place until noncompliance is resolved
- All reports must be maintained as part of records for future review

This slide represents the flow of information when a complaint and or procedure for Civil Rights is being followed up on for compliance. Regional Food and Nutrition Service offices are involved in compliance reviews of State agencies. State agencies are required to ensure compliance within local agencies.

Requirements for Language Assistance





Nombre

Grupos de participantes	Requisitos
1 participante + 1 familia	Formulario de inscripción en español o inglés.
2 participantes + 1 familia	Formulario de inscripción en español o inglés.
3 participantes + 1 familia	Formulario de inscripción en español o inglés.
4 participantes + 1 familia	Formulario de inscripción en español o inglés.
5 participantes + 1 familia	Formulario de inscripción en español o inglés.
6 participantes + 1 familia	Formulario de inscripción en español o inglés.
7 participantes + 1 familia	Formulario de inscripción en español o inglés.
8 participantes + 1 familia	Formulario de inscripción en español o inglés.
9 participantes + 1 familia	Formulario de inscripción en español o inglés.
10 participantes + 1 familia	Formulario de inscripción en español o inglés.

Requisitos para la asistencia:

- Formulario de inscripción en español o inglés.
- Formulario de inscripción en español o inglés.
- Formulario de inscripción en español o inglés.
- Formulario de inscripción en español o inglés.
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- Formulario de inscripción en español o inglés.
- Formulario de inscripción en español o inglés.
- Formulario de inscripción en español o inglés.

- Enrollment forms
- Menus
- Informational brochures
- Letters to families/notifications

Civil Rights requirements state that provisions must be made for non-English speaking program participants. For example, enrollment forms or menus may need to be translated into Spanish where it is necessary for families to comprehend. Another example of language assistance would be providing braille or large print for visually impaired program participants.

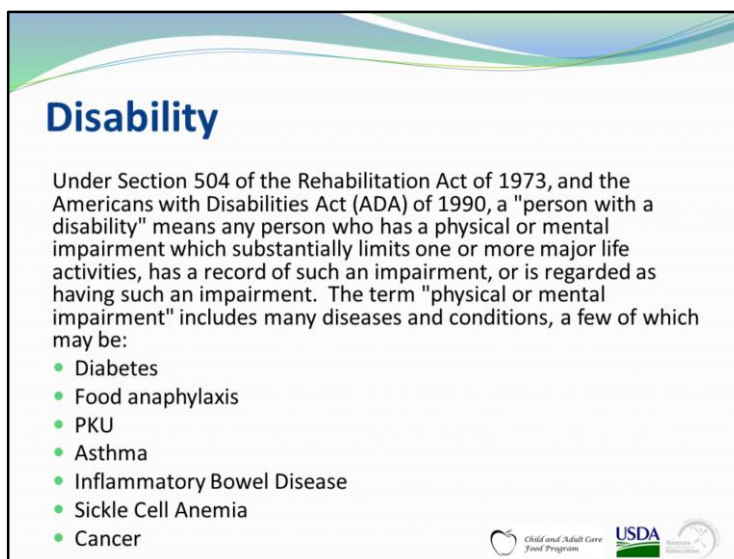
The USDA website is a resource for multiple languages.

Requirements for Reasonable Accommodation for Disabilities

- Handicap accessibility
- Life-threatening food allergies
- Accommodations/ Modifications addressed in 504, Individual Education Plan (IEP), Individual Service Family Plan (ISFP)
- Call State agency for further guidance





Civil Rights requirements state that reasonable accommodation must be made for persons with disabilities. For example, ramps for those in wheel chairs to access the food program, or food component substitutions for those with medically documented food allergies.



Disability

Under Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990, a "person with a disability" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be:

- Diabetes
- Food anaphylaxis
- PKU
- Asthma
- Inflammatory Bowel Disease
- Sickle Cell Anemia
- Cancer

Disability is broadly defined for Civil Rights in Child Nutrition programs. This slide indicates the term disability (as defined in the Americans with Disabilities Act of 1990): a person with a disability means any person who has a mental or physical impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. The term "physical or mental impairment" includes many diseases and conditions, a few of which may be diabetes, food anaphylaxis, PKU, asthma, inflammatory bowel disease, sickle cell anemia or cancer.

Medical Dietary Substitutions

<h3>Disability</h3> <ul style="list-style-type: none"> Sponsors are required to make substitutions for children with food allergies deemed as disabilities. A disability can only be determined and signed by a licensed medical authority: Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), or Physician Assistant (PA). Signed form must also indicate appropriate substitutions. 	<h3>Intolerance</h3> <ul style="list-style-type: none"> Sponsors have the option to make substitutions for children with food intolerances not deemed as a disability by a recognized medical provider Intolerance recommendations can be determined and signed by Medical Doctor (MD), Doctor of Osteopathy (DO), Advanced Registered Nurse Practitioner (ARNP), or Physician Assistant (PA). Signed form must also indicate appropriate substitutions.
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Often there is confusion around the term ‘disability’ and how it is related to food allergies and substitutions in Child Nutrition programs.

The difference between what is considered a food allergy or intolerance, and a disability has a very specific definition when it comes to USDA sponsored Child Nutrition programs .

Civil Rights requirements provide guidance on discrimination issues as they relate to disabilities. Medically noted disabilities differ from medically documented food intolerances.

This slide notes the differences a sponsor must recognize when distinguishing between a food allergy and a disability. Kansas’ recognized medical authorities include: **Medical Doctors, Doctors of Osteopathy, Advanced Registered Nurse Practitioners, and Physician Assistants. These medical authorities are the ones who can determine a disability.**

Sponsors are only **REQUIRED** to make substitutions for **medically documented disabilities**. Sponsors have the **OPTION** to substitute for **allergies or intolerances**. **IMPORTANT NOTE: Sponsors MUST KEEP ALL MEDICAL DOCUMENTATION ON FILE** when noting **disabilities** and making menu substitutions.

An **intolerance** can be documented by a Medical Doctor, Doctor of Osteopathy, Advanced Registered Nurse Practitioner, or Physician Assistant.

CACFP Meal Modification Form

CACFP Meal Modification Form

Important! Please fill out this form for all meal modifications. If you are unable to fill out this form, please contact the parent/guardian to fill out this form. The information on this form is important for the parent/guardian. If you have questions about this form, please contact the parent/guardian.

Required for all meal modifications

- Disability
- Allergy/Intolerance
- Milk substitution request

Section A: Participant Information

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____ Parent/Guardian's Phone: _____

Participant's Address: _____ Participant's Phone: _____

Section B: Meal Modification Information

1. Check ONE

☐ Food allergy/intolerance or other medical condition that does not allow the child to eat a healthy diet. ☐ Disability

2. Check the food allergy/intolerance, medical condition, or disability, select the prescribed diet order.

3. If the participant has a disability, what major life activity is affected? (Example: allergy to peanuts affects ability to breathe)

4. Type of Dietary Order

☐ Check if not applicable (If specify the type of special dieting guidelines, identify, etc.)

5. Modified Textures: ☐ Not Applicable ☐ Chopped ☐ Ground ☐ Pureed

6. Modified Thickness of Liquids: ☐ Not Applicable ☐ Thinner ☐ Thicker ☐ None ☐ Spoon or Drinking Tube

Section C: Medical Information

Required for all meal modifications

- Disability
- Allergy/Intolerance
- Milk substitution request

Section D: Medical Information

1. Check ONE

☐ Food allergy/intolerance or other medical condition that does not allow the child to eat a healthy diet. ☐ Disability

2. Check the food allergy/intolerance, medical condition, or disability, select the prescribed diet order.

3. If the participant has a disability, what major life activity is affected? (Example: allergy to peanuts affects ability to breathe)

4. Type of Dietary Order

☐ Check if not applicable (If specify the type of special dieting guidelines, identify, etc.)

5. Modified Textures: ☐ Not Applicable ☐ Chopped ☐ Ground ☐ Pureed

6. Modified Thickness of Liquids: ☐ Not Applicable ☐ Thinner ☐ Thicker ☐ None ☐ Spoon or Drinking Tube

The CACFP Meal Modification Form must be on file for all meal modifications including milk substitutions. KSDE recommends the form be updated annually. An appropriate follow-up includes a call to the parent and a note that they have indicated the status remains the same. The prescribed modifications must be followed until there has been a change by the submission of a new Meal Modification Form. Facility must assure the form is properly filled out before making meal modifications.

A copy of the CACFP Meal Modification Form is in the Handouts & Activities Booklet.

Milk Substitutions

Meal Modification Form required

- A center/home has the **option** to make a substitution for fluid cow's milk that is requested by a parent/guardian, but that is not prescribed by a medical authority.
- **Only** USDA approved milk substitutes may be used – www.kn-eat.org, Child and Adult Care Food Program, What's New.

If a fluid milk substitution is served that is **not** on the official list, the meal is **not** reimbursable.




Fluid milk substitutions may be served in lieu of fluid milk due to medical or other special dietary need that includes consuming cow's milk. Fluid milk substitutions must be nutritionally equivalent to milk and meet the nutritional standards for fortification of calcium, protein, vitamin A, vitamin D, and other nutrients. A list of official non-dairy beverages, "Fluid Milk Substitutions in the Child Nutrition Programs" is maintained on the CACFP website at www.kn-eat.org, CACFP, What's New.

Parents or guardians may request an approved fluid milk substitution by using the Meal Modification Form.

Conflict Resolution

All complaints alleging discrimination on the basis of race, age, color, national origin, sex or disability, must be:


- **Forwarded** to the State agency within **3 days**.
- **Processed** by USDA within **90 days**.



The process for conflict resolution includes making sure all complaints alleging discrimination on the basis of race, age, color, national origin, sex or disability must be forwarded to the State agency within three days and must be processed by USDA within ninety days.



Customer service involves treating all program participants and their families fairly and equally. Staff should be enabled to provide the best customer service possible to families and recipients of Child Nutrition programs. Accountability and awareness of discrimination is a key component to good customer service.




Helpful links

- www.kn-eat.org
- www.fns.usda.gov/civil-rights
- [www.fns.usda.gov/sites/default/files/FNS and C NPP Civil Rights Policy.pdf](http://www.fns.usda.gov/sites/default/files/FNS_and_C_NPP_Civil_Rights_Policy.pdf)

Spanish translator

- www.nass.usda.gov/Help/Translate/index.php



This slide contains helpful links to Kansas State Department of Education website, the United States Department of Agriculture website, the Food and Nutrition Service, and a Spanish translation website link.

The first Food and Nutrition Service link directs you to the Civil Rights webpage where you can access the Civil Rights Compliance and Enforcement instructions (FNS 113-revision 1). The second Food and Nutrition Service link directs to a PDF of the Civil Rights policy.





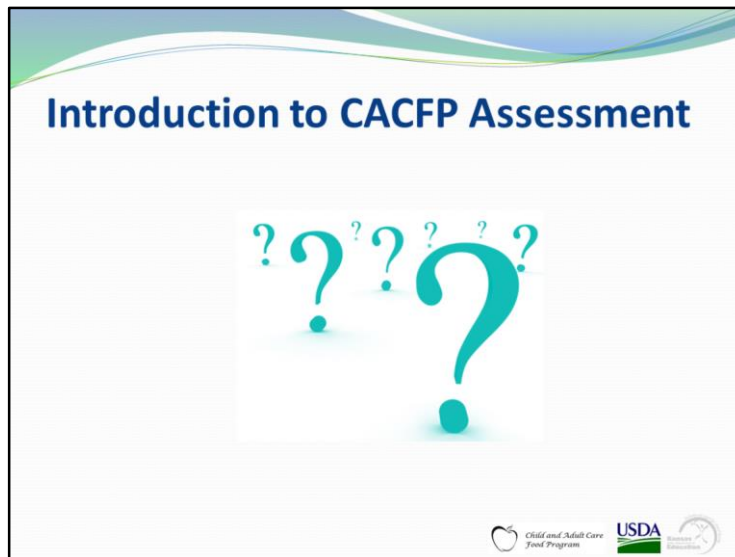
Sponsors are required to attend the CACFP Administrative Workshop annually. This workshop is offered across the state during the summer.

Sponsors also are required to take an approved Food Safety training every 3 years. KSDE provides a free class called Food Safety Basics that meets this requirement. Other approved classes are: National Food Service Management Institutes (now called Institute of Child Nutrition) free online class called Serving Food Safe in Child Care, and the National Restaurant Association’s class called ServSafe. There is a fee for this class.

New Sponsors as well as new Authorized Representatives are required to attend the CACFP Jump Start within six (6) months of taking the position. CACFP Jump Start is offered throughout the year across the state.

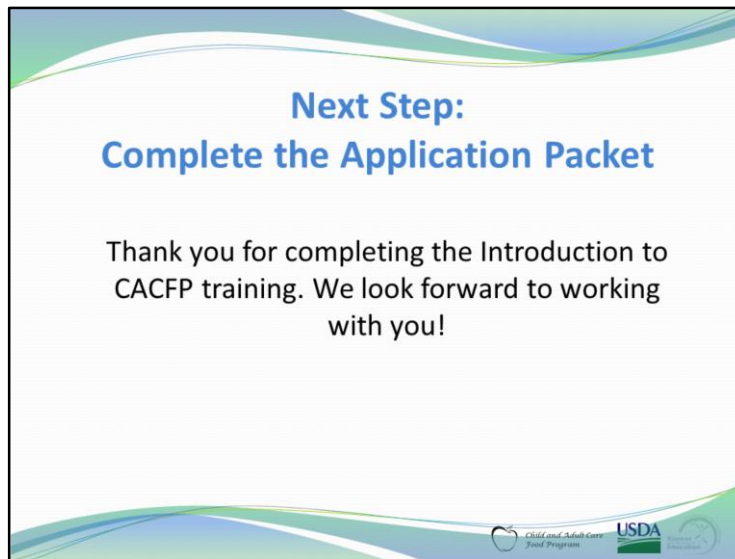
KSDE trainings count towards KDHE training hours.

KSDE believes that continuing education is vital to do a job well. To that end we are working to make a variety of training venues available to meet the program requirements as well as stimulate your personal and professional knowledge. We will offer one day workshops in the fall and spring. We also have a number of classes presented by cadre trainers as well as on-line classes that are available.

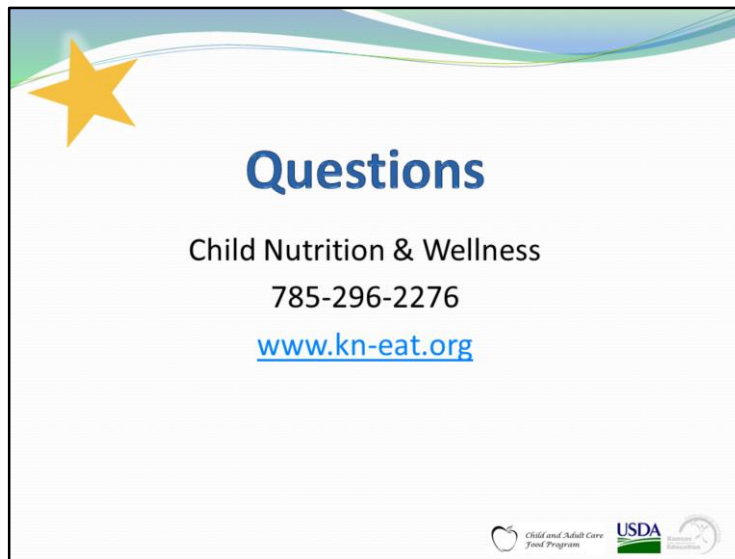


Click the Introduction to CACFP Assessment link at the bottom of the main Quia class screen and answer the questions. A short online training evaluation is also available to complete. We value your feedback.

A KSDE consultant will contact you to review your assessment results and discuss next steps.



Complete and submit your application to KSDE. Thank you for attending the class.



If there are questions regarding the information covered, please call KSDE at 785-296-2276.